

Return of Organization Exempt From Income Tax

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

2002

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 period beginning JUL 1, 2002 **and ending** JUN 30, 2003

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <u>ASIAN PERINATAL ADVOCATES</u>		D Employer identification number <u>94-3164091</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1001 POTRERO AVENUE, MS6-E</u>		E Telephone number <u>415-206-5450</u>
		City or town, state or country, and ZIP + 4 <u>SAN FRANCISCO, CA 94110</u>		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? N/A Yes No (If "No," attach a list.)

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: _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,958,641.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	<u>289,286.</u>		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>289,286.</u> noncash \$ _____)	1d		<u>289,286.</u>	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		<u>1,597,010.</u>	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5		<u>3,232.</u>	
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or loss (subtract line 6b from line 6a)	6c			
	7 Other investment income (describe in Part VII) _____	7			
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
		8a			
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)	9a	<u>67,768.</u>		
	b Less: direct expenses other than fundraising expenses	9b	<u>23,460.</u>		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<u>SEE STATEMENT 1</u>	<u>44,308.</u>		
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11		<u>1,345.</u>		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>1,935,181.</u>		
13 Program services (from line 44, column (B))	13		<u>1,325,586.</u>		
14 Management and general (from line 44, column (C))	14		<u>285,143.</u>		
15 Fundraising (from line 44, column (D))	15		<u>33,473.</u>		
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17		<u>1,644,202.</u>		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<u>290,979.</u>		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		<u>440,941.</u>		
20 Other changes in net assets or fund balances (attach explanation)	20		<u>0.</u>		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>731,920.</u>		

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	159,491.	45	423,818.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48 a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable	310,047.	49	348,022.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	8,613.	53	9,864.
	54 Investments - securities STMT 4 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	26,105.	54	26,105.
	55 a Investments - land, buildings, and equipment: basis		55a	
b Less: accumulated depreciation		55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	100,662.	57a		
b Less: accumulated depreciation STMT 5	37,505.	57b	57c	
58 Other assets (describe ▶ DEPOSITS)	4,005.	58	9,605.	
59 Total assets (add lines 45 through 58) (must equal line 74)	566,470.	59	880,571.	
Liabilities	60 Accounts payable and accrued expenses	82,113.	60	88,346.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 6)	43,416.	65	60,305.
66 Total liabilities (add lines 60 through 65)	125,529.	66	148,651.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	374,391.	67	538,312.
	68 Temporarily restricted	66,550.	68	193,608.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	440,941.	73	731,920.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	566,470.	74	880,571.	

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.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
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.) 82b 60,635.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
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	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	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	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
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: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 27		
91	The books are in care of <input type="checkbox"/> MAI-MAI HO, EXECUTIVE DIRECTOR Telephone no. <input type="checkbox"/> 415-206-5450		
Located at <input type="checkbox"/> 1001 POTRERO AVENUE, MS6E, SAN FRANCISCO, CA ZIP + 4 <input type="checkbox"/> 94110			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,597,010.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	3,232.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	44,308.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	1,345.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		48,885.	1,597,010.
105 Total (add line 104, columns (B), (D), and (E))					1,645,895.

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 page 32 of the 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).

93G FEES FROM GOVERNMENT AGENCIES OFFSET COSTS OF PROVIDING COUNSELING SERVICES TO PARTICIPANTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the 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 page 33 of the 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)

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, and I am not aware of any information of which preparer has any knowledge

Date: 1/9/04
 MAI-MAI HO, EXECUTIVE DIRECTOR
 Type or print name and title
 Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2002

Name of the organization **ASIAN PERINATAL ADVOCATES** Employer identification number **94 3164091**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 page 2 of the 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	

Part III Statements About Activities (See page 2 of the 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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4	Do you have a section 403(b) annuity plan for your employees?		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 pages 3 through 5 of the 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 page 5 of the 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 page 5 of the 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,268,002.	1,102,933.	923,096.	518,539.	3,812,570.
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	0.	96,043.	0.	36,270.	132,313.
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	3,896.	2,483.	1,521.	1,212.	9,112.
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	1,271,898.	1,201,459.	924,617.	556,021.	3,953,995.
24 Line 23 minus line 17	1,271,898.	1,105,416.	924,617.	519,751.	3,821,682.
25 Enter 1% of line 23	12,719.	12,015.	9,246.	5,560.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 76,434.
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 sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,821,682.
d Add: Amounts from column (e) for lines: 18 <u>9,112.</u> 19 _____ 22 _____ 26b _____					26d 9,112.
e Public support (line 26c minus line 26d total)					26e 3,812,570.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.7616%
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: N/A	(2001)	(2000)	(1999)	(1998)	
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: N/A	(2001)	(2000)	(1999)	(1998)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 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.					

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?		
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?		
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? 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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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 page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
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 -		
	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	41
	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	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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:	Yes	No	Amount
	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)			0.

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FUTURE & EQUIPMENT	070193SL		5.00	16	920.			920.	920.		0.
2	FAX MACHINE	091397SL		5.00	16	651.			651.	651.		0.
3	TELEPHONE	091397SL		5.00	16	350.			350.	350.		0.
4	ELECTRIC RANGE	093097SL		5.00	16	373.			373.	373.		0.
5	MICROWAVE	093097SL		5.00	16	137.			137.	137.		0.
6	BOOKCASE	092597SL		5.00	16	150.			150.	150.		0.
7	COMPUTE CART	110797SL		5.00	16	76.			76.	76.		0.
8	VERTICAL BLINDS	103197SL		5.00	16	110.			110.	110.		0.
9	METAL FOLDING CHAIRS	112197SL		5.00	16	63.			63.	63.		0.
10	FURNITURE	100197SL		5.00	16	800.			800.	800.		0.
11	COPIER CENTER	011798SL		5.00	16	65.			65.	65.		0.
12	CANON COMMUNICATION	032898SL		5.00	16	542.			542.	542.		0.
13	ENGINEERING	051700SL		5.00	16	1,925.			1,925.	1,925.		0.
14	SANTRON/PANASONIC PRINTER	070193SL		5.00	16	1,580.			1,580.	1,580.		0.
15	HP PRINTER	102697SL		3.00	16	293.			293.	292.		0.
16	COMPAQ PRESERIO	102697SL		3.00	16	1,145.			1,145.	1,145.		0.
17	VOXON 14"	110797SL		3.00	16	107.			107.	107.		0.
18	HP COMPUTER PRINTER	063099SL		3.00	16	2,473.			2,473.	2,472.		1.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	IBM 433S-D	060398	SL	3.00	16	300.			300.	299.		0.
20	IBM 466DX2-D	060398	SL	3.00	16	300.			300.	300.		0.
21	IBM COMPUTER	060398	SL	3.00	16	300.			300.	300.		0.
22		000000		.000	16							0.
23	ALARM SYSTEM CHINATOWN	102397	SL	3.83	16	550.			550.	550.		0.
24	OFFICE-RENOVATION	050100	SL	40.00	16	37,273.			37,273.	1,876.		931.
25	VEXON	100197	SL	3.00	16	1,700.			1,700.	1,700.		0.
26				.000	16							0.
27	CHINATOWN OFFICE	090597	SL	3.50	16	4,450.			4,450.	4,450.		0.
28	CHILDREN CHAIRS	102500	SL	3.00	16	185.			185.	98.		62.
29	FURNITURE	082500	SL	3.00	16	319.			319.	195.		106.
30	FURNITURE	111600	SL	3.00	16	421.			421.	210.		140.
31	COMPUTER EQUIPMENT	082500	SL	3.00	16	838.			838.	512.		279.
32	COMPUTERS	052301	SL	3.00	16	1,212.			1,212.	438.		404.
33	CHINATOWN	063000	SL	40.00	16	4,999.			4,999.	252.		125.
34	MISC.	070199	SL	3.00	16	1,001.			1,001.	1,001.		0.
35	OFFICE FURNITURE - DINING	080301	SL	3.00	16	1,792.			1,792.	548.		597.
36	TABLE AND COUCH	081601	SL	3.00	16	380.			380.	116.		127.

2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	REFRIGERATOR	082201SL		3.00	16	483.			483.	148.		161.
38	PHONE SYSTEM OFFICE	090501SL		3.00	16	3,718.			3,718.	1,033.		1,239.
39	FURNITURE/MISCELLANEOUS	091201SL		3.00	16	7,099.			7,099.	1,972.		2,366.
40	COMPUTER	070501SL		3.00	16	1,575.			1,575.	525.		525.
41	DELL COMPUTER	092701SL		3.00	16	2,667.			2,667.	740.		889.
42	DELL COMPUTER	041002SL		3.00	16	541.			541.	45.		180.
43	LEASEHOLD IMPROVEMENTS	100401SL		40.00	16	3,500.			3,500.	88.		89.
44	COMPUTER AND PRINTER	091802SL		3.00	16	489.			489.			130.
45	DELL COMPUTER	063003SL		3.00	16	6,810.			6,810.			0.
46	W & J CONSTRUCTION	063003SL		3.00	16	6,000.			6,000.			0.
	* TOTAL 990 PAGE 2					100,662.		0.	100,662.	29,154.	0.	8,351.
	DEPR											

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISING DINNER	67,768.		67,768.	23,460.	44,308.
TO FM 990, PART I, LINE 9	67,768.		67,768.	23,460.	44,308.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SUB-CONTRACTORS	404,454.	404,454.	0.	0.
PROFESSIONAL FEES	49,107.	36,486.	11,295.	1,326.
INSURANCE	25,507.	18,951.	5,867.	689.
STAFF DEVELOPMENT	20,510.	15,239.	4,717.	554.
OFFICE EXPENSE	23,765.	17,657.	5,466.	642.
OTHER EXPENSES	32,172.	23,903.	7,400.	869.
TOTAL TO FM 990, LN 43	555,515.	516,690.	34,745.	4,080.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

LINGUISTICALLY AND CULTURALLY APPROPRIATE SERVICES TO HIGH RISK ASIAN FAMILIES, INCLUDING HEALTH PSYCHO-SOCIAL ASSESMENT, COUNSELING REFERRALS, CHILD ABUSE AND DOMESTIC VIOLENCE PREVENTION AND OTHER FAMILY SUPPORT SERVICES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,325,586.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES	26,105.				26,105.
TO 990, LN 54 COL B	26,105.				26,105.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FUTURE & EQUIPMENT	920.	920.	0.
FAX MACHINE	651.	651.	0.
TELEPHONE	350.	350.	0.
ELECTRIC RANGE	373.	373.	0.
MICROWAVE	137.	137.	0.
BOOKCASE	150.	150.	0.
COMPUTE CART	76.	76.	0.
VERTICAL BLINDS	110.	110.	0.
METAL FOLDING CHAIRS	63.	63.	0.
FURNITURE	800.	800.	0.
COPIER CENTER	65.	65.	0.
CANON	542.	542.	0.
COMMUNICATION ENGINEERING	1,925.	1,925.	0.
SANTRON/PANASONIC PRINTER	1,580.	1,580.	0.
HP PRINTER	293.	292.	1.

COMPAQ PRESERIO	1,145.	1,145.	0.
VOXON 14"	107.	107.	0.
HP COMPUTER PRINTER	2,473.	2,473.	0.
IBM 433S-D	300.	299.	1.
IBM 466DX2-D	300.	300.	0.
IBM COMPUTER	300.	300.	0.
ALARM SYSTEM	550.	550.	0.
CHINATIOWN OFFICE-RENOVATION	37,273.	2,807.	34,466.
VEXON	1,700.	1,700.	0.
CHINATOWN OFFICE	4,450.	4,450.	0.
CHILDREN CHAIRS	185.	160.	25.
FURNITURE	319.	301.	18.
FURNITURE	421.	350.	71.
COMPUTER EQUIPMENT	838.	791.	47.
COMPUTERS	1,212.	842.	370.
CHINATOWN	4,999.	377.	4,622.
MISC.	1,001.	1,001.	0.
OFFICE FURNITURE	1,792.	1,145.	647.
FURNITURE - DINING TABLE AND COUCH	380.	243.	137.
REFRIGERATOR	483.	309.	174.
PHONE SYSTEM	3,718.	2,272.	1,446.
OFFICE FURNITURE/MISCELLANEOUS ITEMS	7,099.	4,338.	2,761.
COMPUTER	1,575.	1,050.	525.
DELL COMPUTER	2,667.	1,629.	1,038.
DELL COMPUTER	541.	225.	316.
LEASEHOLD IMPROVEMENTS	3,500.	177.	3,323.
COMPUTER AND PRINTER	489.	130.	359.
DELL COMPUTER	6,810.	0.	6,810.
W & J CONSTRUCTION	6,000.	0.	6,000.
TOTAL TO FORM 990, PART IV, LN 57	100,662.	37,505.	63,157.

FORM 990	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	AMOUNT
ACCRUED VACATION	60,305.
FUNDS HELD FOR OTHERS	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	60,305.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
IN-KIND DONATION		60,635.	
UNREALIZED GAINS		1,306.	
TOTAL TO FORM 990, PART IV-A		61,941.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
IN-KIND DONATION		60,635.	
TOTAL TO FORM 990, PART IV-B		60,635.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN AFFELDT 1001 POTRERO AVENUE, MS6-E SAN FRANCISCO, CA 94110	PRESIDENT 5	0.	0.	0.
JANE CHESSON 1001 POTRERO AVENUE, MS6-E SAN FRANCISCO, CA 94110	DIRECTOR 1	0.	0.	0.
ROSE CHUNG 1001 POTRERO AVENUE, MS6-E SAN FRANCISCO, CA 94110	VICE PRESIDENT 5	0.	0.	0.
DAISY LEI 1001 POTRERO AVENUE, MS6-E SAN FRANCISCO, CA 94110	DIRECTOR 1	0.	0.	0.
STACIE MA'S 1001 POTRERO AVENUE, MS6-E SAN FRANCISCO, CA 94110	DIRECTOR 1	0.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	ASIAN PERINATAL ADVOCATES	94-3164091
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1001 POTRERO AVENUE, MS6-E	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94110	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 17, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2002, and ending JUN 30, 2003.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

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 ▶ CPA Date ▶ 11/4/03
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)