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**Return of Organization Exempt from Income Tax**

**2001**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2001 calendar year, or tax year beginning** , 2001, and ending , 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See specific instructions.

**AS YOU SOW**  
311 CALIFORNIA STREET #510  
SAN FRANCISCO, CA 94104

**D Employer Identification Number**  
94-3169008

**E Telephone number**  
415 391-3212

**F Accounting method**  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  No

**H (b)** If yes enter number of affiliates \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No  
(if no attach a list See instructions)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4 digit group GEN \_\_\_\_\_

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

**G Web site:** WWW ASYOUSOW ORG

**J Organization type** (check only one)  501(c) 3 (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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,113,000**

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

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Direct public support	<b>1a</b>	108,500		
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ 108,500 noncash \$ _____)	<b>1d</b>		108,500	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		940,153	
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		838	
<b>5</b> Dividends and interest from securities	<b>5</b>		7,828	
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of other than inventory	(A) Securities	55,681	<b>8a</b>	
<b>b</b> Less cost or other basis and sales expenses		118,769	<b>8b</b>	
<b>c</b> Gain or (loss) (attach schedule) STATEMENT 1		-63,088	<b>8c</b>	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>	-63,088
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		994,231	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		788,248	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		45,700	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		833,948	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		160,283	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		348,897	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		509,180	

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**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

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>22</b> Grants and allocations (att sch) SEE STM 2 (cash \$ 142,500 non cash \$ )	22 142,500	142,500		
<b>23</b> Specific assistance to individuals (att sch)	23			
<b>24</b> Benefits paid to or for members (att sch)	24			
<b>25</b> Compensation of officers, directors, etc	25 76,500	76,500		
<b>26</b> Other salaries and wages	26 84,718	84,718		
<b>27</b> Pension plan contributions	27			
<b>28</b> Other employee benefits	28 6,416	6,416		
<b>29</b> Payroll taxes	29 13,504	13,504		
<b>30</b> Professional fundraising fees	30			
<b>31</b> Accounting fees	31 6,121	6,121		
<b>32</b> Legal fees	32 293,473	255,113	38,360	
<b>33</b> Supplies	33 3,542	3,542		
<b>34</b> Telephone	34 12,374	12,374		
<b>35</b> Postage and shipping	35 2,329	2,329		
<b>36</b> Occupancy	36 22,860	22,860		
<b>37</b> Equipment rental and maintenance	37			
<b>38</b> Printing and publications	38 7,143	7,143		
<b>39</b> Travel	39 10,987	10,987		
<b>40</b> Conferences, conventions, and meetings	40 3,903	3,903		
<b>41</b> Interest	41			
<b>42</b> Depreciation, depletion, etc (attach schedule)	42 1,805	1,805		
<b>43</b> Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a 145,773	138,433	7,340	
b	43b			
c	43c			
d	43d			
e	43e			
<b>44</b> Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 833,948	788,248	45,700	0

**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**

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 5	
(Grants and allocations \$ )	788,248
b	
(Grants and allocations \$ )	
c	
(Grants and allocations \$ )	
d	
(Grants and allocations \$ )	
e Other program services (Grants and allocations \$ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	788,248

**Part IV Balance Sheets** (See instructions)

		(A) Beginning of year		(B) End of year	
<b>Note.</b> Where required attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>ASSETS</b>	45 Cash – non interest bearing		45		
	46 Savings and temporary cash investments	133,261	46	359,320	
	47 a Accounts receivable	47 a			
	b Less allowance for doubtful accounts	47 b		47 c	
	48 a Pledges receivable	48 a			
	b Less allowance for doubtful accounts	48 b		48 c	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)	51 a			
	b Less allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule)	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	160,021	54	94,855
	55 a Investments – land, buildings, & equipment basis	55 a	11,658		
	b Less accumulated depreciation (attach schedule) <b>STATEMENT 6</b>	55 b	6,653	5,615	55 c 5,005
	56 Investments – other (attach schedule)			56	
	57 a Land, buildings, and equipment basis	57 a			
	b Less accumulated depreciation (attach schedule)	57 b			57 c
58 Other assets (describe <b>SEE STATEMENT 7</b> )		50,000	58	50,000	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		348,897	59	509,180	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe _____)		65		
66 <b>Total liabilities</b> (add lines 60 through 65)		0	66	0	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	348,897	67	509,180	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input 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		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 and column (B) must equal line 21)	348,897	73	509,180	
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	348,897	74	509,180	

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

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

<b>a</b> Total revenue, gains, and other support per audited financial statements		N/A
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990		
(1) Net unrealized gains on investments	\$	
(2) Donated services and use of facilities	\$	
(3) Recoveries of prior year grants	\$	
(4) Other (specify)		
-----	\$	
Add amounts on lines (1) through (4)		<b>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>		<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1) Investment expenses not included on line 6b, Form 990	\$	
(2) Other (specify)		
-----	\$	
Add amounts on lines (1) and (2)		<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )		<b>e</b>

<b>a</b> Total expenses and losses per audited financial statements		N/A
<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990		
(1) Donated services and use of facilities	\$	
(2) Prior year adjustments reported on line 20, Form 990	\$	
(3) Losses reported on line 20, Form 990	\$	
(4) Other (specify)		
-----	\$	
Add amounts on lines (1) through (4)		<b>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>		<b>c</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1) Investment expenses not included on line 6b, Form 990	\$	
(2) Other (specify)		
-----	\$	
Add amounts on lines (1) and (2)		<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )		<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see 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	(E) Expense account and other allowances
SEE STATEMENT 8		130,530	0	0
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**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule -- see instructions

**Part VI Other Information** (See specific 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		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</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?		X
<b>81a</b>	Enter direct or indirect political expenditures. See line 81 instructions. and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81b</b>	Did the organization file Form 1120-POL for this year?		X
<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>82b</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>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</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>	501(c)(4) (5) or (6) organizations. Were substantially all dues nondeductible by members?		N/A
<b>85b</b>	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
<b>85c</b>	Dues, assessments, and similar amounts from members		N/A
<b>85d</b>	Section 162(e) lobbying and political expenditures		N/A
<b>85e</b>	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		N/A
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85g</b>	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
<b>85h</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>86a</b>	501(c)(7) organizations. Enter initiation fees and capital contributions included on line 12		N/A
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87a</b>	501(c)(12) organizations. Enter gross income from members or shareholders		N/A
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<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>89a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
<b>89b</b>	501(c)(3) and 501(c)(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 a statement explaining each transaction		X
<b>89c</b>	Enter amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
<b>89d</b>	Enter amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b>	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)		5
<b>91</b>	The books are in care of <u>LARRY FAHN</u> Telephone number <u>415 391-3212</u> Located at <u>AS YOU SOW, 311 CALIFORNIA ST, # 510, SF</u> ZIP + 4 <u>94104</u>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>	N/A	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

**Note:** Enter gross amounts unless otherwise indicated

	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> SETTLEMENTS & REL'D I					940,153
<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	838	
<b>96</b> Dividends & interest from securities			14	7,828	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt financed property					
<b>b</b> not debt financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-63,088	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				-54,422	940,153
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					885,731

**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 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)
93A	CIVIL LITIGATION SETTLEMENT PROCEEDS RESULT FROM EFFORTS TO ENFORCE PROPOSITION 65 LABELING REQUIREMENTS ON BEHALF OF CONSUMERS AT LARGE

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

**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: *Lawrence E. Fahn* Date: 11/15/02

Type or Print Name and Title: Lawrence E. Fahn, Executive Director

**Paid Preparer's Use Only**

Preparer's Signature: *[Signature]* Date: 11/14/02

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): P00129278

Firm's name (or yours if self-employed) and address, and ZIP + 4: ZAINER RINEHART CLARKE, CPAS, PC  
3510 UNOCAL PLACE, STE 350  
SANTA ROSA, CA 95403

EIN: 94-2894256

Phone no: (707) 525-1163

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

**2001**

Supplementary Information - (see separate instructions)

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

Department of the Treasury  
Internal Revenue Service

Name of the Organization

AS YOU SOW

Employer Identification Number

94-3169008

**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 & deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II 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
LAW OFFICES OF ANDREW PACKARD 294 PAGE ST, SAN FRANCISCO, CA 94102	LEGAL SERVICES	221,561
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	



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

Yes No

**1** 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 **▶** \$                     N/A                      
**(Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)**

1 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

**2** 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 )

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

SEE FORM 990, PART V

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

**e** Transfer of any part of its income or assets?

2e X

**3** Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below )

3 X

**4** Do you have a section 403(b) annuity plan for your employees?

4 X

**Note:** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**Part IV** Reason for Non-Private Foundation Status (See instructions )

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)(ii) **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 supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

**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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	63,650	60,720	32,500		156,870
16 Membership fees received					
17 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	657,940	187,957	40,000	132,077	1,017,974
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,252	5,123	4,555	9,743	30,673
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	732,842	253,800	77,055	141,820	1,205,517
24 Line 23 minus line 17	74,902	65,843	37,055	9,743	187,543
25 Enter 1% of line 23	7,328	2,538	771	1,418	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	N/A	26a
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.			26b
c Total support for Section 509(a)(1) test. Enter line 24, column (e).			26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____			26d
22 _____ 26b _____			26e
e Public support (line 26c minus line 26d total)			26f
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			%

27 Organizations described on line 12:	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.	(2000) 53,350 (1999) 55,753 (1998) 26,500 (1997) 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 11, 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.	(2000) 269,844 (1999) 42,000 (1998) 75,000 (1997) 10,000	
c Add: Amounts from column (e) for lines 15 _____ 16 _____	17 1,017,974 20 _____ 21 _____	27c 1,174,844
d Add: Line 27a total _____ and line 27b total _____	135,603 _____ 396,844	27d 532,447
e Public support (line 27c total minus line 27d total)		27e 642,397
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f 1,205,517	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g 53.29 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h 2.54 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	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 ) ----- -----	<b>32d</b>	
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	<b>33h</b>	
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b>	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	<b>35</b>	

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

N/A

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

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
<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>	
<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>	
<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>	
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	
<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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions )  
 (For reporting only by organizations that did not complete Part VI A)

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

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No 1545-0047

**2001**

Name of Organization

AS YOU SOW

Employer Identification Number

94-3169008

Organization type (check one)

Filers of:

Form 990 or 990 EZ

Section:

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note: Only a Section 501(c)(7) (8) or (10) organization can check box(es) for both the general rule and a special rule – see instructions )

**General Rule –**

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules –**

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ or 990 PF) but **must** check the box in the heading of their Form 990 Form 990 EZ or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

AS YOU SOW

94-3169008

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2	----- ----- -----	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3	----- ----- -----	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

AS YOU SOW

94-3169008

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE	55,681
COST OR OTHER BASIS	118,769

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -63,088

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -63,088

**STATEMENT 2**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	ALLIANCE FOR SUSTAINABLE JOBS	
DONEE'S ADDRESS	1125 SE MADISON ST, SUITE 100- PORTLAND, OR 97214	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 2,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	RAINFOREST ACTION NETWORK	
DONEE'S ADDRESS	221 PINE STREET SAN FRANCISCO, CA	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 12,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	PROJECT UNDERGROUND	
DONEE'S ADDRESS	1916A MLK JR WAY BERKELEY, CA	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 2,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	EARTH ISLAND INSTITUTE	
DONEE'S ADDRESS	300 BROADWAY, SUITE 28 SAN FRANCISCO, CA 94133	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 2,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	THE RUCKUS SOCIETY	
DONEE'S ADDRESS	2054 UNIVERSITY AVENUE BERKELEY, CA	



**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN		\$	5,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT		
DONEE'S NAME	WATERKEEPERS		
DONEE'S ADDRESS	PO BOX 29921PRESIDIO BLDG 1004 SAN FRANCISCO, CA 94129-0921		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN		\$	10,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT		
DONEE'S NAME	SILICON VALLEY TOXICS COALITIO		
DONEE'S ADDRESS	760 N FIRST ST SAN JOSE, CA 95112		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN		\$	11,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT		
DONEE'S NAME	GREENACTION		
DONEE'S ADDRESS	ONE HALLIDIE PLAZA, SUITE 760 SAN FRANCISCO, CA 94102		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN		\$	10,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT		
DONEE'S NAME	BAY AREA NUCLEAR WASTE COALITI		
DONEE'S ADDRESS	2760 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94118		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN		\$	10,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT		
DONEE'S NAME	CA LEAGUE OF CONSERVATION VOTE		
DONEE'S ADDRESS	10780 SANTA MONICA BLVD, # 210 LOS ANGELES, CA 90025		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN		\$	1,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT		
DONEE'S NAME	CTR FOR ECOSYSTEM MANAGEMENT		
DONEE'S ADDRESS	4235 PIEDMONT AVENUE OAKLAND, CA 94611		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN		\$	4,000

**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	ENVIRONMENTAL WORKING GP	
DONEE'S ADDRESS	1436 U STREET, # 100	
	WASHINGTON, D C 20009	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 20,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	ENVIRONMENTALLY SOUND PROMOTIO	
DONEE'S ADDRESS	PO BOX 2254	
	REDWAY, CA 95560	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 1,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	GLOBAL EXCHANGE	
DONEE'S ADDRESS	2017 MISSION STREET, #303	
	SAN FRANCISCO,, CA 94110	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 1,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	NATIONAL RADIO PROJECT	
DONEE'S ADDRESS	1714 FRANKLIN STREET # 100-251	
	OAKLAND, CA 94612	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 10,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	NATIONAL RESOURCES DEFENSE COU	
DONEE'S ADDRESS	40WEST 20TH ST	
	NEW YORK, NY 10011	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 2,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	OUR CHILDREN'S EARTH	
DONEE'S ADDRESS	915 COLE STREET, SUITE # 248	
	SAN FRANCISCO, CA 94117	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 10,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	SANTA CLARA CTR OF OCCUPATIONA	

**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

DONEE'S ADDRESS	760 NORTH FIRST ST SAN JOSE, CA 95112	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 12,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	SMITH RIVER PROJECT	
DONEE'S ADDRESS	PO BOX 1977 SEBASTOPOL, CA 95472	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 5,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	GENERAL SUPPORT	
DONEE'S NAME	WEST COUNTY TOXICS COALITION	
DONEE'S ADDRESS	1019 MACDONALD AVENUE RICHMOND, CA 94801	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 10,000

TOTAL CASH GRANTS AND ALLOCATIONS \$ 142,500

TOTAL GRANTS AND ALLOCATIONS \$ 142,500

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AWARDS TO THE STATE	3,750	3,750		
BANK CHARGES	348		348	
CONSULTANTS	58,317	58,317		
CORPORATE PROJECTS	22,481	22,481		
DUES & SUBSCRIPTIONS	3,914	3,914		
INSURANCE	6,992		6,992	
PROMOTIONAL MATERIALS	120	120		
PROP 65 INVESTIGATION	49,681	49,681		
REPAIRS & MAINTENANCE	170	170		
TOTAL	\$ 145,773	\$ 138,433	\$ 7,340	\$ 0

**STATEMENT 4  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROMOTE AWARENESS OF TOXIC INGREDIENTS IN CONSUMER PRODUCTS

**STATEMENT 5  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
AS YOU SOW SUPPORTS CIVIL LITIGATION ON BEHALF OF CONSUMERS AT LARGE IN APPLYING THE DISCLOSURE REQUIREMENTS OF PROPOSITION 65, A STATE LAW TO PROVIDE ADEQUATE LABELING OF HAZARDOUS INGREDIENTS		788,248
	<u>\$ 0</u>	<u>\$ 788,248</u>

**STATEMENT 6  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 11,658	\$ 6,653	\$ 5,005
TOTAL	<u>\$ 11,658</u>	<u>\$ 6,653</u>	<u>\$ 5,005</u>

**STATEMENT 7  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

CASE ADVANCE	\$ 50,000
TOTAL	<u>\$ 50,000</u>

**STATEMENT 8  
FORM 990, PART V  
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>
LARRY FAHN 311 CALIFORNIA STREET, # 510 SAN FRANCISCO, CA 94104	EXECUTIVE DIREC AS REQUIRED	\$ 54,030	\$ 0	\$ 0
THOMAS VAN DYCK AS YOU SOW, 311 CALIFORNIA ST, SAN FRANCISCO, CA 94104	PRESIDENT AS REQ'D	0	0	0
CONRAD MCKERRON AS YOU SOW, 311 CALIFORNIA ST SAN FRANCISCO, CA 94104	MEMBER 20	76,500	0	0.
SLOANE MORGAN AS YOU SOW, 311 CALIFORNIA ST SAN FRANCISCO, CA 94104	SECRETARY AS REQ'D	0	0	0
KELEY PETERSON AS YOU SOW, 311 CALIFORNIA ST SAN FRANCISCO, CA 94104	TREASURER AS REQ'D	0	0	0
PAUL KIBEL AS YOU SOW, 311 CALIFORNIA ST SAN FRANCISCO, CA 94104	MEMBER AS REQ'D	0	0	0
	TOTAL	<u>\$ 130,530</u>	<u>\$ 0</u>	<u>\$ 0</u>

**AS YOU SOW FOUNDATION**  
**FEIN: 94-3169008**  
**STATEMENT OF REALIZED GAINS AND LOSSES.**  
**TAX YEAR ENDING: 12/31/01**



Statement Period: 12/08/01 to 12/31/01  
 Last Statement: 12/07/01  
 Page 4 of 5

December 2001      AS YOU SOW FOUNDATION      Account Number 1211 0300      Financial Advisor WONG GEORGETTE F      Telephone Numbers 415 984-3600

**Realized Gain/Loss**

Information presented in this section is gathered from sources deemed to be reliable. However, U.S. Bancorp Piper Jaffray does not attest to its accuracy and is not responsible for errors and/or omissions.

Opening Date	Closing Date	Quantity	Security Description	Opening Price	Opening Cost	Closing Price	Closing Value	Realized Gain/Loss
08/28/00	11/28/01	30	BOISE CASCADE CORP	28 6250	873	32 3100	944	71+
01/18/00	11/28/01	1 000	LEGATO SYS INC	53 8750	53 915	10 6700	10 609	43 306-
09/10/99	11/28/01	25	PHARMACIA CORP	38 4700	962	43 9400	1 073	111+

**Realized Gain/Loss (Continued)**

Information presented in this section is gathered from sources deemed to be reliable. However, U.S. Bancorp Piper Jaffray does not attest to its accuracy and is not responsible for errors and/or omissions.

Opening Date	Closing Date	Quantity	Security Description	Opening Price	Opening Cost	Closing Price	Closing Value	Realized Gain/Loss
09/26/97	11/28/01	50	WAL-MART STORES INC	18 2500	913	55 2600	2 723	1 811+
<b>Total Realized Gain</b>								<b>1,993+</b>
<b>Total Realized Loss</b>								<b>43,306-</b>
<b>Net Realized Gain/Loss</b>								<b>41,313-</b>

**AS YOU SOW FOUNDATION**  
**FEIN: 94-3169008**  
**STATEMENT OF REALIZED GAINS AND LOSSES.**  
**TAX YEAR ENDING: 12/31/01**



STATEMENT  
of ACCOUNT

Statement Period: 12/08/01 to 12/31/01  
 Last Statement: 12/07/01

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December 2001

AS YOU SOW FOUNDATION

Account Number  
1211-0676

Financial Advisor  
WONG GEORGETTE F

Telephone Numbers  
415-984-3600

**Realized Gain/Loss (Continued)**

Information presented in this section is gathered from sources deemed to be reliable. However, U.S. Bancorp Piper Jaffray does not attest to its accuracy and is not responsible for errors and/or omissions.

Opening Date	Closing Date	Quantity	Security Description	Opening Price	Opening Cost	Closing Price	Closing Value	Realized Gain/Loss
02/17/00	10/08/01	100	QWEST COMM INTL INC	49.8750	5,066	17.2800	1,727	3,339-
11/22/00	03/05/01	25	REDBACK NETWORKS INC	74.3750	1,859	27.4375	685	1,174-
11/22/00	06/25/01	65	SCHWAB CHARLES CORP NEW	27.6250	1,796	15.5027	1,007	789-
11/22/00	07/18/01	70	SUN MICROSYSTEMS INC	41.2187	2,885	14.1127	987	1,898-
11/22/00	03/27/01	35	UNIVISION COMMNS INC CLASS A	32.2500	1,129	39.8319	1,394	265+
11/22/00	09/25/01	35	UNIVISION COMMNS INC CLASS A	32.2500	1,129	24.5900	860	269-
11/22/00	07/26/01	85	VODAFONE GROUP PLC NEW SPONS ADR	34.2500	2,911	19.2800	1,638	1,273-
01/29/01	10/31/01	3	ZIMMER HLDGS INC	29.8300	89	30.9700	92	3+
04/19/01	10/31/01	1	ZIMMER HLDGS INC	40.4500	40	30.9700	30	10-
<b>Total Realized Gain</b>								<b>1,914+</b>
<b>Total Realized Loss</b>								<b>23,688-</b>
<b>Net Realized Gain/Loss</b>								<b>21,774-</b>

Important information for clients who use margin: Margin interest on this statement is calculated on the actual daily balance and charged monthly based on all the funds (debit balances) you owe U.S. Bancorp Piper Jaffray. Free credit balances in your account are used to offset the debit balance each day.

The interest period for U.S. Bancorp Piper Jaffray runs from the last business day of the previous month to the second to the last business day of the current month. Interest is charged to your account on the second to the last business day of each month.

You will need to use the previous month's statement to determine your beginning debit balance for the most recent interest cycle. Starting with the last business day of the previous month and each day through the end of the current interest cycle, you need to add any debits and subtract any credits to the beginning debit balance. This will determine each day's debit balance. The actual debit balance is determined by adding the debit balances for each day. Multiply this by the annual rate of interest and divide by 360. This amount is the total interest accrued to your account on a daily basis.

The U.S. Bancorp Piper Jaffray house equity requirements have decreased from 33 percent to 30 percent. However, house margin calls now will be due in three days and exchange margin calls will be due in two days from the date they are issued. If the call amount increases, an additional call will be issued with a new due date. Since margin calls will no longer be mailed, your financial advisor will contact you if you have a margin call. Please talk to your financial advisor if you have questions.

AS YOU SOW FOUNDATION  
 FEIN: 94-3169008  
 STATEMENT OF REALIZED GAINS AND LOSSES.  
 TAX YEAR ENDING: 12/31/01



Statement Period: 12/08/01 to 12/31/01  
 Last Statement: 12/07/01

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December 2001

AS YOU SOW FOUNDATION

Account Number  
1211-0676

Financial Advisor  
WONG GEORGETTE F

Telephone Numbers  
415-984-3600

**Realized Gain/Loss (Continued)**

Information presented in this section is gathered from sources deemed to be reliable. However, U.S. Bancorp Piper Jaffray does not attest to its accuracy and is not responsible for errors and/or omissions.

Opening Date	Closing Date	Quantity	Security Description	Opening Price	Opening Cost	Closing Price	Closing Value	Realized Gain/Loss
02/09/01	07/17/01	30	GENENTECH INC NEW	57.7000	1,731	38.9200	1,167	564-
03/16/01	10/26/01	75	GENERAL MOTORS CL H NEW	19.4500	1,459	15.4900	1,161	298-
11/22/00	02/22/01	20	GOLDMAN SACHS GROUP INC	81.5000	1,630	97.3400	1,946	316+
11/22/00	07/30/01	35	GUIDANT CORP	51.3750	1,798	32.6500	1,142	656-
11/29/00	07/30/01	15	GUIDANT CORP	54.1875	813	32.8500	489	324-
11/22/00	12/07/01	25	HOME DEPOT INC	37.5625	939	49.2000	1,230	291+
11/22/00	10/03/01	45	INTEL CORP	43.0625	1,938	20.1669	907	1,031-
02/28/01	10/03/01	35	J P MORGAN CHASE & CO	45.7151	1,600	34.8100	1,218	382-
03/28/01	10/26/01	5	LILLY ELI & CO	74.4600	372	79.6500	398	26+
11/22/00	02/27/01	1	MCDATA CORP CL A	61.2200	61	19.3750	19	42-
11/22/00	09/26/01	75	MCLEODUSA INCORPORATED	12.7500	956	0.3600	26	930-
02/01/01	09/26/01	35	MCLEODUSA INCORPORATED	16.9375	593	0.3600	12	581-
05/10/01	09/26/01	140	MCLEODUSA INCORPORATED	6.2933	881	0.3600	50	831-
11/22/00	11/21/01	30	MEDTRONIC INC	52.6250	1,579	44.5000	1,334	245-
11/22/00	02/22/01	35	MORGAN STANLEY DEAN WITTER & CO	66.0625	2,312	68.9600	2,413	101+
11/22/00	11/14/01	25	MORGAN STANLEY DEAN WITTER & CO	66.0625	1,652	57.7700	1,444	208-
11/22/00	03/15/01	45	NOKIA CORP SPONS ADR	39.4375	1,775	24.9000	1,120	655-
11/22/00	06/27/01	50	NORTEL NETWORKS CRP NEW	37.8750	1,894	8.3500	417	1,477-
03/26/01	06/27/01	35	NORTEL NETWORKS CRP NEW	17.5200	613	8.3500	292	321-
11/22/00	07/06/01	45	PFIZER INCORPORATED	43.5000	1,958	40.0300	1,801	157-
11/29/00	07/06/01	30	PFIZER INCORPORATED	45.8125	1,374	40.0300	1,200	174-



**AS YOU SOW FOUNDATION**  
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Statement Period: 12/08/01 to 12/31/01  
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December 2001

AS YOU SOW FOUNDATION

Account Number  
1211 0676

Financial Advisor  
WONG GEORGETTE F

Telephone Number  
415-984-3600

**For Your Information Only (Continued)**

**Cash Dividend/Interest Payments Pending (Continued)**

Date	Activity	Description	Quantity	Amount
01/03/02	DIVIDEND	KIMBERLY-CLARK CORP	20	5.60

**Realized Gain/Loss**

Information presented in this section is gathered from sources deemed to be reliable. However, U.S. Bancorp Piper Jaffray does not attest to its accuracy and is not responsible for errors and/or omissions.

Opening Date	Closing Date	Quantity	Security Description	Opening Price	Opening Cost	Closing Price	Closing Value	Real Gain/Loss
11/22/00	03/07/01	35	AGILE SOFTWARE CORP DEL	48.3750	1.693	21.2626	744	9
11/22/00	10/10/01	35	AMERICAN EXPRESS COMPANY	53.0625	1.857	29.2523	1,029	8
11/29/00	10/10/01	15	AMERICAN EXPRESS COMPANY	57.0000	855	29.2523	438	4
11/22/00	10/10/01	20	AMERICAN INTL GROUP INC	93.0000	930	80.0600	1,601	6
11/22/00	03/29/01	10	AMGEN INC	66.0000	660	61.0625	610	
03/16/01	08/12/01	85	APPLD MIC CIRCUITS CORP	23.5111	1,528	16.9000	1,098	4
09/21/01	12/07/01	5	AUTOMATIC DATA PROCESSNG INC	44.9500	225	59.7400	299	
10/12/01	12/07/01	15	AUTOMATIC DATA PROCESSNG INC	48.5900	729	59.7400	898	1
11/22/00	11/14/01	25	CISCO SYSTEMS INC	53.3750	1,334	19.6700	491	8
11/22/00	02/15/01	30	CORNING INC	64.5000	1,935	43.9200	1,317	6
05/14/01	09/27/01	15	DYNEGY INC NEW CL A	53.5400	803	30.4049	456	3
05/29/01	09/27/01	20	DYNEGY INC NEW CL A	49.0000	980	30.4049	608	
11/22/00	01/03/01	80	ECHOSTAR COMMUNICATION CORP NEW CL A	32.7500	1,965	25.9832	1,558	4
11/22/00	02/15/01	25	EXTREME NETWORKS INC	71.1875	1,780	39.5000	987	

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form section for Name of Exempt Organization (AS YOU SOW), Employer Identification Number (94-3169008), and address (540 PACIFIC AVE, SAN FRANCISCO, CA 94133).

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

Form section for selecting the type of return to be filed, including Form 990, Form 990 EZ, Form 990 T, Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990-T, Form 4720, and Form 6069.

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

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 organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

Form section for extension details: 4 I request an additional 3-month extension of time until 11/15, 20 02; 5 For calendar year 2001, or other tax year beginning 20 and ending 20; 6 If this tax year is for less than 12 months, check reason; 7 State in detail why you need the extension: ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

Form section for tax amounts: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance due. Subtract line 8b from line 8a.

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature [Handwritten Signature] Title CPA Date 07/16/02

Notice to Applicant - To be Completed by the IRS

Form section for IRS notice: We have approved this application. We have not approved this application. We have not approved this application. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other.

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Form section for alternate mailing address: Name ZAINER RINEHART CLARKE, CPAS, PC; Address 3510 UNOCAL PLACE, STE 350, SANTA ROSA, CA 95403; Date AUG 13 2002; Signature LINDA WEISKOPF, FIELD DIRECTOR.