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## **Short Form Return of Organization Exempt From Income Tax**

2008

OMB No 1545 1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

	Α	For the 2008 calendar year, or tax year beginning	, 2008, and en	nding		,	
	<u>B</u>	Check if applicable C			D Emplo	yer identificatio	n number
	X	Address change   Please use IRS   PACIFIC ISLANDER HEALTH PA	14-	14-1911866			
		Name change   label or print or   12900 GARDEN GROVE BLVD. 2	E Teleph	Telephone number			
	$\blacksquare$	Initial return Spe. GARDEN GROVE, CA 92843			714	1-968-17	85
	=	Termination Specific			••		
	=	Amended return Application pending			F Group Numb	p Exemption ber	¹ <b>►</b>
		<del></del>	-haritable tructe	G Accounting		Cash	X Accrual
		<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt must attach a completed Schedule A (Form 990 or 9</li> </ul>	190-EZ).	Other (speci	fy) ►		
	i	Website: ► N/A		H Check ► X	attach S	organizatio chedule B (F	
		Organization type (check only one) — X 501(c) (3 ) ◄ (insert no)	4947(a)(1) or 527	990-EZ, or 9			<del></del>
		Check ► ☐ If the organization is not a section 509(a)(3) supportii \$25,000. A return is not required, but if the organization chooses t				y <b>not</b> more t	han
		Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$ instead of Form 990-EZ	1,000,000 or more, file F	orm 990	•	• \$	72,067.
	Pa	rt I Revenue, Expenses, and Changes in Net As	sets or Fund Balan	ices (See the	instru	ctions for	Part I.)
		1 Contributions, gifts, grants, and similar amounts received	•	-		1	69,330.
		2 Program service revenue including government fees and cor	ntracts			2	2,737.
		3 Membership dues and assessments				3	
		4 Investment income				4	_
		5a Gross amount from sale of assets other than inventory	5a			1	
		<b>b</b> Less cost or other basis and sales expenses	5b				
	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from l			_	5c	<del></del>
	Ψ	6 Special events and activities (complete applicable parts of Schedule G) If an	y amount is from <b>gaming</b> , chec	k here	∐ <u> </u>	1	
	REVENU	a Gross revenue (not including \$ of co	ontributions		Ė		
	Ĕ	reported on line 1)	6a				
		<b>b</b> Less, direct expenses other than fundraising expenses	6b				
		c Net income or (loss) from special events and activities (Subtract line 6b from	ı line 6a)			6c	
		7a Gross sales of inventory, less returns and allowances	7a			1	
		b Less cost of goods sold RECEIVE	76			]	
		b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract-line)	a from June 7a)			7 c	
- =		8 Other revenue (describe > 20			_) [_;	8	
2010		9 Total revenue (add lines 1, 2, 3, 4, 6 fc, 7c, and 8) 4 20	' 1 1 1		<b>▶</b>	9	72,067.
100		10 Grants and similar amounts paid (attach-schedule)	_ 8	,	1	0	
က	_	11 Benefits paid to or for members OGDEN I	T		1	1	
0	E X P	12 Salaries, other compensation, and employee benefits 1,			1:	2	<del></del>
	P	13 Professional fees and other payments to independent contra	ctors		1		
AUG	N	14 Occupancy, rent, utilities, and maintenance			1.	4	2,000.
-	Ĕ	15 Printing, publications, postage, and shipping			1:	5	
$\cap$	S	16 Other expenses (describe ► SEE STATEMENT 1			) 1	_	42,084.
ш		17 Total expenses (add lines 10 through 16)		<del></del>	▶ 1		44,084.
SCANNED		18 Excess or (deficit) for the year (Subtract line 17 from line 9)			1:	8	27,983.
Z	Ą	19 Net assets or fund balances at beginning of year (from line 2	7 column (A)) (must ad	ree with end-of-v	ear		
×.	N S E E T T	figure reported on prior year's return).	., column (1), (must ag	ice with cha-or-y	1:	9	5,000.
$\mathcal{C}$		20 Other changes in net assets or fund balances (attach explan	ation). SEE S.	TATEMENT 2	2	0	-2,401.
U	S	21 Net assets or fund balances at end of year. Combine lines 1			▶ 2	1	30,582.
	Pa	rt II Balance Sheets. If Total assets on line 25, column (		re, file Form 990	ınstead	of Form 990	-EZ.
	L	(See the instructions for Part II )		(A) Beginning			nd of year
	22	Cash, savings, and investments				22	30,582.
	23	·				23	
	24	Other assets (describe ► SEE STATEMENT 3	)	5,		24	
	25	Total assets	<del></del> ·			25	30,582.
	26		)			26	0.
	27	Net assets or fund balances (line 27 of column (B) must agree v	vith line 21)	5,		27	30,582.
	BA	A For Privacy Act and Paperwork Reduction Act Notice, see the in				Form	990-EZ (2008)

Form	990-E	Z (2008)	PACIFIC	ISLANDE	R H	EALTH PARTNERSH	IP		14	-191	L1866	Page 2
Par	t III	Stater	nent of Pr	<u>ogram Ser</u>	vice	e Accomplishment	<b>s</b> (See the instruc	tions.)			Expense	s
						CATEMENT 4	<u> </u>				uired for 501	
Desc	ribe wh	at was a	chieved in ca	rrying out the	orga	anization's exempt purpons benefited, or other r	oses. In a clear and co	ncise manner,			(4) organızat (a)(1) trusts,	
progr	ribe the ram title	services e.	provided, un	e number of p	perso	ons benefited, or other r	elevant information for	each		for o	thers.)	ориона
			ERVICES	FOR PACI	FIC	ISLANDERS					I	
	22.24	=======================================										
				<b></b> -			<b>-</b>		-1			
	Grant			066 \ if the		ount includes foreign gr			데	28 a		38,674.
	<u>(Grant</u>	2 <del>V</del>							Ч	20 a	<del>-</del>	30,014.
29			- <b>-</b>	<del>-</del>				<del>-</del>				
			<del></del>				<b></b>	<del>-</del> -			1	
		_ <del></del>	- <b>-</b>	_ <b></b> .				. <b></b>	~			
	(Grant	s \$		) If thi	s am	ount includes foreign gr	ants, check here		Ш	29 a	<u>-</u>	
30		<b></b>				<b></b>	<del>-</del> -	<del>_</del>				
						<b></b>		. <b></b>				
	(Grant	s \$		) If thi	s am	ount includes foreign gr	ants, check here		Ш	30 a		
31	Other	program	services (atta	ach schedule)	)				_			
	(Grant					ount includes foreign gr	ants, check here		Ш	31 a		
						a through 31a)			•	32		38,674.
Par	t IV	List o	f Officers,	Directors,	, Tru	ıstees, and Key En	nployees. (List each	one even if no	t cor	mpen	sated. See th	ne instrs.)
					(b) <sup>-</sup>	Title and average hours		(d) Contribu			(e) Expens	
	,	(a) Name	and address	5		per week devoted to position	not paid, enter -0)	employee benefi deferred comp			and other a	illowances
VITC	ייייטם	KAIWI	DANC			PRESIDENT	0	<del></del>	onsa	0.		0.
				775 - 314	71		j	•		٥.		0.
				<u>VD</u> , 214	-A	20.00						
			CA 9284	1.3								
		SHIGEM				VICE PRESIDENT	1	•		0.		0.
				<u>VD, 214</u>	-A	5.00						
GAF	DEN (	GROVE,	CA 9284	13								
VAK	A FA	LETAU				VICE PRESIDENT	'  0	•		0.		0.
129	00 G	ARDEN	GROVE BI	VD, 214	-A	5.00						
			CA 9284									
		BRIAND				TREASURER	0			0.		0.
				$\overline{VD}$ , $\overline{214}$	- <b>Z</b>	10.00				•		
			CA 9284		11	10.00						
GAL	DEN (	GROVE,	CA 3204					+		_	<del> </del>	
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				]							<u> </u>	
BAA	<del></del>					TEEA0812L	01/14/09				Form 990	<b>)-EZ</b> (2008)

BAA

Part V Other Information (Note the statement requirement in General Instruction V.)

Form **990-EZ** (2008)

	·		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
4	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and	25		v
	proxy tax requirements?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35a 35b		<u>X</u>
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	33.5		
	If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.	<b></b>		v
	b Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities.  39b  N/A	1		
40 :	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ı	h 501(c)(3) and (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,' complete Schedule L, Part I	40 ь		X
•	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.	}		
•	d Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed > CA			
	a The books are in care of ► GEORGE BRIAND  Located at ► 12900 GARDEN GROVE BLVD., #214-A GARDEN GROVE CA  ZIP + 4 ► 92843	  1	Yes	
١	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)?	42b	165	No X
	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 a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:	42c	_	Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		Х

TEEA0812L 01/14/09

				PARTNERSHIP		14-1911866	
Part VI Se	ection 501(c)(3	) organizati	ons only	. All section 501(c)(3)	organizations mus	t answer questi	21

Form 99	O-EZ (2008) PACIFIC ISLANDER HE			14-1911			<sup>2</sup> age 4
Part V	Section 501(c)(3) organization		501(c)(3) organi:	zations must answer o	uestion:	s 46-	-49
	and complete the tables for lin	es 50 and 51.		SEE SI	TATEMEN	IT 5	
46 D	)	at a alitical samualan a al	www.aa.aa.babalf.af.aa	un annochen te condudates		Yes	No
46 Did	the organization engage in direct or indirect public office? If 'Yes,' complete Schedule (	ct political campaign act C. Part I	ivities on benail of or	in opposition to candidates	46		Х
	the organization engage in lobbying activit		Schedule C. Part II		47		X
	he organization operating a school as desc			polete Schedule E	48		X
				ipiete Schedule E	<u> </u>		X
	the organization make any transfers to an	•	related organization?		49a		<u>_^</u>
b If "	Yes,' was the related organization(s) a sect	ion 527 organization?			49 b		L
50 Cor	mplete this table for the five highest compe eived more than \$100,000 of compensation	nsated employees (other from the organization.	er than officers, direct If there is none, ente	ors, trustees and key emplo r 'None '	yees) who	each	1
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	nt and	ıs
NONE							
		1					
		-					
<del></del>							
	- <b></b>	-					
		· · · ·					
Total numl	per of other employees paid over \$100,000						
51 Co fro	mplete this table for the five highest compe m the organization. If there is none, enter 'I	nsated independent cor None '	tractors who each re	ceived more than \$100,000	of comper	sation	n
	(a) Name and address of each independent cont	ractor paid more than \$100.000	<u> </u>	(b) Type of service	(c) Comp	ensatio	
NONE	(c) trains and address a season map and and			(-).)	(-/···/		
NOME.							
		<b></b>					
		<b>_</b>					
Total nu	mber of other independent contractors rece	iving over \$100,000	<b>•</b>				
	Under penalties of perjury, I declare that I have exartrue, correct, and complete Declaration of preparer	nined this return, including acc	ompanying schedules and s	tatements, and to the best of my knowledge	owledge and	belief, it	t is
	inde, correct, and complete Declaration of preparer	(other man vincer) is based on	an information of which pre	eparer has any knowledge			
c:	1 m // color & alwi	San		1 06/28/2010	2		
Sign Here	Signature of officer	<del>()</del>	····	Date			
HEIE	MIDTON KOULL	Partra D	DECIDED TO	06/20/2	4/0		
	Tupo or print name and title	· ~~ G, P,	RESIDENT		010		
	Type or print name and title	,			pararia Idaetii	hung Ni	umbor
Paid	Preparer's	7 24.	Date	Check if Self	parer's Identi e instructions	) Durid iar	miner
Dros	signature ///all >. ///	gr-	6/22/3	10 employed ► X N/	Α		

► N/A

(310) 292-0690

►X Yes No

Form **990-EZ** (2008)

EIN

Phone no ►

Pre-

Only

BAA

parer's Use

Firm's name (or yours if self employed), address, and ZIP + 4

MARK S. MARUYAMA,

1138 BLOOMWOOD RD

May the IRS discuss this return with the preparer shown above? See instructions

RANCHO PALOS VERDES, CA 90275-1902

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

PAC	IFIC ISLAND	ER H	EALTH PARTNER	SHIP					14-19	911866	5		
Part	Reason fo	r Pul	olic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) (see	instruc	ctions)		
The o	rganization is not	a priva	ate foundation becaus	se it is. (Please check on	ly <b>one</b> o	rganızat	ion.)						
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).												
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3	<b></b>		· · · · · · · · · · · · · · · · · · ·	e organization described i						-			
4	A medical res	earch	organization operate	d in conjunction with a ho	ospital de	escribed	ın secti	on 170(	(b)(1)(A)	(iii) Ente	er the hosp	ital's	
_	name, city, ar			of a college or university					montal		ribod in co		
5	170(b)(1)(A)(i	<b>/).</b> (Co	omplete Part II.)						inenan	um uesc	indea in Se	cuon	
6 7	X An organization	on that		governmental unit describ substantial part of its sup					or from	the gene	ral public o	escrib	ed
8				<b>70(b)(1)(A)(vi).</b> (Complete	e Part II.	١							
9	=			1) more than 33-1/3 % of		•	contrib	utions.	member	ship fees	s. and gros	s rece	ıpts
_	from activities	relate come :	ed to its exempt funct	ions — subject to certain ss taxable income (less s	exception	ns, and	(2) no r	nore tha	an 33-1/	3 % of its	s support fi	rom gr	oss
10	An organizati	on org	anized and operated	exclusively to test for pul	blic safe	y See	section	509(a)(4	<b>i).</b> (see	instructio	ons)		
11	more publicly	Suppo	rted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	)(1) or s	ection 5	09(a)(2)	tions of . See <b>s</b> i	, or carr ection 5	y out the <b>09(a)(3).</b> —	purposes Check the	of one box th	or nat
	a Type I		<b>b</b> Type II	c Type II	l — Fund	tionally	ıntegrat	ed		d 📙	Type III-	Other	
е	By checking than foundation 509(a)(2)	his bo on mai	x, I certify that the org nagers and other than	ganization is not controlle n one or more publicly su	ed direct ipported	y or ind organiz	irectly b ations d	y one o escribed	r more o d in sect	disqualification 509(a	ed persons a)(1) or sec	other tion	,
f	. , . ,		eceived a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,		
g	Since August	17, 20	006, has the organiza	tion accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?			
												Yes	No
	(i) a person below, t	n who he gov	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	(ii) a family	meml	per of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% o	ontroll	ed entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h	Provide the fo	llowin	g information about tl	he organizations the orga	nization	support	s.						
	(i) Name of Supporte Organization	ed	(i) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning nent?	the organ	ou notify ization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(vіі) Атоцг	t of Supp	port
					Yes	No	Yes	No	Yes	No			
									ļ				
	·				ļ						<u>-</u> .		
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				 	<u> </u>	ļ			ļ				
Total													

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008 PACIFIC ISLANDER HEALTH PARTNERSHIP 14-1911866 Page 2 Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2004 (c) 2006 (b) 2005 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 5,000 69,330 74,330. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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 0. the public without charge Total. Add lines 1-3 0. 0. 0. 5,000 69,330. 74. 330. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 74,330. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) È 7 Amounts from line 4 0 0 0. 5,000. 69,330 74,330. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 74,330. through 10 12 0. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ► |X| organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test** — **2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I.)				
Sect	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	1.		<b>.</b>			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2						
	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	,			i		
С	Add lines 7a and 7b						
8	Public support (Subtract line						_
	7c from line 6.)				<u> </u>	<u> </u>	L
<u>Sec</u>	tion B. Total Support			· -	т	<del>,</del>	
Cale	ndar year (or fiscal yr beginning in) 🟲 📗	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						ļ
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	i, third, fourth, c	or fifth tax year as	a section 501(c)(	3) ▶ □
Sec	tion C. Computation of Pu		Percentage	<del></del>			
	Public support percentage for 20			13, column (f))		15	%
16	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	<del></del>				mn (f))	17	%
18	Investment income percentage fi					18	%
	a 33-1/3 support tests — 2008. If the more than 33-1/3%, check this b	ne organization did ox and <b>stop here.</b>	I not check the bo The organization	x on line 14, and qualifies as a pu	iblicly supported oi	rganization	
t	<b>33-1/3 support tests — 2007.</b> If the is not more than 33-1/3%, check	ne organization did this box and <b>stop</b>	I not check a box here. The organi	on line 14 or 19a zation qualifies a	i, and line 16 is mo s a publicly suppo	ore than 33-1/3% rted organization	, and line 18 ► □
20	Private foundation. If the organiz	zation did not che	ck a box on line 14	4, 19a, or 19b, cl	heck this box and	see instructions	▶ □

Part IV	Supplemental Info Part II, line 17a o	formation. Compler 17b; or Part III,	ete this part to p line 12. Provide	provide the explar any other addition	nation required by Ponal information. (se	lart II, line 10; ee instructions)
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2008	FEDERAL STATEMENTS	PAGE 1
	PACIFIC ISLANDER HEALTH PARTNERSHIP	14-1911866
STATEMENT 1 FORM 990-EZ, PART I, LIN OTHER EXPENSES  BANK SERVICE CHARGE DUES AND SUBSCRIPTION HONORARIUM LICENSES AND PERMITS OFFICE EXPENSES PROGRAM SERVICES	\$	18. 150. 2,175. 2,273. 685. 36,783. 42,084.
	E 20 ASSETS OR FUND BALANCES	
ADJUSTMENTS	TOTAL \$\frac{\xi}{\xi}	-2,401. -2,401.
STATEMENT 3 FORM 990-EZ, PART II, LIN OTHER ASSETS OTHER ASSET	#E 24	ENDING 0. 0.
STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMAR TO EDUCATE PACIFIC IS:	RY EXEMPT PURPOSE LANDERS THROUGH EDUCATION AND HEALTH ACCESS	
(A) DID THE ORGANIZA INDIRECTLY, TO PAY PR (B) DID THE ORGANIZA	ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS  TION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR EMIUMS ON A PERSONAL BENEFIT CONTRACT?  TION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR ONAL BENEFIT CONTRACT?	NO NO

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