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**Return of Organization Exempt from Income Tax**

**2002**

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

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 2002 calendar year, or tax year beginning , 2002, and ending**

- 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

**Asians & Pacific Islanders for Reproduct**  
310 8th street #309  
Oakland, CA 94607

**D Employer identification number**  
94-3311784

**E Telephone number**  
510 434 7900Ext

**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

**G Web site** ▶ N/A

**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.

**I** Enter 4 digit GEN ▶

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

**L** Gross receipts. Add lines 6b, 8b, 9b and 10b to line 12 ▶ 313,459

**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>	37,800		
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>	239,585		
<b>d</b> Total (add lines 1a through 1c) (cash \$ 277,385 noncash \$ )	<b>1d</b>		277,385	
<b>2</b> Program service revenue including government fees and contracts (from Part VII line 93)	<b>2</b>			
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		472	
<b>5</b> Dividends and interest from securities	<b>5</b>			
<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 assets other than inventory	(A) Securities		(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			<b>8d</b>
<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>		35,602	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		313,459	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		167,420	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		28,702	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		43,050	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		239,172	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		74,287	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		137,596	
<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>		211,883	

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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
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 104,945	73,462	12,593	18,890
27 Pension plan contributions	27			
28 Other employee benefits	28 14,976	10,483	1,797	2,696
29 Payroll taxes	29 8,864	6,205	1,064	1,595
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 4,128	2,890	495	743
34 Telephone	34 6,898	4,829	828	1,241
35 Postage and shipping	35 864	605	104	155
36 Occupancy	36 23,500	16,450	2,820	4,230
37 Equipment rental and maintenance	37 6,663	4,664	800	1,199
38 Printing and publications	38 9,961	6,973	1,195	1,793
39 Travel	39 2,803	1,962	336	505
40 Conferences, conventions, and meetings	40 5,027	3,519	603	905
41 Interest	41 573	401	69	103
42 Depreciation, depletion, etc (attach schedule)	42 6,113	4,279	734	1,100
43 Other expenses not covered above (itemize)				
a See Statement 1	43a 43,857	30,698	5,264	7,895
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 239,172	167,420	28,702	43,050

**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? <u>Public Benefit</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a See Statement 2	
(Grants and allocations \$ _____)	167,420
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B), program services)	167,420

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

Note		(A) Beginning of year		(B) End of year		
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>						
ASSETS	45	Cash – non interest bearing	25,469	45	175,028	
	46	Savings and temporary cash investments	120,058	46	28,342	
	47a	Accounts receivable	248			
		b Less allowance for doubtful accounts		47c	248	
	48a	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		
	51a	Other notes & loans receivable (attach sch)				
		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)		54		
	55a	Investments – land, buildings, & equipment basis				
	b Less accumulated depreciation (attach schedule)		55c			
56	Investments – other (attach schedule)		56			
57a	Land, buildings, and equipment basis	40,481				
	b Less accumulated depreciation (attach schedule)	30,913	15,681	57c	9,568	
58	Other assets (describe ▶ <u>Statement 3</u> )		550	58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		161,758	59	213,186	
LIABILITIES	60	Accounts payable and accrued expenses	24,162	60	782	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ▶ <u>See Statement 4</u> )		65	521	
66	<b>Total liabilities</b> (add lines 60 through 65)		24,162	66	1,303	
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74	67	Unrestricted	137,596	67	211,883	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <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, column (B) must equal line 21)		137,596	73	211,883
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		161,758	74	213,186	

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	<b>a</b>	313,459
<b>b</b>	Amounts included on line a 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 a minus line b	<b>c</b>	313,459
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(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 c plus line d)	<b>e</b>	313,459

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	239,172
<b>b</b>	Amounts included on line a 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 a minus line b	<b>c</b>	239,172
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(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 c plus line d)	<b>e</b>	239,172

**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
Eveline Shen 2647 International Blvd #85 Oakland, CA 94601	Director 40	0.	0	0.
Regina Acebo 2647 International Blvd #852 Oakland, CA 94601	Director 40	0.	0	0
Monica Plazpla 2647 International Blvd #85 Oakland, CA 94601	Treasurer 40	0	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 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 but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	<b>77</b>		X
<b>78a</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>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?	<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>81a</b>	Enter direct or indirect political expenditures. See line 81 instructions	<b>81a</b>	0	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>		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?	<b>82a</b>		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>	N/A	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		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?	<b>84b</b>	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	N/A	
<b>b</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	<b>85b</b>	N/A	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	N/A	
<b>86</b>	<b>501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A	
<b>87</b>	<b>501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	N/A	
<b>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	<b>88</b>		X
<b>89a</b>	<b>501(c)(3) organizations</b> 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>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	<b>89b</b>		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>California</u>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	<b>90b</b>	0	
<b>91</b>	The books are in care of ▶ <u>Monica Plazda</u> Telephone number ▶ <u>510-268-8988</u> Located at ▶ <u>2647 International Blvd #852 Oakland CA</u> ZIP + 4 ▶ <u>94601</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	<b>92</b>	N/A	<input type="checkbox"/>

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	472	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
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					
<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					
a _____					
b Consulting/Traning Fe					34,614
c Merchandise Sales					988
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				472.	35,602
<b>105</b> Total (add line 104, columns (B), (D), and (E))					36,074

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)
103(b)	Income from conducting educational fair and honorarium.
103(c)	Income from conducting educational fair and honorarium.

**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: Monica Plazola Date: 11/13/03

Type or print name and title: Monica Plazola, Operations Director

**Paid Preparer's Use Only**

Preparer's signature: Jeffrey J Lee Date: 11/12/03 Check if self employed:

Firm's name (or yours if self employed) address and ZIP + 4: Jeffrey J. Lee, CPA  
319 - 14th St, Ste #E  
Oakland, CA 94612

Preparer's SSN or PTIN (see General Instruction W): P00363181

EIN: 68-0205418

Phone no: (510) 763-2221

**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 )

**2002**

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

Asians & Pacific Islanders for Reproduct

Employer identification number

94-3311784

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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
None		
Total number of others receiving over \$50,000 for professional services ▶	0	



<b>Part III</b> Statements About Activities (See instructions )	Yes	No
<p>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 ▶ \$ <u>                    N/A                    </u> (Must equal amounts on line 38, Part VI A, or line 1 of Part VI B )</p> <p>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</p>	1	X
<p>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 )</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	X
<p><b>Note</b> 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</p>		

**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)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A )

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )

11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )

12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A )

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total								
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	615,016	290,411	692,820	125,000	1,723,247								
<b>16</b> Membership fees received													
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		7,869	32,602		40,471								
<b>18</b> 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	4,070	3,564	5,925	929	14,488								
<b>19</b> Net income from unrelated business activities not included in line 18													
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf													
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge													
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets See Stmt. 5	2,579				2,579								
<b>23</b> Total of lines 15 through 22	621,665	301,844	731,347	125,929	1,780,785								
<b>24</b> Line 23 minus line 17	621,665	293,975	698,745	125,929	1,740,314								
<b>25</b> Enter 1% of line 23	6,217	3,018	7,313	1,259									
<b>26 Organizations described on lines 10 or 11.</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)</p> <p><b>d</b> Add Amounts from column (e) for lines</p> <table style="margin-left: 20px;"> <tr> <td>18</td> <td>14,488</td> <td>19</td> <td></td> </tr> <tr> <td>22</td> <td>2,579</td> <td>26b</td> <td></td> </tr> </table> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				18	14,488	19		22	2,579	26b		<p><b>26a</b> 34,806</p> <p><b>26b</b></p> <p><b>26c</b> 1,740,314</p> <p><b>26d</b> 17,067</p> <p><b>26e</b> 1,723,247</p> <p><b>26f</b> 99.02 %</p>
18	14,488	19											
22	2,579	26b											
<b>27 Organizations described on line 12</b> N/A	<p><b>a</b> 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</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p><b>b</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</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p><b>c</b> Add Amounts from column (e) for lines</p> <table style="margin-left: 20px;"> <tr> <td>15</td> <td>16</td> <td>17</td> <td>20</td> <td>21</td> </tr> </table> <p><b>d</b> Add Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				15	16	17	20	21	<p><b>27c</b></p> <p><b>27d</b></p> <p><b>27e</b></p> <p><b>27f</b></p> <p><b>27g</b> %</p> <p><b>27h</b> %</p>			
15	16	17	20	21									
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15													

**Part V Private School Questionnaire** (See instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A  
 Yes No

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29		
----	--	--

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
----	--	--

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
----	--	--

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )

-----  
 -----  
 -----

**32** Does the organization maintain the following

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

32 a		
------	--	--

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b		
------	--	--

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c		
------	--	--

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

32 d		
------	--	--

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )

-----  
 -----

**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

33 a		
------	--	--

**b** Admissions policies?

33 b		
------	--	--

**c** Employment of faculty or administrative staff?

33 c		
------	--	--

**d** Scholarships or other financial assistance?

33 d		
------	--	--

**e** Educational policies?

33 e		
------	--	--

**f** Use of facilities?

33 f		
------	--	--

**g** Athletic programs?

33 g		
------	--	--

**h** Other extracurricular activities?

33 h		
------	--	--

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )

-----  
 -----  
 -----

**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

34 a		
------	--	--

**b** Has the organization's right to such aid ever been revoked or suspended?

34 b		
------	--	--

If you answered 'Yes' to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

35		
----	--	--

**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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<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 --														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">If the amount on line 40 is --</td> <td style="width: 50%; border: none;">The lobbying nontaxable amount is --</td> </tr> <tr> <td style="border: none;">Not over \$500,000</td> <td style="border: none;">20% of the amount on line 40</td> </tr> <tr> <td style="border: none;">Over \$500,000 but not over \$1,000,000</td> <td style="border: none;">\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td style="border: none;">Over \$1,000,000 but not over \$1,500,000</td> <td style="border: none;">\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td style="border: none;">Over \$1,500,000 but not over \$17,000,000</td> <td style="border: none;">\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td style="border: none;">Over \$17,000,000</td> <td style="border: none;">\$1,000,000</td> </tr> </table>	If the amount on line 40 is --	The lobbying nontaxable amount is --	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>41</b>	
If the amount on line 40 is --	The lobbying nontaxable amount is --														
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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



Client N011

Asians &amp; Pacific Islanders for Reproduct

94-3311784

11/11/03

04 58PM

Statement 1  
Form 990, Part II, Line 43  
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Bank Fee	1,540	1,078	185	277
Bldg Repair & Maintenance	800	560	96	144
Consulting & Contractors	32,432	22,702.	3,892	5,838
Lodging	722	505	87	130
Meals	604	423	72	109
Memberships & Comm.	1,039	727	125.	187
Moving Expense	1,336	935	160.	241
Organizational Insurance	3,357	2,350.	403	604
Payroll Fee	1,216	851	146	219
Per Diem	22.	15	3	4
Professional Development	139.	97	17	25
Recruitment Advertising	597.	418	72	107
Taxes & License	53	37.	6	10
Total	<u>\$ 43,857</u>	<u>\$ 30,698</u>	<u>\$ 5,264</u>	<u>\$ 7,895</u>

Statement 2  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
To Develop curriculum and research agenda around the disproportionate impact of environmental toxins and hazards on the reproductive health of low-income Asians & Pacific Islander women & girls and provide an analysis of teen pregnancy root causes, and contributing factors of the high teen pregnancy root causes, and contributing factors of the high teen pregnancy rate		167,420.
	<u>\$ 0</u>	<u>\$ 167,420.</u>

Statement 3  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 40,481	\$ 30,913	\$ 9,568
Total	<u>\$ 40,481</u>	<u>\$ 30,913</u>	<u>\$ 9,568</u>

Client N011

Asians & Pacific Islanders for Reproduct

94-3311784

11/11/03

04 58PM

Statement 4  
Form 990, Part IV, Line 65  
Other Liabilities

Payroll Tax payable	\$	520
Rounding		<u>1.</u>
Total	\$	<u><u>521</u></u>

Statement 5  
Schedule A, Part IV-A, Line 22  
Other Income

<u>Description</u>	<u>(a) 2001</u>	<u>(b) 2000</u>	<u>(c) 1999</u>	<u>(d) 1998</u>	<u>(e) Total</u>
Total	\$ 2,579	\$ 0	\$ 0.	\$ 0	\$ 2,579
	<u>\$ 2,579</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,579</u>

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

Name of Exempt Organization <b>Asians &amp; Pacific Islanders for Reproduct</b>	Employer identification number <b>94-3311784</b>
Number, street and room or suite number If a P O box see instructions <b>2647 International Blvd #852</b>	For IRS Use Only
City, town or post office state, and ZIP code For a foreign address see instructions <b>Oakland, CA 94601</b>	

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

Form 990   
 Form 990 EZ   
 Form 990 T (Section 401(a) or 408(a) trust)   
 Form 1041 A   
 Form 5227   
 Form 8870  
 Form 990 BL   
 Form 990 PF   
 Form 990 T (trust other than above)   
 Form 4720   
 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

4 I request an additional 3 month extension of time until 11/15, 2003

5 For calendar year 2002, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension Taxpayer needs additional time to collect necessary information to file the tax return

8a 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, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance due Subtract line 8b from line 8a 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 \$ \_\_\_\_\_

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 [Signature] Title Accountant Date 8/4/03

Notice to Applicant - To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant a 10 day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

EXTENSION APPROVED  
AUG 19 2003  
LINDA WEISKOPF, FIELD DIRECTOR,  
REVENUE PROCESSING, OGDEN

Director \_\_\_\_\_ By \_\_\_\_\_

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

Name <b>Jeffrey J Lee, CPA</b>
Number and street (include suite, room, or apartment number) or a P O box number <b>319 - 14th St, Ste #E</b>
City or town, province or state, and country (including postal or ZIP code) <b>Oakland, CA 94612</b>