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)

OMB No 1545-0047

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

Α	For ti	he 2003 calen	dar year, o	or tax year beginning		, 2003, a	and endi			,		
В	Check	ıf applicable						ļD	Employ	er Identi	ification Number	
	XAd	dress change	Please use IRS label	Half the Sky	Foundation				95-	4714	047	
	\prod_{N_a}	ame change	or print or type.	764 Gilman St				E	Teleph	one num	ber	
	H	tial return	See specific	Berkeley, CA	94710				510	-525	-3377	
	\vdash		instruc-					F	Accour			Accrual
	\vdash	nal return	tions.] [Accidai
	Н	nended return	<u> </u>							ther (spec		
	∐ Ap	plication pending	Section	on 501(c)(3) organizati able trusts must attac	ons and 4947(a)(1)	nonexempt	- 1	d I are not applicable			_	(v)
			(Form	990 or 990-EZ).	ii a compicted ocin	caule A	'	a) Is this a group re				X No
G	Wah	site: > www.	•	=			(1) If 'Yes,' enter nur	nber of a	affiliates	•	
				cony.org_			— н (C) Are all affiliates	included?	,	Yes	No.
J		nization type		X 501(c) 3 ◀	(insert no) 4947((If 'No,' attach a	list See	instruction	ons)	
		k only one)					527 H (6	d) Is this a separate	return f	iled by ar	n	
n				nization's gross receip eed not file a return w			_	organization cove	ered by a	group ru	ılıng? Yes	X No
	recei	ved a Form 99	90 Packag	e in the mail, it should	d file a return withou	it financial da	ata.	Group Exem	ption N	lumbei	r 🕨	
	Som	e states requi	re a comp	lete return.			М	Check ►	ıf the o	roanizati	ion is not requir	ed
$\overline{}$	Gross	receints: Add	lines 6h 8	b, 9b, and 10b to line 12	≥ 1.014.70)3	— ```	to attach Schedu				
Pa	d.033	Revenue	Expen	ses, and Change:	in Net Assets	or Fund Ba	alances	(See Instruction	ons)			
<u>. u</u>	1			ants, and similar amou		ua De	11011000	(CCC msaccom	5.1.5/ T			
				ints, and similar amou	ints received	1	1 a	952,3	1 2			
		Direct public		•		-		752,5				
		Indirect publi			•		1b					
		Government				· L	1 c			_	050	210
	ŭ	Total (add lines 1a through 1c) (c.		952,318.			_))		-	1d	952	<u>, 318.</u>
	2	-		ue including governme	ent fees and contrac	ts (from Part	VII, line	93)	_	2		
	3	•		assessments .	RECEIVED				<u> </u>	3	<u>-</u>	
	4 Interest on savings and temporary cash investments 7 5 Dividends and interest from securities 7 5								_	4	5	<u>,038.</u>
									_	5		
	6a	Gross rents.			AY - 1 - 9 - 2004	iği L	6a					
	b	Less rental	expenses	1	7 - 5001		6 b					
	С	Net rental ind	come or (le	oss) (subtract line 6	rom line ba)	' '-		•	_	6c		
P	7	Other investr	nent incor	ne (describe	GUEN, UT)	7		
R E V		0			(A) Se	curities		(B) Other				
Ě	8 a	than inventor	it irom sai v	es of assets other			8a					
2	h		-	is and sales expenses		Ī	8b					
		Gain or (loss) (a		•	· · · 		8c					
\sim				ibine line 8c, columns	(A) and (B))					8 d		
_	ت ا			ivities (attach schedul		from gamine	 . chock	here ▶□	·	-		
-	ر _	Gross revenu			· •	ntributions	,, oncon					
	a			idding \$		1	9 a					
,		reported on I	-	other than fundraises	AVDADESE.	···	9b					
\supset			•	other than fundraising	·	ا (20 مر	30			<u>-</u>		
コルシング				om special events (su		(10 3 0)	اءمد	57,3	n, -	9c		
<u> </u>				y, less returns and all	owances		10 a					
\leq		Less cost of	-			L	10 b	38,1			1.0	117
•	С			ites of inventory (attach sche	edule) (subtract line 10b f	rom line 10a).	• •	Statemen:		10 c	19	,117.
กั	11		•	art VII, line 103)						11		45.
_	12			es 1d, 2, 3, 4, 5, 6c, 7,)				12		<u>,518.</u>
Ε	13	-		n line 44, column (B))			•		-	13		<u>, 350.</u>
EXPENSES	14	-	-	ral (from line 44, colu	mn (C))				-	14		<u>, 367.</u>
Ë	15	Fundraising ((from line	44, column (D))					—	15	122	<u>,669.</u>
Š	16	Payments to	affiliates	(attach schedule)					· [16		
_5	17	Total expens	es (add I	nes 16 and 44, column	n (A))	•			[17	1,131	, 386.
^	18			he year (subtract line					T.	18	-154	,868.
NS	19			ances at beginning of		olumn (A)).			Γ.	19		,244.
Ë	20			ssets or fund balance				.Statemeni	2.2	20		-553.
S	21	_		ances at end of year (_	21		,823.
RΔ				Act Notice, see the se				EA0107L 10/03/03				0 (2003)

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.

D	o 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	60,000.	27,410.	10,118.	22,472.		
26	Other salaries and wages.	26	168,602.	77,019.	28,428.	63,155.		
27	Pension plan contributions	27						
28	Other employee benefits.	28	16.655	7.600	0.000	<u> </u>		
29	Payroll taxes	29	16,655.	7,609.	2,808.	6,238.		
30	Professional fundraising fees	30 31						
31	Accounting fees							
32	Legal fees	32	50 702	40.000	10 601			
33	Supplies	33	59,703.	49,022.	10,681.	1.45		
34	Telephone	34	386.	176.	65.	145.		
35	Postage and shipping	35	8,970.	2,578. 5,025.	2,087. 1,855.	4,305. 4,120.		
36	Occupancy	36	11,000.	5,025.	1,855.	4,120.		
37	Equipment rental and maintenance	37	6 202			6,202.		
38	Printing and publications	38	6,202. 76,165.	76,165.		0,202.		
39	Travel	39		10,311.				
40	Conferences, conventions, and meetings	40	10,311.	10,311.				
41	Interest	41	6 261	2 060	1 056	2,345.		
42	Depreciation, depletion, etc (attach schedule)	42	6,261.	2,860.	1,056.	2,345.		
43	Other expenses not covered above (itemize):	42.	707 121	660 175	22 260	13,687.		
	See Statement 3	43a	707,131.	660,175.	33,269.	13,007.		
b		43 b						
C		43 c 43 d						
C	'	\vdash						
44	Total functional expenses (add lines 22 - 43)	43e						
-	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,131,386.	918,350.	90,367.	122,669.		
1 . 1				310,330.	30,301.	122,009.		
	t Costs. Check [] If you are following any joint costs from a combined education			olioitation rapartad in (E	2) Program convenc?	► Yes X No		
	es,' enter (i) the aggregate amount of thes			, (ii) the a		L L L L L		
\$			to Management and ge		; and (iv) th	e amount allocated		
_	indraising \$	iocaicc	to management and ge		, and (14) an	e amount anotated		
Par		/ice A	ccomplishments	······································				
	t is the organization's primary exempt pur			nt. 4		Program Service Expenses		
All o	rganizations must describe their exempt p	ourpose	achievements in a clea	ar and concise manner	State the number of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)		
clien	rganizations must describe their exempt p ts served, publications issued, etc. Discusons and 4947(a)(1) nonexempt charitable	ss achii trusts i	evements that are not m must also enter the amo	neasurable. (Section 50 ount of grants & allocation	r(c)(3) & (4) organ-	4947(a)(1) trusts, but optional for others)		
a	Operated programs in seve	n we	lfare instituti	ons, serving, a	it vear's	· ·		
	end, 997 children.				-			
								
			(Grants and	allocations \$)	918,350.		
Ŀ	Built and fully-equipped	four	preschools and	four infant nu	irture			
_	centers in Chongging; Che							
	China.		~	· -				
			(Grants and	allocations \$)			
	Hired and trained 73 new	infa	nt nurture nann	ies and 28 new	preschool			
	teachers.				·			
(Grants and allocations \$								
d Built outdoor adventure playscapes in Chuzhou, Anhui, and in								
Chongging, China.								
			(Grants and	allocations \$	·			
6	Other program services See State	ment		allocations \$)			
	Total of Program Service Expenses (sh			. ****	>	918,350.		
BAA	· · · · · · · · · · · · · · · · · · ·		TEEA0102L 10			Form 990 (2003)		

Part IV Balance Sheets (See Instructions)

Note	: Wh	nere required, attached schedules and amounts within lumn should be for end-of-year amounts only.	n the d	escription	(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing			23,714.	45	3,459.
		Savings and temporary cash investments		[453,909.	46	264,791.
	47.	A converte decouple	امحما				
		Accounts receivable	47a			47 c	
- 1	D	Less. allowance for doubtful accounts	47Ь			4/6	
	48 a	Pledges receivable	48a	122,408.			
		Less, allowance for doubtful accounts	48 b	20,442.	93,248.	48 c	101,966.
	49	Grants receivable .				49	
A S S E T S	50	Receivables from officers, directors, trustees, and k employees (attach schedule)		50			
S	51 a	Other notes & loans receivable (attach sch)	51 a				- - ·
Š	b	Less: allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			76,320.	53	122,393.
	54	Investments - securities (attach schedule)		► Cost FMV	439.	54	4,611.
	55 a	Investments - land, buildings, & equipment: basis	55 a				
	b	Less accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments - other (attach schedule)				56	
Ī	57 a	Land, buildings, and equipment: basis	57 a	40,727.			<u></u>
	t	Less. accumulated depreciation (attach schedule) Statement 6	57b	11,246.	12,479.	57 c	29,481.
- 1	58	Other assets (describe >)		58	
	59	Total assets (add lines 45 through 58) (must equal	line 74)	660,109.	59	526,701.
	60	Accounts payable and accrued expenses .			18,865.	60	24,781.
닉	61	Grants payable				61	·
À	62	Deferred revenue .				62	
B	63	Loans from officers, directors, trustees, and key employees (attack	h schedu	le)		63	
L T E S	64 a	Tax-exempt bond liabilities (attach schedule)				64 a	
Ė		Mortgages and other notes payable (attach schedule)				64 b	
S		Other liabilities (describe See Statement	7)		65	16,097.
\dashv		Total liabilities (add lines 60 through 65)			18,865.	66	40,878.
Й	Organ		nd com	plete lines 67			
N E T	-	through 69 and lines 73 and 74			612 072	67	422 715
Ş	67	Unrestricted			612,073. 29,171.	67	422,715.
ANNETS	68	Temporarily restricted			29,171.	68	63,108.
		Permanently restricted		109			
R	organ	izations that do not follow SFAS 117, check here > 70 through 74.					
Ę	70	Capital stock, trust principal, or current funds		70			
D	70 71	Paid-in or capital surplus, or land, building, and equ	Jipmen	t fund		71	
B	72	Retained earnings, endowment, accumulated incom				72	
FUZD BALAZUW		Total net assets or fund balances (add lines 67 thro	ouah 6	9 or lines 70 through			
Ĕ		72, column (A) must equal line 19; column (B) mus	641,244.	73	485,823.		
لل	74	Total liabilities and net assets/fund balances (add	660,109.	74	526,701.		

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

Par	t IV-A Reconciliation of Reven Financial Statements with	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses					
	` per Return (See instructi			per Return			penses
a	Fotal revenue, gains, and other support per audited financial statements.	a 975,965.	a	Total expenses and financial statements	losses per audited	а	1,131,386.
b	Amounts included on line a but not on line 12, Form 990			Amounts included or on line 17, Form 990			
(1)	Net unrealized gains on investments \$ -553.		`´ı	Donated serv- ices and use of facilities \$			
(2)	Donated services and use of facilities . \$		ا `` ا	Prior year adjust- ments reported on line 20, Form 990 \$			
• • •	Recoveries of prior year grants \$		' '	Losses reported on line 20, Form 990 . \$ Other (specify):			
(4)	Other (specify).		(4) ·				
	Add amounts on large (1) through (4)	b -553.	-	Ş Add amounts on lines (1)	through (A)	b	<u></u>
c	Add amounts on lines (1) through (4) Line a minus line b	c 976,518.	1	Line a minus line b .	* ' '	С	1,131,386.
d	Amounts included on line 12, Form 990 but not on line a:		d i	Amounts included or Form 990 but not on	n line 17, line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$			Investment expenses not included on line 6b, Form 990.			
(2)	Other (specify):		ļ	Other (specify)			
	Add amounts on lines (1) and (2)	d		Ş Add amounts on line	es (1) and (2) >	d	
e	Total revenue per line 12, Form		1	Total expenses per			
	990 (line c plus line d)	e 976,518.		990 (line c plus line	d) ▶	e	1,131,386.
Parl	List of Officers, Directors	(B) Title and average ho		(C) Compensation	(D) Contributions		(E) Expense
	(A) Name and address	per week devoted to position	, direction of	(if not paid, enter -0-)	employee benefi plans and deferre compensation	it	account and other allowances
<u>See</u>	Statement 8						
		4		60,000.		0.	0.
				507500.		-	
	· 						
						\dashv	
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						\dashv	
		4					
		<u> </u>					
		4					
		4					
		<u> </u>	_				
		4					
75	Did any officer, director, trustee, or k than \$100,000 from your organization \$10,000 was provided by the related	key employee receive aggr n and all related organizati	egate c	ompensation of mor which more than			J., E
	\$10,000 was provided by the related If 'Yes,' attach schedule — see instru					▶ [_	Yes X No
BAA							Form 990 (2003)

Pa	art VI Other Information (See instructions)		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	(77		Х
	If 'Yes,' attach a conformed copy of the changes.	70 -		v
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a 78 b	NT.	X /A
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	/8B	IN	A
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?	80 a		X
	b If 'Yes,' enter the name of the organization ► N/A			
	and check whether it is exempt or nonexempt.			
81	a Enter direct and indirect political expenditures. See line 81 instructions			
	b Did the organization file Form 1120-POL for this year?	81 Ь		Х
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?	82 a		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 N/A	1		2
	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a 83 b		
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	^	X
	·	044		^
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84ь	N.	/A
85		85 a		/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N,	Ά
	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.			•
	c Dues, assessments, and similar amounts from members	1		
	d Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	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?	85 g	N,	/A
	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?	 85 h	N,	'Α
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	line 12			
	b Gross receipts, included on line 12, for public use of club facilities . 86b N/A	4		
87	501(c)(12) organizations Enter. a Gross income from members or shareholders 87a N/A	į		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
00	,	1		
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:			<u> </u>
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 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			
	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		х
	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 California	, -		
	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90 b		5
91	The books are in care of ► Jenny Bowen Telephone number ► 510-525-33	<u> </u>		
00	Located at ► 764 Gilman Street Berkeley, CA ZIP + 4 ► 9471	U;	<u>_</u> – –	ੂ ਜਾਜ
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	. N/	n	N/A
	and office the amount of tax exempt interest received or decided during the tax jours in the first in the journal of tax			/

	(2003) Half the Sky Found				95-47	14047 Page 6
Part VII	Analysis of Income-Produ					
Note: Ente	er gross amounts unless ındıcated	(A) Business code	d business income (B) Amount	(C) Exclusion code	ction 512, 513, or 51 (D) Amount	(E) Related or exempt function income
93 ` Pro	ogram service revenue.	Dusiness code	Amount	Exclusion code	Amount	Tariction income
a						
b						
c				<u> </u>		
d				+		
e	edicare/Medicaid payments					
	s & contracts from government agencies			 		
-	embership dues and assessments					
	erest on savings & temporary cash invmnts.			14	5,038	5.
	vidends & interest from securities					
97 Net	rental income or (loss) from real estate:					
	bt-financed property .					
	t debt-financed property			1		
	rental income or (loss) from pers prop			 		
	her investment income iin or (loss) from sales of assets			 		
oth	ner than inventory					
	income or (loss) from special events			1		
	ss profit or (loss) from sales of inventory			12	19,117	•
	her revenue: aiscellaneous Income			-		45.
о <u>м.</u> с				+		
ď				1	 .	
e					·	
	ototal (add columns (B), (D), and (E)) .				24,155	
	tal (add line 104, columns (B), (D),				. ►_	24,200.
	105 plus line 1d, Part I, should eq			D	- 10	
	Relationship of Activities t					
Line No.	of the organization's exempt purp					
103b	Miscellaneous income	received	as part of th	<u>e exempt fu</u>	nction of the	e organization.
- 11V			" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	LIE		
Part IX	<u> </u>					
	(A)	(B)		C)	(D)	(E)
Name,	, address, and EIN of corporation, rtnership, or disregarded entity	Percentage ownership in		f activities	Total income	End-of-year assets
N/A	The state of the s	Cimeronip in	8	-		
		1	8			
			8			
	- -		8			
Part X	Information Regarding Tra	<u>insfers Ass</u>	ociated with Pers	onal Benefit C	ontracts (See ins	
	ne organization, during the year, receive any f	· -		•		Yes X No
	the organization, during the year, pa	•	•	on a personal ben	efit contract?	Yes X No
Note:	If 'Yes' to (b), file Form 8870 and F					
	Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of pr	ive examined this reparer (other than	eturn, including accompanyin officer) is based on all inforn	ig schedules and statem nation of which preparei	ents, and to the best of my has any knowledge	knowledge and belief, it is
Please		-			15/17/09	7
			·		Date	
				Date	Check if	Preparer's 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.)

2003

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. **Employer identification number** Name of the organization 95-4714047 Half the Sky Foundation Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (a) Name and address of each (b) Title and average (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances None Total number of other employees paid over \$50,000 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

Sche	dule	e A (Form 990 or 990-EZ) 2003 Half the Sky F	oundation	95-4714047		Р	age :
Par	t III	Statements About Activities (See Instructions	s.)		\	Yes	No
1	•	iring the year, has the organization attempted to influence influence public opinion on a legislative matter or referend		on, including any attempt enses paid			
		incurred in connection with the lobbying activities \$\int \\$ \text{ust equal amounts on line 38, Part VI-A, or line i of Part V}			1		Х
	Org	ganizations that made an election under section 501(h) by ganizations checking 'Yes,' must complete Part VI-B AND a obving activities	filing Form 5768 must complete	Part VI-A. Other	_		
2	Dur sub tax	iring the year, has the organization, either directly or indire bstantial contributors, trustees, directors, officers, creators, kable organization with which any such person is affiliated neficiary? (If the answer to any question is 'Yes,' attach a	, key employees, or members of as an officer, director, trustee, n	their families, or with any halority owner, or principal	į		
a	S al	ale, exchange, or leasing of property?			2a		X
t	Ler	nding of money or other extension of credit?			2b		Х
c	: Fur	rnishing of goods, services, or facilities?		<u> </u>	2c		х
	l Day	syment of compensation (or payment or reimbursement of	See Form 99	· ·	2 d	х	
•	ıray	symetric of compensation (or payment or reimbursement or	expenses in more than \$1,000).		20	Â	
•	Tra	ansfer of any part of its income or assets?			2e		Х
3 a	Do exc	you make grants for scholarships, fellowships, student loa planation of how you determine that recipients qualify to re	ans, etc? (If 'Yes,' attach an eceive payments.)		3a		х
ŀ	Do	you have a section 403(b) annuity plan for your employee	s?		3b		Х
4	Dıd on	d you maintain any separate account for participating dono the use or distribution of funds?	rs where donors have the right t	o provide advice	4		Х
Pai	t IV	Reason for Non-Private Foundation Statu	S (See instructions.)				
The	orga	anization is not a private foundation because it is: (Please	check only ONE applicable box.				
5	Ľ	A church, convention of churches, or association of church	• • • • • • • • • • • • • • • • • • • •				
6	\perp	A school Section 170(b)(1)(A)(II). (Also complete Part V.					
7 8	 	A hospital or a cooperative hospital service organization. A Federal, state, or local government or governmental ur	, , , , , , ,				
9		A medical research organization operated in conjunction and state >)(A)(III). Enter the hospital's n	name,	, city	' ,
10		An organization operated for the benefit of a college or u (Also complete the Support Schedule in Part IV-A.)	niversity owned or operated by	a governmental unit. Section 1	70(b)	(1)(/	4)(IV)
11 a	X	An organization that normally receives a substantial part Section 170(b)(1)(A)(vi) (Also complete the Support Sch	of its support from a governmer nedule in Part IV-A.)	ital unit or from the general pu	ıblıc.		
11 8	, [A community trust. Section 170(b)(1)(A)(vi). (Also comple	ete the Support Schedule in Par	t IV-A.)			
12		An organization that normally receives. (1) more than 33-from activities related to its charitable, etc, functions — s from gross investment income and unrelated business ta organization after June 30, 1975. See section 509(a)(2).	ubject to certain exceptions, and xable income (less section 511 t	d (2) no more than 33-1/3% of (ax) from businesses acquired	its su	ioggi	eipts 't
13		An organization that is not controlled by any disqualified described in: (1) lines 5 through 12 above; or (2) section section 509(a)(3).)	persons (other than foundation (501(c)(4), (5), or (6), if they med	managers) and supports organ at the test of section 509(a)(2).	nizatio . (See	ons e	
		Provide the following information	n about the supported organizat	ions. (See instructions.)			
		(a) Name(s) of supp	orted organization(s)	(b)	Line	nur abov	nber ve
					_		
4.4	_	7.00	andaha Cantan E00/->/A> /O	unatruptions N			
14		An organization organized and operated to test for public	salety Section 509(a)(4). (See	instructions.)			

Page 2

	t IV-A Support Schedule (•		counting.
Note	: You may use the worksheet in the	ne instructions for cor	overting from the acci	rual to the cash meth	od of accounting.	
	ndar year (or fiscal year nning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	943,313.	655,842.	227,445.	26,966	1,853,566.
16	Membership fees received					
	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	15,261.	44,791.	30,862.		90,914.
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	4,028.	4,853.	2,461.	69	. 11,411.
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					
	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 See Stmt. 9	2,217.	90.	30.		2,337.
23		964,819.	705,576.	260,798.	27,035	
24	Line 23 minus line 17	949,558.	660,785.	229,936.	27,035	
25		9,648.	7,056.	2,608.	270	
26	Organizations described on line	s 10 or 11: a Ent	er 2% of amount in c	olumn (e), line 24	▶ 26	a 37,346.
	 Prepare a list for your records to show the supported organization) whose total gifts if return. Enter the total of all these excess 	e name of and amount contr or 1999 through 2002 excee	ributed by each person (oth eded the amount shown in I	er than a governmental uni ine 26a. Do not file this li s	t or publicly st with your	ы 196,763.
,	: Total support for section 509(a)(I) test. Enter line 24,	column (e)		. ▶ 26	1
	Add Amounts from column (e) for	•	11,411.	19		
		22	2,337.	26b 196, 7	763. 26	
	Public support (line 26c minus lir	•			▶ 26	
	Public support percentage (line		ded by line 26c (deno	minator))	▶ 26	f 88.73 %
27	Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ived in each year from	n, each 'disqualified p	person.' Do not file t h	is list with your ret	urn. Enter the sum of
	(2002)					
	show the name of, and amount r \$5,000. (Include in the list organic computing the difference betwee (the excess amounts) for each ye	eceived for each year izations described in in the amount receive ear:	r, that was more than lines 5 through 11, as d and the larger amo	the larger of (1) the well as individuals.) unt described in (1) o	amount on line 25 in the policy of the polic	for the year or (2) with your return. Afte of these differences
	(2002)	(2001)	(2000) _		_ (1999)	
•	(2002) c Add· Amounts from column (e) fo	20are lines: 27d total)		16 21		اء
	1/	20	ad line 27h total		27	d d
	I Add Line 27a total Public support (line 27c total min	ar are line 27d total)	iu iiile Z/D totat		► 27	
,	Total support for section 509(a)(2			(e). ► 27f	2/	
	Public support percentage (line					g %
	Investment income percentage (•		·	~

rai	(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		
24	·	-		
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.)			
	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:			
á	a Students' rights or privileges?	33 a		
ŀ	Admissions policies?	33 b		
(c Employment of faculty or administrative staff?	33 c		
(d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33e		
f	Use of facilities?	33 f		
ç	g Athletic programs?	33 g		
ŀ	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	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
ŀ	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		

	(10 be complet	ed UNLT by an eligible	organization that filed	FUIII 3/08)					N/A		
Chec	k ► a i If the organi	zation belongs to an aff	iliated group. Check	▶ b If you	checke			contr	ol' provisions apply.		
		imits on Lobbying	•			(a Affiliate tota	d group	р	(b) To be completed for ALL electing		
		'expenditures' means a	·	 -	1 20				organizations		
36	Total lobbying expendit				36						
37	Total lobbying expendition Total lobbying expendition	_			38		-				
38	• - :			•	39						
39 40	Other exempt purpose of Total exempt purpose of	•			40						
41	Lobbying nontaxable an			 Na —	1			-			
41	If the amount on line 40		lobbying nontaxable a								
	Not over \$500,000		of the amount on line		1 1						
	Over \$500,000 but not over \$1		000 plus 15% of the excess o								
	Over \$1,000,000 but not over \$		000 plus 10% of the excess o		41						
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ov								
	Over \$17,000,000		00,000.					ļ			
42	Grassroots nontaxable				42						
43	Subtract line 42 from lin				43						
44	Subtract line 41 from lin	ne 38 Enter -0- if line 4	I is more than line 38		44						
	Caution: If there is an a	amount on either line 4	3 or line 44, you must f	ile 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 (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001			(d) 2000				(e) Total
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))	1									
47	Total lobbying expenditures										
48	Grassroots non- taxable amount .										
49	Grassroots ceiling amount (150% of line 48(e))										
	Grassroots lobbying expenditures		_								
Par	Lobbying A (For reporting of	ctivity by Nonelect	ing Public Charitie at did not complete Pa	rt VI-A) (See ins	struction	ıs.)			N/A		
Durir atter	Ouring the year, did the organization attempt to influence national, state or local legislation, including any ittempt to influence public opinion on a legislative matter or referendum, through the use of: Yes No										
	Volunteers .										
t	Paid staff or manageme	ent (Include compensat	ion in expenses reporte	ed on lines c thre	ough h.)					
	Media advertisements.						\vdash				
	Mailings to members, le	- ·									
	Publications, or publish						$\vdash \vdash$				
	Grants to other organiz										
-	Direct contact with legis						 				
	Rallies, demonstrations			or any other mea	ins						
1	Total lobbying expendit		•	untion of the labe	una set	vitios	L				
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities										

Page 6 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: Х (i) Cash 51 a (i) X (ii)Other assets a (ii) **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization b (i) (ii) Purchases of assets from a noncharitable exempt organization . . . b (ii) (iii) Rental of facilities, equipment, or other assets b (iii) (iv)Reimbursement arrangements b (iv) X b (v) (v)Loans or loan guarantees (vi)Performance of services or membership or fundraising solicitations. b (vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (d)
Description of transfers, transactions, and sharing arrangements (a) Line no. (b) Amount involved (c)
Name of noncharitable exempt organization N/A 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► Yes X No b if 'Yes,' complete the following schedule (b) (c)
Description of relationship Name of organization Type of organization N/A

ent HA125 Half the Sky	Foundation		meet	95-47/
•				
Statement 1 Form 990, Part I, Line 10 Gross Profit (Loss) From Sales Of Inventory				
Merchandise Sales			\$	57,302
Gross Sales Less Returns & Allowances. Net Sales			\$	57,302 (57,302
Net Sales Less Cost Of Goods Sold Gross Profit From Sales Of Inventory			\$	57,302 38,185 19,117
Statement 2 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances				
Unrealized Losses on Investments		 Total	\$ \$	-553 -553
Statement 3 Form 990, Part II, Line 43 Other Expenses				
·	(A) (B)	(C) anageme		(D)

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management & General	<u>Fundraising</u>
Bank and credit card fees Development Education & documentation Equipment & const. materials	12,030. 14,670. 67,354. 73,471.	2,483. 67,354. 73,471.	12,030.	12,187.
Insurance Miscellaneous	15,226. 18,640.	18,640.	15,226.	
Office expense Personnel - China	1,653. 367,494.	367,494.	1,653.	
Professional fees Special projects Teacher training	32,980. 23,740. 79,873.	27,120. 23,740. 79,873.	4,360.	1,500.
•	Total \$ 707,131.		\$ 33,269.	<u>\$ 13,687.</u>

Statement 4 Form 990 , Part III Organization's Primary Exempt Purpose

To establish development programs in China for orphaned children.

35,052. <u>9</u>	and Stions E	Program Service Expenses Book Value 3,847. 25,634. 29,481.
Allocate qing, , years Total \$\frac{1}{5}\$ Accur sis Depre 5,675. \$ 1 35,052. 9	0. \$	Book Value 3,847. 25,634.
Allocate qing, , years Total \$\frac{1}{5}\$ Accur sis Depre 5,675. \$ 1 35,052. 9	0. \$	Book Value 3,847. 25,634.
qing, , years Total \$\frac{\frac{1}{5}}{5}\$ Sis Depre 5,675. \$ 1 35,052. 9	0. \$ n	Book Value 3,847. 25,634.
Years Total \$ Accursis Depres 5,675. \$ 1 35,052. 9	n. .c. \ ,828. \$	Book Value 3,847. 25,634.
Accursis Depre 5,675. \$ 135,052. 9	n. .c. \ ,828. \$	Book Value 3,847. 25,634.
<u>sis</u> <u>Depre</u> 5,675. \$ 1 35,052. 9	,828. \$,418.	3,847. 25,634.
<u>sis</u> <u>Depre</u> 5,675. \$ 1 35,052. 9	,828. \$,418.	3,847. 25,634.
35,052. <u>9</u>	,418.	25,634.
	<u>\$</u> Total <u>\$</u>	16,097 16,097
	Contri- bution to EBP & DC	Expense Account Other
0.	0.	
s <u>:e</u> c	<u>ced sation</u> c \$ 60,000. s	s Compen- bution to ted sation EBP & DC c \$ 60,000. \$ 0.

, -	10	A.	327	
	n	n	3	
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Page 5

Client HA125

Halithe Sky Foundation

95-477/4047

Statement 8 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hot Per Week Dev	irs Compen-	Contri- bution to EBP & DC	Expense Account/ Other
Carolyn Pope Edwards, EdD 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	\$ 0.	\$ 0.	\$ 0.
David Howard 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Vicki McClay 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Dana Johnson, MD, PhD. 764 Gilman street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Kay Johnson, PhD 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Karin Evans 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Steve Hoffmann 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Jim Gradoville 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Zhang Zhirong 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
Ellen Sloan 764 Gilman Street Berkeley, CA 94710	Director 1 hr p/wk	0.	0.	0.
	,	Total \$ 60,000.	\$ 0.	\$ 0.

2003

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Page 4

Client HA125

Halfithe Sky Eoundation

95-4714047

Statement 9 Schedule A, Part IV-A, Line 22 Other Income

Description		_(a	2002	(b)	2001	<u>(c)</u>	2000	(d)_	1999	<u>(e)</u>	Total
Miscellaneous		\$	2,217.	\$	90.	\$	30.	\$	0.	\$	2,337.
	Total	\$	2,217.	\$	90.	\$	30.	\$	0.	\$	2,337.