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# 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)

**2009** 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2009 calendar year, or tax year beginning 1/1, 2009, and ending 12/31, 2009

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization LEGACY MULTICULTURAL CENTER  
 Doing Business As AS ABOVE  
 Number and street (or P.O. box if mail is not delivered to street address) 240N JACKSON ST. #8 Room/suite  
 City or town, state or country, and ZIP + 4 Glendale, CA 91206

**D** Employer identification number 91-2108395  
**E** Telephone number 818-314-4148  
**G** Gross receipts \$

**F** Name and address of principal officer

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

**H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c) ( ) (insert no)  4947(a)(1) or  527

**J** Website: ▶

**H(c)** Group exemption number ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
NONE

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) 3

**4** Number of independent voting members of the governing body (Part VI, line 1b) 4

**5** Total number of employees (Part V, line 2a) 5

**6** Total number of volunteers (estimate if necessary) 6

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a

**7b** Net unrelated business taxable income from Form 990-B, line 34. 7b

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11e)		
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		

**20** Total assets (Part X, line 16)

**21** Total liabilities (Part X, line 26)

**22** Net assets or fund balances. Subtract line 21 from line 20

**Net Assets or Fund Balances**

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)		
<b>21</b> Total liabilities (Part X, line 26)		
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		

**NOT REQUIRED TO FILE**

MAY 06 2010  
IRS-OSC  
OCEAN CITY

**NO INCOME!**

## Part II Signature Block

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

**Sign Here**

Berd Joehi Bairamian  
Signature of officer

4/30/2010  
Date

PRESIDENT - BERD JOEHI BAIRAMIAN  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed

Preparer's identifying number (see instructions)

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

EIN

Phone no ( )

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JUN 2 2 2010

1 page only