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Department of the Treasury

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 2008 Open to Public

Check if applicable Address change Initial return Pieze See 33-70 PRINCE STREET # 703			
Address change use IRS PHYSICIANS USA, INC.	CAN		
Name change print or type. Initial return See Sa Prince Print Sicilars Susar, Inc. Doing Business As Number and street (or P O box if mail is not delivered to street address) 33-70 PRINCE STREET # 703	<u></u>	D Employ	er identification number
Name change print or type. See See 33-70 PRINCE STREET # 703			
type. Initial return Number and street (or P O box if mail is not delivered to street address) 33-70 PRINCE STREET # 703	-	26-1	1618284
Initial return See 33-70 PRINCE STREET # 703	Room/suite		ne number
	Roomesaile	L Telephio	ne number
Termination Specific Communication Specific C			ts \$ 351,51
111011111111111111111111111111111111111		G Gross receip	ts \$ 331,31
Application pending F Name and address of principal officer		H(a) Is this a	
		affiliates H(b) Are all at	ffiliates H
		ıncluded	
		If "No," a	ittach a list (see instructions)
Tax-exempt status	<u></u>		
Website ► N/A		H(c) Group ex	xemption number
Type of organization X Corporation Trust Association Other ▶ L y	Year of formation		State of legal domicile
Part I Summary			
Briefly describe the organization's mission or most significant activities			
THE ASSOCIATION OF THE CHINESE AMERICCAN PHYSICIANS USA			
INC. IS TO EXCHANGE MEDICAL KNOWLEDGE AND INFORMATION,	TO		
PROMOTE RESEARCH AND PROFESSIONAL EDUCATION IN ALL MEDIC	CAL		
2 Check this box If the organization discontinued its operations or disposed of mote than 25	% of its assets		
3 Number of voting members of the governing body (Part VI, line 1a)		3	
INC. IS TO EXCHANGE MEDICAL KNOWLEDGE AND INFORMATION, PROMOTE RESEARCH AND PROFESSIONAL EDUCATION IN ALL MEDIC Check this box ▶ ☐ if the organization discontinued its operations or disposed of mote final 35 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)	080	4	
5 Total number of employees (Part V, line 2a)		5	
5 Total number of employees (Part V, line 2a)	TR SS		
	6		
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	³	7a	
b Net unrelated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
8 Contributions and grants (Part VIII, line 1h)		4,182	319,24
Contributions and grants (Fart VIII, line III) Pregram convex revenue (Part VIII, line 3a)		7,799	32,27
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,199	32,21
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			254 54
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29.	1,981	351,51
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)	 .		
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)			<u>.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	230	6,518	170,64
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	230	6,518	170,64
19 Revenue less expenses Subtract line 18 from line 12	5!	5,463	180,87
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	Beginning of	Year	End of Year
20 Total assets (Part X, line 16)	5!	5,463	236,33
21 Total liabilities (Part X, line 26)			
and New years and make many Culture 11 Oct 1	5.5	5,463	236,33
22 Net assets or fund balances Subtract line 21 from line 20			
	d statements, and	to the best of r	my knowledge
Part II Signature Block		parer has any l	knowledge
	audit of which prep	1 2 /	19/2010
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	lation of which prep	~ /	
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informing in the correct of t			
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informers. Signature of officer		Date	
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informers. Signature of officer MING ZHU DIRECT			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform Signature of officer MING ZHU Type or print name and title	TOR	Date	Prenarer's identifiance cumb
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform Signature of officer MING ZHU Type or print name and title Preparer's Date	TOR Check in cells	Date	(see instructions)
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer MING ZHU Type or print name and title Preparer's signature Xiaofei Chen, CPA Date 2/12	TOR	Date	Preparer's identifying numbe (see instructions)
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer MING ZHU Type or print name and title Preparer's signature Xiaofei Chen, CPA Etrm's name (or yours A X11ent CPA's, PLLC)	TOR Check in cells	Date	(see instructions)
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer MING ZHU Type or print name and title Preparer's signature Xiaofei Chen, CPA Date 2/12	TOR Check in cells	Date	(see instructions) P00494751
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform Signature of officer MING ZHU Type or print name and title Preparer's signature Xiaofei Chen, CPA Prim's name (or yours Xllent CPA's, PLLC) Firm's name (or yours Xllent CPA's, PLLC)	TOR Check in cells	Date f ed X EIN Phone	(see instructions) P00494751

Form 990 (2008) ASSOCIATION OF CHINESE AMERICAN

26-1618284

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		x
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		
•	Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	l		7.
40	Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40		x
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
-	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			77
24-	Schedule J	23	\vdash	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25	24-		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27_		<u> </u>
		Form	990	(2008)

_P	art IV Checklist of Required Schedules (continued)			
•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	["		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	į		
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			ŧ
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ŀ		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

37

Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance			-1	-	
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	1			
	U.S. Information Returns. Enter -0- if not applicable	1a	0			Ī
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable				Ī
	gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					Ī
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	ļ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			ŧ.		1
	instructions)					1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by		-		
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a	 	X
þ	If "Yes," enter the name of the foreign country	S1-				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	запк				1
. .	and Financial Accounts					1 🕶
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5a 5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	don,		35	+	+
·	Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				† <u> </u>
-	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					T
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				1
	\$75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			1
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal				Ī
	benefit contract?	_		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>	+	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				x
8	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se	etion		<u>7h</u>	+	1
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spoi					1
	organization, have excess business holdings at any time during the year?	9		8	İ	[†] x
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?			9a	ĺ	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>			1
11	Section 501(c)(12) organizations. Enter			[1
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against					1
	amounts due or received from them)	11b	<u>L</u>			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ı	12a	Ц	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l		1	ŧ

Form 990 (2008) ASSOCIATION OF CHINESE AMERICAN 26-1618284 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b X 9a Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 9b affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 11 Section B. Policies Yes No X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization >

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
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		-								·	
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		<u> </u>									
		_									

(A) . Name and title			I	(F) mated								
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	o comp fro orga and	ount of ther ensation m the nization related nizations	
												·-
												,
					l							
		,										
							_					
	viduals (including those in 1	a) wi	по ге	ceiv	ed m	ore 1	▶ han	\$100,000 in reportable com	pensation from the	l		
organization ▶ 0											Yes	No
	list any former officer, directive of the state of the							ee, or highest compensated		3		х
4 For any individual lis the organization and individual	ted on line 1a, is the sum of related organizations great	repo er th	ortab an \$	le co 150,	ompe 0007	ensat P If "Y	ion a 'es,"	and other compensation froi ' complete Schedule J for su	m uch	4		x
5 Did any person listed	d on line 1a receive or accru the organization? If "Yes,"	ie co	mpe olete	nsat Sch	ion fi edul	rom a	any i	unrelated organization for uch person		5		x
Section B. Independent	Contractors							ctors that received more that	n \$100,000 of			
compensation from t	he organization (A) Name and business address						<u> </u>		(B) tion of services		(C) Compens	otean
	Hame and business address							Descrip	uon or services		Compens	auon
											<u> </u>	
								· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Total number of inde compensation from t	ependent contractors (includ	ing t	hose	ın 1) wh	o rec	eive	ed more than \$100,000 in			0	,
DAA	J. Jan made of 1 P										<u> 990</u>	(2008

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Pa	rt V	III Statement of Rev	enue					
•					(A) Total revenue	(B)	(C)	(D)
		•			rotal revenue	Related or exempt	Unrelated business	Revenue excluded from tax
				1		function	revenue	under sections
SS	1a	Federated campaigns	1a		· · · · · · · · · · · · · · · · · · ·	revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	Ia L				1			
gg	D	Membership dues	1b		1			
fts, ar	С	Fundraising events	1c					
<u>g</u>	d	Related organizations	1d		1			
Ş.Ë	θ	Government grants (contributions)	10		1			
er s	f	All other contributions, gifts, grants,			#			
혈충		and similar amounts not included above	1f	319,246	1			
E P	g	Noncash contributions included in lines 1	a-1f \$					
ರ ≅	h	Total. Add lines 1a-1f		•	319,246			
				Busn. Code				
Program Service Revenue	2a				32,272	32,272		
Š	b							
9						_		
Š	C .			 				
တ္တ	d			\vdash				
гащ	e						 –	
<u> </u>	f	All other program service reve	enue			1 1 1.1	· · · · · · · · · · · · · · · · · · ·	
<u>a</u>	g	Total. Add lines 2a-2f		<u> </u>	32,272			
	3	Investment income (including	dividends, intere	st, and				:
		other similar amounts)		▶ L				
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		▶ [
		(ı) Real	(0)	Personal			·····	
	6a	Gross Rents			1			
					1			
	b	Less rental exps	<u> </u>		1			
	C	Rental inc or (loss)			1		:	
	d 7a	Net rental income or (loss) Gross amount from	····	•			······································	
		sales of assets (i) Securiti	ies (ıı) Other	1			
		other than inventory			#			
	b	Less cost or other						
		basis & sales exps			1			
	С	Gain or (loss)			1			
	d	Net gain or (loss)		•			•	•
	8a	Gross income from fundraising ev	ents		" !			
9		(not including \$		1	1			
nu.			~	İ	1			
eve		of contributions reported on line 10			1			
r		See Part IV, line 18	a		1			
Other Revenu	b	Less direct expenses	b		#			
0	С	Net income or (loss) from fund						
	9a	Gross income from gaming activiti	es.					
		See Part IV, line 19	a		1			
	b	Less direct expenses	ь	_				
	С	Net income or (loss) from gan	ning activities	•				
		Gross sales of inventory, less						
		returns and allowances	a		1			
	b	Less cost of goods sold	ь		1			
		Net income or (loss) from sale	· -		†		i	
		Miscellaneous Revenu		Busn. Code		773	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	44-	wiscellaneous Revent	-	Busii. Code	1			
	11a			 				
	b			—				
	С							
	d	All other revenue		<u> </u>				
	е	Total. Add lines 11a-11d		•				
	12	Total Revenue. Add lines 1h	. 2g, 3, 4, 5, 6d, 7	'd, 8c,				
		9c, 10c, and 11e		•	351,518	32,272	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

					<u> </u>
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				•
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		· · · · · ·		
а	Management				
b	Legal				
C	Accounting	1,600	1,600		
d	Lobbying	•			
е	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other				
12	Advertising and promotion	530	530	_	
13	Office expenses				
14	Information technology	1,357	1,357		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,271	38,271		
20	Interest				
21	Payments to affiliates			<u></u>	
22	Depreciation, depletion, and amortization				
23	Insurance				ļ
					1
24	Other expenses Itemize expenses not				‡
	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed				1
	5% of total expenses shown on line 25 below)				
а	OUTSIDE SERVICE	77,764	77,764	··	
þ	OFFICE EXPENSES	16,357	16,357		<u> </u>
C	OFFICE SUPPLIES	13,093	13,093		ļ
d	DONATION	11,715	11,715		
0	WEB HOSTING	4,764	4,764		
	All other expenses	5,196	5,196		
25	Total functional expenses.Add lines 1 through 24f	170,647	170,647		
26	Joint Costs. Check here Jif following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	ı	ì		1

_P	art)	Balance Sheet							
•		•			(A) Beginning of year		(B End of	-	
	1	*Cash—non-interest bearing			55,463	1		36,	33/
	2	Savings and temporary cash investments			33,403	2		50 ,	55
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, tru	istees	kev					
		employees, or other related parties Complete Part II of Sc	•	•		5			
	6	Receivables from other disqualified persons (as defined ur				-			
		4958(f)(1)) and persons described in section 4958(c)(3)(B)							
		Part II of Schedule L	,			6			
Ø	7	Notes and loans receivable, net			-	7			
Assets	8	Inventories for sale or use				8	· · · · · · · · · · · · · · · · · · ·		
Αŝ	9	Prepaid expenses and deferred charges				9			
•	10a		10a						
	b	Less accumulated depreciation. Complete							
		Part VI of Schedule D	10b			10c			
	11	11							
	12	Investments—other securities See Part IV, line 11				12			
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			55,463	16	2	36,	334
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities			<u>-</u>	20			
ë	21	Escrow account liability Complete Part IV of Schedule D				21			
Liabilities	22	Payables to current and former officers, directors, trustees	, key						
jab	employees, highest compensated employees, and disqualified								
_		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third p	arties			23			
	24	Unsecured notes and loans payable		ļ		24_			
	25	Other liabilities Complete Part X of Schedule D				25			
_	26	Total liabilities. Add lines 17 through 25				26			
es		Organizations that follow SFAS 117, check here	and						
Š		complete lines 27 through 29, and lines 33 and 34.			FF 460		•	20	224
a	27	Unrestricted net assets			55,463	27		36,	334
Net Assets or Fund Balar	28	Temporarily restricted net assets		-		28			
Ĕ.	29	Permanently restricted net assets		۱ ا		29			
Ē		Organizations that do not follow SFAS 117, check here	• ▶ ∟	J					
ō		and complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds		}		30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fu				31	-		
Ä	32	Retained earnings, endowment, accumulated income, or o	tner tu	nas	EE 462	32	2	26	22/
Vei	33	Total field the good and page 15 feed to be 15 feed to		}	55,463 55,463	33		36,: 36,:	
	34 art X	Total liabilities and net assets/fund balances Financial Statements and Reporting			33,463	34		30,.	224
	111	rmancial Statements and Reporting			-			V	No
1	Δ	counting method used to prepare the Form 990 💢 Ca	ash	☐ Accrual ☐ Ot	her			Yes	No
2a		ere the organization's financial statements compiled or review					30	1	X
L b		ere the organization's financial statements compiled or review	•	•	(:		2a 2b		X
		Yes" to lines 2a or 2b, does the organization have a commit			oversight of		20		
		e audit, review, or compilation of its financial statements and		· · · · · · · · · · · · · · · · · · ·			20		
3.		a result of a federal award, was the organization required to					2c		-
56		Single Audit Act and OMB Circular A-133?	, unuel	go an addit of addits as set	IVIGITIII		3a		
b		Yes," did the organization undergo the required audit or audi	ıts?				3b	_	
		of day							

SCHEDULE A

(Form 990 or 990-EZ)

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.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION OF CHINESE AMERICAN PHYSICIANS USA, INC.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only one organization.)

Employer Identification number 26-1618284

2	ш	A school des	cribed in section 1/0(b)(1)	(A)(II). (Attach Schedule E)									
3	Ш	A hospital or	a cooperative hospital serv	ice organization described in sect	ion 170(b)	(1)(A)(iii)	. (Attach	Schedu	ıle H)				
4	Ш	A medical res	search organization operate	d in conjunction with a hospital de	escribed in	section '	170(b)(1)(A)(iii).	Enter th	ne hospi	tal's name,		
		city, and state	e										
5		An organizati	on operated for the benefit	of a college or university owned o	r operated	by a gove	ernmenta	al unit de	escribed	ın			
	_		b)(1)(A)(iv). (Complete Par										
6	П			jovernmental unit described in se	ction 170(b)(1)(A)(v	/).						
7	П			substantial part of its support from	-			n the ge	neral nu	iblic			
•	ш		section 170(b)(1)(A)(vi). (0				0	ii iiio go	noral po				
8	\Box			170(b)(1)(A)(vi). (Complete Part I	13								
9	H			1) more than 33 1/3 % of its supp	•	ntribution	c mamb	orchin f	200 200	1 arocc			
3	ш			npt functions—subject to certain e				•		-			
		•		•	•					i its			
			=	nd unrelated business taxable inc	•		ritax) II	om busi	nesses				
40				30, 1975 See section 509(a)(2).	•	•	-1/41 /		_4 \				
10	Н			exclusively to test for public safet									
11	لــا	•	•	exclusively for the benefit of, to p				•		4!			
			· · · · · · · · · · · · · · · · · · ·	ted organizations described in sec						uon			
				the type of supporting organizatio									
		a Type	— ··	c Type III–Function	, ,		d	_ ·	e III–Ot	ner			
θ	Ш	-		ganization is not controlled directly				•		- 4			
		•	-	and other than one or more publi	iciy suppor	ted organ	izations	aescribe	a in sec	ction			
		, ,, ,	section 509(a)(2)	and the IDC that it is	Town I To		5 III -		_				
f		•		ermination from the IRS that it is a	ı iype i, iy	/pe II, or	ype III s	upportin	ıg				
			check this box										Ш
g		. •	, ,	tion accepted any gift or contribut	tion from a	ny of the							
		following per									ı		
		(i) A persor	n who directly or indirectly c	ontrols, either alone or together w	ith person	s describe	ed in (ii)					Yes	No
		and (III) I	below, the governing body o	of the supported organization?							11g(i)		
		(ii) A family	member of a person descri	bed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?							11g(iii)		
h		Provide the f	following information about	he organizations the organization	supports								
(i)	Name	of supported	(ii) EIN	(lii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(VII) Amo	ount of	
	org	anızatıon		(described on lines 1–9		sted in your	· .	nization in	organizat		supp	ort	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?			
				(00000 20000, /	Yes	No	Yes	No	Yes	No			
				<u> </u>	†	<u> </u>							
		 - ·				<u> </u>							
								ĺ					
				-						_		-	
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-				"	†							_	
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					<u> </u>								
[otal					1	1	1	1	1				

Sche	edule A (Form 990 or 990-EZ) 2008 ASS					5-1618284	Page 2
Pa	art II Support Schedule for Or	ganizations D	escribed in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	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)			·			
6	Public support. Subtract line 5 from line 4	<u></u>	<u> </u>				
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	·	-	·	
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	<u></u>				<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				_		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	,					
11	Total support. Add lines 7 through 10		<u> </u>			<u> </u>	
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						▶ _
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line 6,	column (f) divided	by line 11, column ((f))		14	%
15	Public support percentage from 2007 Sche					15	%
16a	33 1/3 % support test—2008. If the organi			3, and line 14 is 33	1/3 % or more, che	eck this box	
	and stop here. The organization qualifies a	is a publicly suppor	ted organization				▶ [_]
b	33 1/3 % support test—2007. If the organi	zation did not chec	k a box on line 13 o	or 16a, and line 15	ıs 33 1/3 % or mor	e, check this	
	box and stop here. The organization qualif	•	• • •				▶ ∐
17a	10%-facts-and-circumstances test—200	If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstan	ces" test, check this	s box and stop he i	re. Explain in Part I	V how the	_
	organization meets the "facts-and-circumst	ances" test. The or	ganization qualifies	as a publicly supp	orted organization		▶ ∐
b	10%-facts-and-circumstances test—200	7. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstan	ces" test, check this	s box and stop he i	re. Explain in Part I	V how the	_
	organization meets the "facts-and-circumst	ances" test. The or	ganızatıon qualıfies	as a publicly supp	orted organization		▶ 📙
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see i	nstructions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Schedule A (Form 990 or 990-EZ) 2008 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total (b) 2005 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 Amounts included on lines 1, 2, and 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total (c) 2006Amounts from line 6 10a Gross income from interest, dividends payments received on securities loans, rents, royalties and income from 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 ASSOCIATION OF CHINESE AMERICAN

26-1618284

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE Q

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public

Inspection

Name of the organization

ASSOCIATION OF CHINESE AMERICAN PHYSICIANS USA, INC.

Employer identification number 26–1618284

Form 990 - Organization's Mission

FIELDS, AND TO ASSEMBLE AND DISSEMINATE EDUCATIONAL LITERATURE ABOUT HEALTH CARE AND PRACTICE MANAGEMENT.

Form 990, Part III, Line 4d - All Other Achievements EXEMPT PURPOSE