Form **990**

Return of Organization Exempt from Income Tax

OMB No 1545 0047

2002

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

Open

ZUUZ

Department of the Treasury Internal Revenue Service

A For the 2002 cale

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

Open to Public Inspection

Α	For the 2002 calendar year,	or tax year beginning Jul 1	, 2002, and en			, 2003		
В	Check if applicable	C Name of organization			D Employer Ide	entification Number		
	Address change Please use IRS label	94-313	1204					
	Name change or type	Name change or type Number street (or PO box if mail is not delivered to street addr) Room/suite						
	Initial return See specific	5741 Telegraph Avenue				<u>548-9286</u>		
	Final return tions	City town or country	State ZIP co	de + 4	F Accounting	Cash X Acciual		
	Amended return	Oakland	CA 946	09	Other (specify) 🟲		
	Application pending • Sect	ion 501(c)(3) organizations and 4947(a)	(1) nonexempt H	and Lare not applica	ible to section 52	7 organizations		
	char	ntable trusts must attach a completed S	`abaalla A	(a) Is this a group	return for affiliat	es? []Yes X No		
_	•	m 990 or 990-EZ)	н	(b) If Yes enler	number of affiliat	es ►		
G	Web site -			(C) Are all affiliate	es included?	Yes X No		
J	Organization type	► X 1 501(c) 3 • (insert no.)		(If No attach	a list. See instru	ictions)		
	`		4947(a)(1) or 527	(d) Is this a separ	ate return filed by	y an		
K		anization's gross receipts are normally n need not file a return with the IRS but if		organization co	overed by a grou	ozuling? Yes X No		
	received a Form 990 Packag	ge in the mail, it should file a return with	nout financial data	Enter 4 dig	it GEN	•		
	Some states require a com	plete return	M	I Check ►	ıf the organı	zation is not required		
L	Gross receipts Add lines 6b	o, 8b 9b and 10b to line 12 - 610, 6	13	to attach Sche	dule B (Form 99	90, 990 EZ or 990 PF)		
Pa		nses, and Changes in Net Asse		es (See Instruc	tions)			
	1 Contributions gifts gr	ants and similar amounts received						
	a Direct public support		1 a	569,	180			
3	b Indirect public support	I	1 b	17,	039			
•	c Government contributi	ons (grants)	1 c					
1	d Total (add lines s la through 1c) (cash 3	581,480 noncash \$	4,739		1 d	<u>586,219</u>		
)		nue including government fees and conti	racts (from Part VII line	93)	2			
	3 Membership dues and				3			
	4 Interest on savings an	nd temporary cash investments			4	1,185		
	5 Dividends and interest	t from securities			5			
	6a Gross rents		6 a					
	b Less rental expenses		6 b					
	c Net rental income or (loss) (subtract line 6b from line 6 p)		1	6с			
R	7 Other investment inco	me (describe	RECEIVED		.) 7			
R E V E N	8a Gross amount from sa	aloc of accord other		၂ (B) Other				
E N	than inventory	ines of assets officer	NOV 9 0 200-8a	8				
U	b Less cost or other bar	sis and sales expenses	110 7 2 8 7 9 8 8 1	<u> နှုံ</u>				
	c Gain or (loss) (attach sched	ule)	8c	= [
	d Net gain or (loss) (cor	mbine line 8c columns (A) and (B)) $($	JUDEN THE	\neg	8 d			
	9 Special events and ac	tivities (attach schedule)						
	a Gross revenue (not ini	cluding \$ 159 677_ c	of contributions					
	reported on line 1a)		9a	22				
		other than fundraising expenses	9ь	22,	230	•		
	c Net income or (loss) fi	rom special events (subtract line 9b fror			9 c	0		
	10a Gross sales of invento	ory less returns and allowances	10a					
	b Less cost of goods so		106	····				
	c Gross profit or (loss) from s	sales of inventory (attach schedule) (subtract line l	10b from line 10a)		10 c	070		
	11 Other revenue (from F	•			11	979		
		nes 1d, 2 3 4 5 6c 7 8d, 9c 10c and	111)		12	588,383		
E	I -	m line 44 column (B))			13	701,869		
EXPENSES	,	eral (from line 44, column (C)			14	186,461		
E	15 Fundraising (from line				15	101,651		
S E	16 Payments to affiliates				16	000 001		
_ S		lines 16 and 44 column (A))			17	989 981		
A	18 Excess or (deticil) for	the year (subtract line 17 from line 12)			18	-401,598		
N S E T T S	19 Net assets or fund bal	lances at beginning of year (from line 73			19	1,399,721		
ŤŢ	20 Other changes in net a	assets or fund balances (attach explana			20	000 122		
s	21 Net assets or fund bal	lances at end of year (combine lines 18	19 and 20)		21	998 123		

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

required for section 501(c)(5) at	10 (4) 019	anizations and section 4		<u> </u>	,	
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 letc	25	130,433	75,111	36,434	18,888	
26 Other salaries and wages	26	279,382	230 317	40,641	8,424	
27 Pension plan contributions	27	6 229	5,203	925	101	
28 Other employee benefits	_28_	27,749	23,148	4 402	199	
29 Payroll taxes	29	34 031	25,686	6 110	2,235	
30 Professional fundraising fees	30	4 828	0	0	4,828	
31 Accounting fees	31	24 63 <u>7</u>	6,304	18, <u>33</u> 3	0	
32 Legal fees	32					
33 Supplies	33	27 388	23,616	117	3,655	
34 Telephone	34	9,963	9,963	0	0	
35 Postage and shipping	35	11,076	7,126	23	3,927	
36 Occupancy	36	71,065	71,065	0	0	
37 Equipment rental and maintenance	37	32,277	32,277		0	
	38	36,958	26,623	0	10,335	
38 Printing and publications	39	1,752	1,730		22	
39 Travel			1,914		0	
40 Conferences conventions, and meetings	40	1,914	1,914		<u> </u>	
41 Interest	41		5 053			
42 Depreciation depletion etc (attach schedule)	42	5 952	5,952	0	0	
43 Other expenses not covered above (itemize)						
a Insurance	_ 43a	8,48 <u>0</u>	7,146	1,334	0	
<pre>b Professional services</pre>	43b	183 <u>,</u> 23 <u>5</u>	157,965	12,392	12,878	
<pre>c Honorlums/stipends</pre>	_ 43 c	12,310	12,310	0	0	
d Dues, books subscriptio	ns 43 d	925	925	0_	0	
e See Other Expenses Stmt	43e	79,397	-22,512	65 <u>750</u>	36,159	
44 Total functional expenses (add lines 22 43)	_					
Total functional expenses (add lines 22 43) Organizations completing columns (B) (D) carry these totals to lines 13 15	44	989,981	701,869	186 461	101,651	
Joint Costs Check ►X if you are following	ng SOP 9	98 2				
Are any joint costs from a combined educati			olicitation reported in (B)	Program services?	►X Yes No	
If 'Yes, enter (i) the aggregate amount of the				nount allocated to prog	ram services	
\$ 26,623 , (iii) the amount					e amount allocated	
to fundraising \$ 10,335		•				
Part III Statement of Program Se	ervice /	Accomplishments		_	<u> </u>	
What is the organization's primary exempt p					Program Service Expenses	
All organizations must describe their exempt	l purpose	achievements in a clear	and concise manner SI	ate the number of	(Required for 501(c)(3) and (4) organizations and	
All organizations must describe their exemplements served publications issued etc Discizations and 4947(a)(1) nonexempt charitable	uss achie	evernents that are not me	easurable (Section 501(c	c)(3) & (4) organ	4947(a)(1) trusts but optional for others)	
a Information and Referral Hotli					opasina ioi dilicia j	
treatment options and info						
The hotline includes bilin	iRnar a				117 550	
			l allocations \$	0)	117,550	
b Research Community Education &						
Return to work after breas						
include mainstream and alternative treatment options cancer and toxins issues						
(Grants and allocations \$ 0)						
c Resource Libraryprovides comprehensive accessible up to date information on cancer and						
			nal file books periodica	ls free pamphlets and		
treatment and women shealth issues. The						
				et_accesses		
treatment and women shealth issues. The		s. Medical Data		et_accesses_ 0_)	93,568	
irealment and women shealth issues The bilingual materials, cas	s <u>sette</u>	s, Medical Data (Grants and	<pre>base_and_Intern lallocations \$</pre>	0)	93,568	
treatment and women shealth issues. The bilingual materials, case d Newsletter is mailed to in	s <u>sette</u> ndivid	s, Medical Data (Grants and uals, clinics and	<pre>base and Intern lallocations \$ d medical offices</pre>	0) throughout the	93,568	
bilingual materials, case d Newsletteris mailed to in Bay Area and nationwide The	ssette ndividi e newsi	s, Medical Data (Grants and uals, clinics and etter provides ar	base and Intern dallocations \$ d medical offices ticle, book review	0) throughout the us and an events	93,568	
treatment and women shealth issues. The bilingual materials, case d Newsletter is mailed to in	ssette ndividi e newsi	s, Medical Data (Grants and uals, clinics and etter provides ar date on issues	base and Intern dallocations \$ d medical offices ticle, book review in cancer and wo	0) throughout the as and an events men's health		
treatment and women shealth issues. The bilingual materials, cased Mewsletteris mailed to it bay Area and nationwide. The calendar to keep readers.	ssette ndividi e newsi up to	s, Medical Data (Grants and uals, clinics and etter provides ar date on issues (Grants and	base and Intern Hallocations \$ d medical offices ticle, book review in cancer and wo Hallocations \$	0) throughout the as and an events men's health 0)	93,568 46,115 246,714	
bilingual materials, case d Newsletteris mailed to in Bay Area and nationwide The	ssette ndividi e newsi up to	s, Medical Data (Grants and uals, clinics and etter provides ar date on issues (Grants and	base and Intern I allocations \$ d medical offices ticle, book reviev in cancer and wo I allocations \$ d allocations \$	0) throughout the as and an events men's health		

Part IV Balance Sheets (See Instructions)

Note		nere required attached schedules and amounts within umn should be for end of year amounts only	the descri	ption	(A) Beginning of year		(B) End of year
		Cash – non interest bearing			663	45	663
		Savings and temporary cash investments			364,722	46	191,776
	47 a	Accounts receivable			1		
	t	Less allowance for doubtful accounts	47 b		922	47 c	·····
	48 a	Pledges receivable	48 a	510 000			
1	b	Less allowance for doubtful accounts	48 b		511, <u>500</u>	48 c	510 000
	49	Grants receivable			601,402	49	339,234
A S	50	Receivables from officers directors trustees and ke employees (attach schedule)	Э у			50	
A S S E T	51 a	Other notes & loans receivable (attach sch)	51 a				
5	ь	Less allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use		-		52	
	53	Prepaid expenses and deferred charges			2,592	53	10,361
	54	Investments securities (attach schedule)	▶{	Cost FMV	-	54	
	55 a	Investments - land, buildings & equipment basis	55 a				
	ь	Less accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments other (attach schedule)			<u> </u>	56	
		Land buildings, and equipment basis	57 a	37 020			
	b	Less accumulated depreciation (attach schedule) L-57 Stmt	57 b	31,155	14,061	57 c	5,865
	58	Other assets (describe Deposits)	19,427	58	15 790
		Total assets (add lines 45 through 58) (must equal I	ne 74)		1,515,289	59	1,073 689
1		Accounts payable and accrued expenses			115,568	60	75,566
_	61	Grants payable		Ī		61	
	62	Deferred revenue				62	
!	63	Loans from officers directors trustees and key employees (attack	r schedule)			63	
<u> </u>	64 a	Tax exempt bond liabilities (attach schedule)				64 a	
<u> </u>	b	Mortgages and other notes payable (attach schedule)				64 b	
E	65	Other liabilities (describe *		_)		65	
	66	Total liabilities (add lines 60 through 65)			115,568	66	75,566
)rgan	izations that follow SFAS 117, check here 🕨 🛛 🗓	nd comple	te lines 67			-
Ĕ		through 69 and lines 73 and 74					
- 1	67	Unrestricted			246,819	67	70,910
§	68	Temporarily restricted			1 152,902	68	927,213
4 SSEETS		Permanently restricted	_	<u> </u>		69	
)rgan	izations that do not follow SFAS 117, check here 🕨	and	complete lines			
F		70 through 74					
Ŭ N D	70	Capital stock, trust principal or current funds				70	
- 1	71	Paid in or capital surplus or land building and equa-	ipment fun	d [71	
à	72	Retained earnings endowment accumulated income	e or other	funds		72	
BALANCES	73	Total net assets or fund balances (add lines 67 thro 72 column (A) must equal line 19 column (B) must	ugh 69 or t equal line	lines 70 through e 21)	1,399,721	73	998,123
3	74	Total liabilities and net assets/fund balances (add I			1 515,289	74	1,073,689

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

Fina	conciliation of Reven ancial Statements wi Return (See instruct	ith Revenue	Par	t IV-B Reconcilia Financial per Returi	Statements with	es p h Ex	per Audited epenses
a Total revenue, ga	ains, and other support nicial statements	a 610,613	a	Total expenses and financial statements		a	1,012,211
b Amounts incl not on line 12	uded on line a but 2, Form 990		b	Amounts included or on line 17 Form 990			
(1) Net unrealize gains on investments	d \$		(1) Donated services and use of facilities \$)		
(2) Donated serv ices and use of facilities	\$		(2	Prior year adjust ments reported on line 20, Form 990	·		
(3) Recoveries of pri year grants	or \$		(3	Losses reported on line 20, Form 990	·		
(4) Other (specif	y)		(4) Olher (specify)			
<u>Fundrais</u>	-			Fundraising	22.220		
Line 9a	\$ 22,230 lines (1) through (4)	ь 22 230		Line 9b \$ Add amounts on lines (1)	22,230	ь	22,230
c Line a minus		c 588,383	c	Line a minus line b	tinough (4)	c	989 981
d Amounts incl	uded on line 12, not on line a		d	Amounts included or Form 990 but not on			
(1) Investment exper not included on I 6b, Form 990			(1) Investment expenses not included on line 6b Form 990 \$			
(2) Other (specify	y)		(2) Other (specify)			
	_q		ĺ				
 Add amounts	on lines (1) and (2)	d		Add amounts on line	es (1) and (2)	ď	
e Total revenue	per line 12 Form	e 588 383	e	Total expenses per l 990 (line c plus line	ine 17 Form	e	989 981
Part V List o	of Officers, Directors	, Trustees, and Key E	mpl	oyees (List each one	even if not compe	nsate	ed see instructions)
(A) Nar	ne and address	(B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans and deferre compensation	t	(E) Expense account and other allowances
Diane Estrin	1						
Oakland, CA		_				ĺ	
1 - 1 - 1 - 1 - 1		Exce Dir	40	66,773	1 41	4	0
Linda Willis Oakland, CA	5 	_					
Jaktanu, CV		- Exec Dir	40	63,660		0	0
Merle Weiner Berkeley, CA		-					
		Chair	6	0		0	0
Chaya Specto	or						
Oakland, CA		_ _		_			-
Wanna Wright	<u> </u>	Treasurer	6	0		0	0
Emeryville,		-					
		Vice Chair	4	0		0	0
See List of Officers	Etc_Statement	_					
· · · · · · · · · · · · · · · · · · ·				0	<u> </u>	0	0
75 5		ou amalause rassus agains	ale c	omnoneation of mora			
than \$100 0 \$10 000 wa	cer director, trustee or ke 100 from your organization is provided by the related in this schedule — see instruc	i and all related organizatio organizations?	ns of	which more than		► [_	Yes X No

Forn	1990 (2002) Women's Cancer Resource Center 94-3131	204		Page 5
Par	t VI Other Information (See instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If Yes	7.5		
77	attach a détailed description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS?	76 77		X
"	If Yes, attach a conformed copy of the changes	-"		 ^-
78	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a		X
l	off Yes has it filed a tax return on Form 990-T for this year?	78Ь		
79	Was there a liquidation dissolution termination or substantial contraction during the			
	year? If Yes attach a statement	79		<u>X</u>
	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?	80 a		X
	of the senter the name of the organization ►	- [
81 2		ò		
	Did the organization file Form 1120-POL for this year?	81 b		X
82	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?	82 a	Х	
ı	off 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) [82b]	_		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a 83 b	X X	-
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? I Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	, ,	542		
ŀ	olf 'Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b		
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85 a		
t	Did the organization make only in house lobbying expenditures of \$2,000 or less?	85 b		
	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			
				-
	Dues, assessments and similar amounts from members Section 162(e) lobbying and political expenditures 85 d			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	_		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		
	or If section 6033(eX1XA) 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?	85 h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on			
	line 12 86 a	_		
	Gross receipts, included on line 12 for public use of club facilities 86 b	_		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a	_		
	against amounts due or received from them.) 87b			
88	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	88		x
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
				ł
t	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.	89 b		<u>x</u>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958			0_
	Enter Amount of tax on line 89c above, reimbursed by the organization			_0_
	List the states with which a copy of this return is filed • Callifornia	_ [
	n Number of employees employed in the pay period that includes March 12 2002 (See instructions) The books are in care of ► Women's Cancer Resource Center Telephone number ► (510) 548	<mark>906 </mark> 3-9286		9
91	Located at > 5741 Telegraph Avenue, Oakland CA ZIP + 4 > 946			
92	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			
DAA			000	/2002/

	17	Unrelated	business income	Excluded by se	ction 512 513 or 514	(E)
Note Ente otherwise	er gross amounts unless indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pr	ogram service revenue			1		
a				 		
ь				ļ		
				 		
e	edicare/Medicaid payments			<u> </u>		
_	es & contracts from government agencies					
	embership dues and assessments	ļ <u> </u>		14	1,185	
	erest on savings & temporary cash invinits vidends & interest from securities	}		14	1,100	
	rental income or (loss) from real estate				······································	
	bt financed property			 		,
	t debt financed property	<u> </u>		 		
	rental income or (loss) from pers prop			 		
	her investment income			†		
100 Ga	nn or (loss) from sales of assets her than inventory					
	income or (loss) from special events					
102 Gro	ss profit or (loss) from safes of inventory					
103 Ott	her revenue a		•			
ь <u>М</u> :	isc receipts			01	979	
c			.=			<u> </u>
e						
	ototal (add columns (B), (D) and (E))				2,164	
	tal (add line 104, columns (B) (D) a				-	2,164
	105 plus line id Part I, should equ					
Part VIII	Relationship of Activities t				•	
Line No	Explain how each activity for which of the organization's exempt purpo	h income is reposes (other than	ported in column (E) on by providing funds fo	f Part VII contribu or such purposes)	ted importantly to the a	accomplishment
				•••		
Part IX	Information Regarding Tax	able Subsid	diaries and Disrec	arded Entitie	S (See instructions)	N/A
			(0		(D)	(E)
Nama	address and EIN of corporation	Percentage	- #		Total	End of year
	rtnership or disregarded entity	ownership int		activities	income	assets
			%			
			%			
			%			
			%			
Part X	Information Regarding Tra	nsfers Asso	ociated with Pers	onal Benefit C	ontracts (See instru	ctions)
	ne organization, during the year, receive any fu	inds directly or inc	directly, to pay premiums on	a personal benefit co	ntract ²	Yes X No
	the organization, during the year pay					Yes X No
	If Yes to,(b), file Form 8870 and Fo.					
	Under genalties of perjury I declare that Tha true correct init complete Declaration in p			schedules and statem	ents and to the best of my known	owledge and belief it is
	true correct init complete Declaration for	eparer (olher Ihan d 4 -	micer) is based on all inform	ation of which preparer		
Please	- Ville U	·			11/21/0	
	·				Date	
						
				Date	Check if Prepar	ers SSN or PTIN (see

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions)

2002

OMB No 1545 0047

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			Employer Identification	number
Women's Cance <u>r Resource Center</u>			94-3131204	
Part I Compensation of the Five Higher (See instructions List each one If there	est Paid Employees Othe are none enter None ')	er Than Officers,	Directors, and	Trustees
(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	Non	е		
Part II Compensation of the Five Higher (See instructions List each one (whether	est Paid Independent Co individuals or firms) If there a	ntractors for Pro	fessional Servi	ces
(a) Name and address of each independent contra	ctor paid more than \$50 000	(b) Туре	of service	(c) Compensation
None		-		
		_		
		-		
		_		
Total number of others receiving over \$50 000 for professional services	Non	e		

Sche	edul	e A (Form 990 or 990 EZ) 2002 Women's Cancer Resource Center 94-31312	04	F	age 2
Pai	t II	Statements About Activities (See instructions)		Yes	No
1		ring the year, has the organization attempted to influence national state, or local legislation including any attempt influence public opinion on a legislative matter or referendum? If 'Yes' enter the total expenses paid			
		incurred in connection with the lobbying activities \$			V
	•	ust equal amounts on line 38, Part VI A or line i of Part VI B)	1		X
	or: lot	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI.A. Other ganizations checking 'Yes must complete Part VI.B. AND attach a statement giving a detailed description of the obj			
2	su ta:	iring the year, has the organization leither directly or indirectly lengaged in any of the following acts with any bstantial contributors, trustees directors officers, creators, key employees, or members of their families or with any kable organization with which any such person is affiliated as an officer director, trustee, majority owner or principal neticiary? (If the answer to any question is Yes' attach a detailed statement explaining the transactions)			
ā	s Sa	le, exchange, or leasing of property?	2 a		X
ŧ	L e	nding of money or other extension of credit?	2 b		X
c	; Fu	rnishing of goods services, or facilities?	2c		X
c	i Pa	See Part V, Form 990 yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	Х	
6	Tra	ansfer of any part of its income or assets?	2 e		X
3 4		es the organization make grants for scholarships fellowships student loans etc? (See Note below) you have a section 403(b) annuity plan for your employees?	3		X
		tach a statement to explain how the organization determines that individuals or organizations receiving r loans from it in furtherance of its charitable programs, qualify, to receive payments			
Par					
The	oras	anization is not a private foundation because it is (Please check only ONE applicable box)			
5	Ī	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 and state >	s name,	city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV A.)	170(b)(1)(A)(v)
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general $Section 170(b)(1)(A)(vi)$ (Also complete the Support Schedule in Part IV A.)	oublic		
11 b	· [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 an from activities related to its charitable, etc. functions — subject to certain exceptions and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV.A.)	of its sup	port	ts
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(3) section 509(a)(3))	inization 2) (See	15	
		Provide the following information about the supported organizations (See instructions.)			
		(a) Name(s) of supported organization(s)	(b) Lir	ne nur n abov	
	_		<u> </u>		
14	ļ	An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)	Form Of	O E Z	2002

	edule A (Form 990 or 990 EZ) 2002					-,	13120	
-	t IV-A Support Schedule (ассоил	ting
Note	You may use the worksheet in th	e instructions for conv	rerting from the accru	ial to the	cash method of	accounting		
beg	ndar year (or fiscal year nning in)	(a) 2001	(b) 2000		(c) 1999	(d) 1998		(e) Total
15 	Gifts grants and contributions received (Do not include unusual grants. See line 28.)	887,297	1,344,684		754,611	452,4	447	3,439,039
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	1,485	2,982			17,5	511	21,978
18	Gross income from interest, dividends, amounts received from payments on securities loans (section £12(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975	4,113	19,846		10,600		344	39,903
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	892,895	1,367,512		765,211	<u>475,</u>		3,500,920
24	Line 23 minus line 17	891,410	1 364 530		765,211	457,		3,478,942
	Enter 1% of line 23	8 929	13,675	<u> </u>	7,652		753	
26	Organizations described on lines	10 or 11 a Ente	er 2% of amount in c	olumn (e)) line 24	•	26 a	69,579
	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess.	or 1998 through 2001 exceed amounts	ded the amount shown in I	ier than a g ine 26a D o	overnmental unit or p not file this list wit	oublicly h your	26 b	274,947
	: Total support for section 509(a)(1) test. Enter line 24, c	olumn (e)			•	26 c	3,478 942
(Add Amounts from column (e) fo	r lines 18	39,903	19	274,947	_	06.4	214 950
				26 D	274,947	- [26 d 26 e	
	Public support (line 26c minus lin	,	d by has 90s (dono	···			261	
	Public support percentage (line 2 Organizations described on line		en by line 260 (denor	ninator <u>))</u>			201	<u> </u>
	For amounts included in lines 15 name of and total amounts received the such amounts for each year	16 and 17 that were	received from a disq , each disqualified pe	jualified p erson D e	person prepare a o not file this list	a list for you With your r	record eturn E	ds to show the Inter the sum of
	(2001)	(2000)	(1999) _		(1998)		
	b For any amount included in line 1 show the name of, and amount re \$5 000 (Include in the list organia computing the difference between (the excess amounts) for each ye	ceived for each year zations described in lir i the amount received ar	that was more than t nes 5 through 11, as and the larger amou	he larger well as in nt describ	r of (1) the amoundividuals) Do n oted in (1) or (2), o	nt on line 25 ot file this l i enter the sui	for the st with y	year or (2) your return After se differences
	(2001)	(2000)	(1999) _		(1998)		
	(2001) (2001)	r lines 15		16			, ,	
	17	20		21 _			27 c	
(Add Line 27a total						27 d	
(Public support (line 27c total mini					•	27 e	

Unusual Grants 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

f Total support for section 509(a)(2) test. Enter amount from line 23 column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

► 27 f

27 g

► 27 h

%

%

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 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 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 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) 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 32 b nondiscriminatory basis? c Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions programs and scholarships? 32 c 32 d d 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.) 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? 331 33 g g Athletic programs? 33 h h Other extracurricular activities? If you answered. Yes, to any of the above, please explain, (If you need more space, attach a separate statement.) 34a 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 bi please explain using an attached statement 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

94-3131204 Women's Cancer Resource Center Schedule A (Form 990 or 990 EZ) 2002 Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed ONLY by an eligible organization that filed Form 5768) Check ► if the organization belongs to an affiliated group Check ▶ b | If you checked 'a' and limited control' provisions apply (a) Affilialed group Limits on Lobbying Expenditures To be completed totals for ALL electing (The term expenditures means amounts paid or incurred.) organizations 36 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -20% of the amount on line 40 Not over \$500,000 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1 000,000 41 Over \$1,000,000 but not over \$1,500 000 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 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36. Enter 0 if line 42 is more than line 36. 44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38 44 Caution 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) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2002 2001 2000 1999 Total beginning in) 🟲 45 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots non taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI A) (See instructions) 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 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

q 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)

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

Yes	No	Amount
	X	
	X	
	X	
	Χ	
	Χ	
	X X	
	Χ	

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

			directly engage in any of the following rganizations) of in section 527 -relati	g with any other organization describe ng to political organizations?	in section	501(0	;)
	•		a noncharitable exempt organization	· ·		Yes	No
(i) Ca	ash				51 a (ı)		X
(II)O	ther assets				a (II)		Χ
b Other	transactions						
(ı) Sa	ales or exchanges of asse	ets with a no	ncharitable exempt organization		b (i)		X
(11) Pt	urchases of assets from a	noncharital	ole exempt organization		b (11)		X
(III) Re	ental of facilities equipmi	ent, or other	assets		b (III)		Χ
(iv)Re	eimbursement arrangeme	ents			b (iv)		X
(v)Lo	oans or loan guarantees				b (v)		Х
(vi)Pe	ertormance of services or	membershi	p or fundraising solicitations		b (vi)		X
			s other assets or paid employees		c		<u> </u>
d If the the go any tr	answer to any of the above ods other assets or servansaction or sharing arra	ve is Yes, o vices given t ngement, sh	omplete the following schedule. Columbly the reporting organization. If the olow in column (d) the value of the good	mn (b) should always show the fair marganization received less than fair mar ods other assets or services received	arket value ket value in	of	
(a) Line no	(b) Amount involved	Name of	(c) noncharitable exempt organization	(d) Description of transfers, transactions and	d sharing arrar	igement	ts
			-				
	<u>.</u>						
· · · · · · · · · · · · · · · · · · ·	-						
							
						•	
							
						·	
	· -						
							
		-					
<u> </u>				- Inches			
descri	bed in section 501(c) of to complete the following	he Code (ot)	nated with or related to one or more ner than section 501(c)(3)) or in section	on 527?	► ☐ Ye	s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	nship		
							
					<u>.</u>		
	-	··					
							
							
							
<u> </u>							
<u> </u>							
<u> </u>							

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses Advertsising Volunteer cost allocation Bank fees Internet Workers compensation Direct client support Moving expenses Shared costs	6,042 29,816 0 788 4,497 9,118 19,025 10,111	1,301 4,005 -4 548 0 4,497 6,264 19,025 10,111 -63,167	4,741 9,187 2 099 778 0 2,305 0 0 46,640	0 16,624 2,449 10 0 549 0 0
Total	79_397_	-22,512	65,750	36,159

Form 990, Page 3, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture & equipment Leasehold improvements	34,271 2,749	28,406	5,865
Total	37,020	31,155	5,865

Form 990, Page 4, Part V List of Officers, Etc Statement

(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
Holly Brownscombe Berkeley, CA	Secretary	0		0
Susan Liroff Oakland, CA	Director	0	0	0
Patricia Choy San Francisco, CA	Director	0	0	0
Bev Meyers	4	0	0	0
San Francisco, CA	Director 4	0	0	0

Form 990, Page 4, Part V
List of Officers, Etc Statement

Continued

(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
Wendy Herndon Oakland, CA	Director 4	0	0	0
Darlene deManincor Oakland, CA	Director 6	o_		0_

TOTAL

0	Ü	Ü