

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

CHK# 20061

State Charity Registration Number: CT 64803

ASIAN & PACIFIC ISLANDER AMERICAN HEALTH
FORUM

Name of Organization

450 SUTTER STREET, NO. 600

Address (Number and Street)

SAN FRANCISCO, CA 94108

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 1194585

Federal Employer I.D. No. 94-3030866

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2005 ending 06/30/2006) list:
Gross annual revenue \$ 3,536,747. Total assets \$ 1,079,990.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	SEE STATEMENT 7	X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (415) 954-9988

Organization's e-mail address HFORUM@APIAHF.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

HO LUONG TRAN
Signature of authorized officer

HO LUONG TRAN
Printed Name

PRESIDENT
Title

02/13/2007
Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 7

SEE STATEMENT

Asian & Pacific Islander American Health Forum
Form RRF-1, Part B, Line 6
CT 64803
Year Ended June 30, 2006

Government Agency	Mailing Address	Contact Person	Telephone Number
US Dept of Health & Human Services: <i>Centers for Disease Control and Prevention</i>	Procurement & Grants Office Acquisition & Assistance Branch I 2920 Brandywine Rd., MS E-15 Atlanta, GA 30341	Arthur Lusby	(404) 639-8010
US Dept of Health & Human Services: <i>Centers for Disease Control and Prevention</i>	Procurement & Grants Office Acquisition & Assistance Branch III 2920 Brandywine Rd., Rm. 3000 MS E-15 Atlanta, GA 30341	Annie Harrison Camacho	(770) 488-2735
US Dept of Health & Human Services: <i>Centers for Disease Control and Prevention</i>	Procurement & Grants Office Acquisition & Assistance Branch II 2920 Brandywine Rd., MS K-14 Atlanta, GA 30341	Mattie Jackson	(770) 488-2696
US Dept of Health & Human Services: ACYF/FYSB	Office of Grants Management Division of Discretionary Grants 6 th Floor East, Aerospace Bldg. 370 L'Enfant Promenade, SW Washington, DC 20447	Darlene Langston	(202) 401-5540
US Dept of Health & Human Services: <i>Office of Minority Health</i>	Office of Public Health & Science Office of Grants Management 1101 Wootton Parkway, Ste. 550 Rockville, MD 20852	Margaret Griffiths	(301) 594-0758
California Department of Health Services, Chronic Disease & Injury Control Division/Tobacco Control Section	MS #7206 P.O. Box 997413 Sacramento, CA 95899	Linda Ono	(916) 449-5478