



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



CIS9KN3RVR

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning

July 1, 2007, and ending

June 30, 2008

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
Pilipino Workers Center of Southern California  
Number and street (or P.O. box if mail is not delivered to street address)  
153 Glendale Blvd., 2nd Floor  
City or town, state or country, and ZIP + 4  
Los Angeles, CA 90026-5847

D Employer identification number  
77 0439301E Telephone number  
(213) 250-4353F Accounting method:  Cash  Accrual  
 Other (specify) ►

G Website: ► pilworker@pwcsc.org

J Organization type (check only one) ►  501(c)(1) □ 4947(a)(1) or  527K Check here ►  If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ►

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included?  Yes  No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ►

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

## or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts	1a	180,219	
a Contributions to donor advised funds	1b		
b Direct public support (not included on line 1a)	1c		
c Indirect public support (not included on line 1a)	1d	75,285	
d Government contributions (grants) (not included on line 1a)			
e Total (add lines 1a through 1d) (cash \$ 255,504 noncash \$ )	1e	255,504	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3	2,592	
4 Interest on savings and temporary cash investments	4	31	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a			
7 Other investment income (describe) ►	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	8d		
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a			
10a 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			
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	259,733	
13 Program services (from line 44, column (B))	13	207,202	
14 Management and general (from line 44, column (C))	14	57,926	
15 Fundraising (from line 44, column (D))	15	3,125	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	268,253	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	(8,520)	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	46,516	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	37,996	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form 990 (2007)

200806

SCANNED JAN 19 2011

Revenue

Expenses

Net Assets

7/17/2011

# CIS9KN3RVR

Form 990 (2007)

Page 2

**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. (See the instructions.)

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>1,610</u> noncash \$ <u>      </u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a	1,610	1,610	
22b	Other grants and allocations (attach schedule) (cash \$ <u>      </u> noncash \$ <u>      </u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	60,417	42,295	18,122
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	45,401	36,321	9,080
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28			
29	Payroll taxes	29	8,919	6,626	2,293
30	Professional fundraising fees	30	1,250		1,250
31	Accounting fees	31	5,000		5,000
32	Legal fees	32			
33	Supplies	33	4,982	2,985	1,997
34	Telephone	34	3,962	2,375	1,587
35	Postage and shipping	35	583	353	115
36	Occupancy	36			
37	Equipment rental and maintenance	37	1,513	913	300
38	Printing and publications	38	3,752	3,752	
39	Travel	39	4,982	4,982	
40	Conferences, conventions, and meetings	40	369		369
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize).	43a	2,154		2,154
a	Bank fees	43b	80,996	79,496	1,500
b	Program expenses	43c	1,645		1,645
c	Repairs & maintenance	43d	369	369	
d	Staff training & outreach education	43e	27,080	16,248	10,832
e	Insurance	43f	4,177	2,505	1,672
f	Utilities	43g	9,091	5,450	2,431
g	Miscellaneous expenses				1,210
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	268,252	206,280	58,847
					3,125

**Joint Costs.** Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ►  Yes  No  
If "Yes," enter (i) the aggregate amount of these joint costs \$       ; (ii) the amount allocated to Program services \$       ; (iii) the amount allocated to Management and general \$       ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments (See the instructions.)**

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.

What is the organization's primary exempt purpose? ► To provide educational & empowering services	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a Patrocinia Health Program</b> - provided direct and referral services and important information around issues such as healthcare, immigration, employment, housing, etc.; to meet the immediate needs of workers and their families provided community health advocate trainings served about 2,000 individuals.</p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/> 82,880</p>	
<p><b>b C.O.U.R.A.G.E. Program</b> - aim at improving conditions in the private home healthcare industry for both workers and patients by providing educational seminar and training for bonafide caregivers.</p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/> 51,800</p>	
<p><b>c Youth Unite</b> - provided leadership development activities and positive recreation to Filipino youth.</p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/> 10,360</p>	
<p><b>d Youth Workforce Program</b> - provided job placement, soft skills development and entrepreneurial skills development to at-risk and adjudicated youth.</p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/> 62,162</p>	
<p><b>e Other program services (attach schedule)</b></p>	
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). ► 207,202</p>	

# CIS9KN3RVR

Form 990 (2007)

Page 4

## Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
	45 Cash—non-interest-bearing	150,583	45	129,487
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	1,276		
	b Less: allowance for doubtful accounts	8,051	47c	1,276
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
Assets	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,000	53	4,000
	54a Investments—publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments—other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation (attach schedule)	57b	57c	
	58 Other assets, including program-related investments (describe ► .....	3,309	58	0
	59 Total assets (must equal line 74). Add lines 45 through 58	164,943	59	134,763
Liabilities	60 Accounts payable and accrued expenses	5,010	60	2,600
	61 Grants payable		61	
	62 Deferred revenue	113,417	62	94,167
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► .....		65	
	66 Total liabilities. Add lines 60 through 65	118,427	66	96,767
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	46,516	72	37,996
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	46,516	73	37,996
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	164,943	74	134,763

Form 990 (2007)

2012

# CIS9KN3RVR

Form 990 (2007)

Page 5

## Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	259,733
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments . . . . .	b1	
2	Donated services and use of facilities . . . . .	b2	
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify): . . . . .	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	259,733
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): . . . . .	d2	
	Add lines d1 and d2 . . . . .	d	
e	Total revenue (Part I, line 12). Add lines c and d . . . . . ►	e	259,733

## Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements . . . . .	a	268,252
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities . . . . .	b1	
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	
3	Losses reported on Part I, line 20 . . . . .	b3	
4	Other (specify): . . . . .	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	268,252
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): . . . . .	d2	
	Add lines d1 and d2 . . . . .	d	
e	Total expenses (Part I, line 17). Add lines c and d . . . . . ►	e	268,252

## Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Carol Almeda 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	President 1 Hr/Wk	-0-	-0-	-0-
Dianne Wright 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Finance Officer 1 Hr/Wk	-0-	-0-	-0-
Aguilina Soriano-Versoza 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Secretary 1 Hr/Wk	-0-	-0-	-0-
Ethelyn Anguluan-Coger 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-
Bill Gallegos 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-
John Delloro 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-
Olympia Resol 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-

Form 990 (2007)

7101

C1S9KN3RVR

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ►

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b ✓

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c ✓

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? 75d ✓

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Amilina Soriano-Versoza 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026		30,000		

**Part VI Other Information (See the instructions.)**

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76	✓
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	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	✓
	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	✓
80a	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	✓
	b If "Yes," enter the name of the organization ► . . . . .		
	..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 Instructions.) . . . . .	81a	
	b Did the organization file Form 1120-POL for this year? . . . . .	81b	

# CIS9KN3RVR

Form 990 (2007)

Page 7

## Part VI Other Information (continued)

	Yes	No
82a 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	✓
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	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	✓
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	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.	85b	✓
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	85h	✓
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a 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	88a	✓
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	✓
89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	89a	
b 501(c)(3) and 501(c)(4) orgs. 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	✓
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	✓
90a List the states with which a copy of this return is filed ►		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	
91a The books are in care of ► Telephone no. ► (.....) Located at ► ZIP + 4 ►		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b	Yes	No

# CIS9KN3RVR

Form 990 (2007)

Page 8

## Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?  91c  ✓

If "Yes," enter the name of the foreign country ► .....

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 ► | 92 |

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

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

94 Membership dues and assessments . . . . .

95 Interest on savings and temporary cash investments . . . . .

96 Dividends and interest from securities . . . . .

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 . . . . .

102 Gross profit or (loss) from sales of inventory . . . . .

103 Other revenue: a \_\_\_\_\_

- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					
94					
95					
96					
97					
98					
99					
100					
101					
102					
103					
104					
105					

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

## Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).

## Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

## Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

**Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**

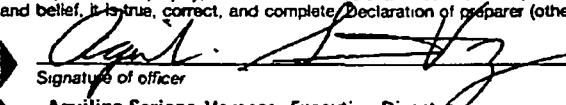
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes  No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer <u>Aquilina Soriano-Versoza, Executive Director</u> Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
			Preparer's SSN or PTIN (See Gen. Inst. X)
		EIN	
		Phone no.	

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes  No

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	12-13-2009	Date
	Aquilina Soriano Versoza, Executive Director		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's SSN or PTIN (See Gen. Inst. X)
		Phone no. ( )	

CIS9KN3RVR



**Pilipino Workers Center of Southern California**

153 Glendale Blvd, 2<sup>nd</sup> Fl • Los Angeles, CA 90026 • tel (213) 250-4353 • fax (213) 250-4337 • [pitworker@pwsc.org](mailto:pitworker@pwsc.org)

## **New Management Policies**

Date of effectiveness: September 15, 2010

### ***Mail:***

1. Mail will be opened by receptionist and logged in a record book. All accounting mail, including bills, checks and IRS notifications, will be sorted to PWC's Executive Director for review before forwarding the mail to Accounting.
2. All other mail will be sorted by the Receptionist to the proper staff.

### ***Financial Policies:***

1. When mailing important mail, such as tax returns, it is required to mail the letter as Certified Mail, so that there is a record and date of the mailing. This record must be filed together with a copy of the document in the Administrative files.
2. PWC Executive Director must review and update PWC's Guidestar information at least once every six months.