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2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form

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)

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 \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

The organization may have to use a copy of this return to solution that are detailed.

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

Open to Public Inspection

Α	For t	he 2009 ca <u>lendar</u>	year, or tax year beginning	, 20	009, and er	nding			•	
В	Check	if applicable	С				D Employer identification number			
\perp	Address change Please use IRS PACIFIC ISLANDER HEALTH PARTNERSHIP								11866	
⊨	Name	change label or print or	17300 GWYDEN GWOAF				E Telep			
⊨	Initial i	return type.	GARDEN GROVE, CA 92	843			71	4 – 9	68-1785	
<u> </u>	Termin	nation Specific				†				
-	i	ded return tions ation pending					F Gro		xemption -	
_	Арриса					C 000000000000000000000000000000000000		inei	1 O. al. V	
		Section 501(c)(. must att	(3) organizations and 4947(a)(1) I tach a completed Schedule A (Fo	onexempt charitable trus orm 990 or 990-EZ).	ts	G Accounting r Other (speci	fy) ►		Cash X Accrual	
	147 1	.t				H Check ► X	if th	e org	ganization is not	
١.		site: ► <u>N/A</u>				required to a 990-EZ, or 9			dule B (Form 990,	
<u>J</u> _		xempt status (check o				1				
_ 	Chec \$25,0	000 A Form 990-E	panization is not a section 509(a) EZ or Form 990 return is not requ	(3) supporting organization in the companization is sufficient to the companization in the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the companization in the companization in the companization is supported by the compan	n and its g on chooses	ross receipts are s to file a return,	norma be sure	ly no to fi	ot more than le a complete return	
L	Add I	lines 5b, 6b, and 7 ad of Form 990-E	7b, to line 9 to determine gross i Z	eceipts, if \$500,000 or mo	re, file Fo	rm 990		► \$	116,118.	
P∂	irt I	Revenue,	Expenses, and Changes	in Net Assets or Fur	nd Balar	ices (See the	ınstrı	ıctio	ns for Part I.)	
	1		fts, grants, and similar amounts			<u> </u>		1	95,015.	
	2	Program service	revenue including government f	ees and contracts				2	21,103.	
	3	Membership due	es and assessments					3	· · · · · · · · · · · · · · · · · · ·	
	4	Investment incor	me					4		
	5a	Gross amount fro	om sale of assets other than invi	entory	5a		Γ			
	Ь	Less, cost or oth	ner basis and sales expenses		5b			- 1		
R	С	Gain or (loss) from s	ale of assets other than inventory (Subtra	ct In 5b from In 5a)				5c		
Ž	6	Special events and ac	ctivities (complete applicable parts of Sci	edule G). If any amount is from	gaming, ched	k here				
REVENU	a	Gross revenue (r	not including \$	of contributions			_	1		
Ë		reported on line	1)		6a		•	- 1		
	ь	Less, direct expe	enses other than fundraising exp	enses	6Ь					
	С	Net income or (loss)	from special events and activities (Subtra	act line 6b from line 6a)		. <u> </u>		6c		
	7a	Gross sales of in	nventory, less returns and allowa	nces	7a		F			
		Less cost of gog			7b			-		
	С	Gross profit or 🖟	oss) from sales of Inventory (Su	ptract line 7b from line 7a))			7c		
	8	Other revenue (descri	ibe - TECEIVED) [8		
	9	Total revenue A	edd lines 1, 2, 3, 4, 5c, 6c, 7c, car	d 8			_ ►	9	116,118.	
	10		ar amounts/pald fatfacmschedu					10		
_	11	Benefits paid to		-,			_ _	11		
X	12		compensation, and employee ber	efits			_	12		
P	13	Professional fees	s-and other-payments to indeper	dent contractors			—	13		
EXPENSE	14		, utilities, and maintenance					14		
Ĕ	15		tions, postage, and shipping					15		
3	16		ribe - SEE STATEMENT 1			,		16	114,412.	
	17		Add lines 10 through 16	· <u></u>				17	114,412.	
-	18		it) for the year (Subtract line 17 t	rom line 9)				18	1,706.	
N S E E	19	Net assets or fur	nd balances at beginning of year	(from line 27, column (A))) (must ag	ree with end-of-y				
N S E E			on prior year's return)			•	⊢	19	30,582.	
· T	20		n net assets or fund balances (al					20		
	21		nd balances at end of year. Com					21	32,288.	
Pa	irt II	Balance S	heets. If Total assets on line 2		000 or moi					
			(See the instructions for Pa	rt II.)		(A) Beginning		_	(B) End of year	
22		sh, savings, and ii	nvestments			30,	<u>582.</u>	22	32,288.	
23		nd and buildings						23		
24		ner assets (describ	pe)			<u> </u>	24		
25		tal assets				30,	582.	25	32,288.	
26		tal liabilities (desc)			0.	26	0.	
27			alances (line 27 of column (B) m			1 30,	<u>582.</u>	27	32,288.	
BA	A FOI	r Privacy Act and	Paperwork Reduction Act Notic	e, see separate instructior	1S.				Form 990-EZ (2009)	

Form	990-EZ (2009) PACIFIC ISLANDE					-19	L1866 Page 2
Par	III Statement of Program Se	rvio	ce Accomplishment	s (See the instructi	ions.)		Expenses
What i	s the organization's primary exempt purpose? SE	E S	STATEMENT 2			Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the	je or	ganization's exempt purpo	oșes ln a clear and cor	ncise manner,	orga	nizations and section
desci	tibe the services provided, the number of am title.	t per	sons benefited, or other r	elevant information for (each	4947	(a)(1) trusts, optional thers)
	PROGRAM SERVICES FOR PAC	TET	C TCI MIDEDC			101 0	11013 /
20	TROGRAM SERVICES FOR FAC.	T.E. T.	C_12TVIADEV2			1	
				-		-	
	(Grants \$ 85, 285.) If the	nis ai	mount includes foreign gr	ants, check here		28 a	110,268.
29						_	
						_	
							
	(Grants \$) If the	•	29 a				
30							
						1	
	(Grants \$) If the	ns ai	mount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule	e).	* *		<u>'</u> '		
	(Grants \$) If the	nis ai	mount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add lir	nes 2	8a through 31a)		•	32	110,268.
Par	IV List of Officers, Directors	s, Tr	rustees, and Key Em	iployees. List each o	ne even if not cor	npens	ated. (See the instrs.)
		_	Title and average hours	(c) Compensation (If	(d) Contribution:	s to	(e) Expense account
	(a) Name and address		per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
TITO	TOR KAIWI PANG	┼	to position	0	deferred compens		0
		┨.	PRESIDENT	0.		0.	0.
	00 GARDEN GROVE BLVD, 214	ΓA.	20.00				
	DEN GROVE, CA 92843	<u> </u>					
	RGE_SHIGEMATSU	1	VICE PRESIDENT	0.		0.	0.
	00 GARDEN GROVE BLVD, 214	- -A	5.00				
GAR	DEN GROVE, CA 92843						
VAK	A FALETAU		VICE PRESIDENT	0.		0.	0.
129	00 GARDEN GROVE BLVD, 214	-A	5.00				
	DEN GROVE, CA 92843	1					
	RGE BRIAND	 	TREASURER	0.		0.	0.
	00 GARDEN GROVE BLVD, 214	և	10.00			٠.	٠.
	DEN GROVE, CA 92843	111	10.00				
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Par	1 V Other Information (Note the statement requirements in the instrict for Part V.) SEE ST	<u>ATEM</u>	ENT	3
	i		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		1	
	each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	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 why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		x
ь	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	olf 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved Section 501(a)(7) experience Fator	ᆤ		
	Section 501(c)(7) organizations Enter I Initiation fees and capital contributions included on line 9 N/I	1	•	
	o Gross receipts, included on line 9, for public use of club facilities.	_	-	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	†		
700	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .		ŧ	
_				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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		x
41	List the states with which a copy of this return is filed ►CA			
40 -	The assessment			
42 a	n The organization's books are in care of ► GEORGE BRIAND Telephone no ►			
	Located at ► 12900 GARDEN GROVE BLVD., #214-A GARDEN GROVE CA ZIP + 4 ► 92843	<u>, </u>		
		ı	V	
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	Yes	No X
	If 'Yes,' enter the name of the foreign country:	420		
	Thes, effect the fiame 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.?	42c		Х
	If 'Yes,' enter the name of the foreign country:			
			. —	l ==
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
	0.11		1.53	1
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
AC			1	1
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
BAA	TEEA0812L 01/30/10 F	orm 99	0-EZ	(2009)

				PARTNERSHIP		14-1911866	Pag
Part VI	Section 501(c)	(3) organizat	ions and	section 4947(a)(1) nonexempt charitable	trusts only. All	section

	46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	onexempt charita 51.	able trusts must answei	r questi	ons		
46 Did t	he organization engage in direct or indirec	et political campaign act	vities on behalf of oi	r in opposition to candidates		Yes	No	
for p	ublic office? If 'Yes,' complete Schedule C	C, Part I		••	46		X	
	he organization engage in lobbying activiti				47		X	
	e organization a school as described in se				48		X	
	he organization make any transfers to an	·	elated organization?		49 a	ļ <u>.</u>	X_	
	es,' was the related organization a section	ű			49 b	<u> </u>	<u> </u>	
50 Com	plete this table for the organization's five to oyees) who each received more than \$10	nighest compensated en	nployees (other than	officers, directors, trustees a	and key			
) 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	(e) Expense account and other allowances		
NONE				asiansa sampanaanan	- Other an	- Iowanice		
			V10.2					
				<u> </u>				
i lotai	number of other employees paid over \$10	00,000		_				
51 Compone	plete this table for the organization's five to pensation from the organization. If there is	nighest compensated ind none, enter 'None '	dependent contractor	rs who each received more th	nan \$100,	o 000,	f	
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n	
NONE_								
	-							
								
d Total	number of other independent contractors	each receiving over \$10	00,000	>				
	Under penalties of perjury, I declare that I have examtrue, correct, and complete Declaration of preparer (nined this return, including acco	mpanying schedules and s	tatements, and to the best of my know	wledge and	belief, it	ıs	
	De and :	(1)		. / /				
Sign Here	Ir / letok / Celier	Jan	Presid	ent 11/09/201	0			
Here	Signature of officer	D	0	Date	_			
	VICTOR Laure	rung C	MESIDO	5NT				
	Type or print name and title	,, —						
Paid	Preparer's		Date /		arer's Identit instructions	(ying Nu)	mber	
Pre-	signature	7	11/3/	employed ► X N/A	4			
parer's	Firm's name (or yours if self-	-			/3			
Use Only	employed), 1138 BLOOMWOOD I	RD CA 00275	1002	(21.0)	/A	0.000		
	ZIP+4 RANCHU PALOS VEI			Phone no ► (310)		$\overline{}$		
May the IR	S discuss this return with the preparer sho	own above? See instruc	tions		►X Yes		No	
PUM					Form 99 6	U-EZ	(2009)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number PACIFIC ISLANDER HEALTH PARTNERSHIP 14-1911866 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross 9 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated d l Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (i) Name of Supported (ii) EIN (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of Support rganization in col (i) listed in your organization in organization in col (i) organized in the US? your support? governing document? Yes No Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

7333	(Complete only if you check					14 170(1)(יאָרי)(VI)
Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			5,000.	69,330.	95,0	14.	169,344.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	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 the public without charge							0.
4	Total. Add lines 1-through 3	0.	0.	5,000.	69,330.	95,0	14.	169,344.
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)							0.
6	Public support. Subtract line 5 from line 4							169,344.
	tion B. Total Support	T T		1				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
7	Amounts from line 4	0.	0.	5,000.	69,330.	95,014.		169,344.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10							169,344.
12	Gross receipts from related activ	ities, etc. (see inst	tructions)				12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organizat stop here.	tion's first, second	l, third, fourth, or	fifth tax year as a	a section 501	(c)(3)	→ [X
Sec	tion C. Computation of Pu	ıblic Support F	Percentage					
14 15	Public support percentage for 20 Public support percentage from 2	•	• •	e 11, column (f)			14 15	<u>%</u>
16 a	33-1/3 support test — 2009. If the and stop here. The organization				he line 14 is 33-1/	3 % or more	, che	ck this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	organization did r	not check a box of	n line 13, or 16a,	and line 15 is 33-	1/3% or more	e, che	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ar	nd-circumstances	test, check this b	oox and stop here.	. Explain in f	art ۱۱ع۲	√how _
	10%-facts-and-circumstances te organization meets the 'facts-and	meets the 'facts-ar d-circumstances' t	nd-circumstances' test. The organiza	test, check this bation qualifies as	oox and stop here. a publicly support	. Explaın ın f ed organızat	Part IN Ion	V how the ►
18	Private foundation. If the organiz	zation did not chec	k a pox on line, I	3, 10a, 10D, 1/a,			_	ructions

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

C		ked the box on lir	ne 9 of Part I.)	-				
Sec.	tion A. Public Support						·····	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')							
2	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 through 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 amount on line 13 for the year							
С	Add lines 7a and 7b					ļ		
8	Public support (Subtract line							
	7c from line 6.)					<u> </u>	1	
	tion B. Total Support	4 > 0005	# > 0000	() 0007	4,0,000	4 > 000		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received							
	on securities loans, rents, royalties and income form similar sources							
	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							
c	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses							
c 11	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							
c 11 12	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12)							
c 11 12	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12)	s for the organiza	tion's first, second	i, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	▶ □
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Schedule A	(Form 9	90 or 990	J-EZ) 20(J9 PA	CILIC	TOTWIND	EK HEA	LIH PAK	INFKSHIL		14-19118	00	Page 4
Part IV	Supple Part II	ementa , line 1	I Infor i 7a or 1	mation. 7b; and	Comple Part III	ete this I, line 12	part to p 2. Provid	rovide th le any otl	ie explana ner additio	tions required in all informations in the contraction of the contracti	uired by P nation. Se	art II, line e instruct	10; tions.
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2009 .	FEDERAL STATEMENTS	PAGE '
•	PACIFIC ISLANDER HEALTH PARTNERSHIP	14-191186
STATEMENT 1 FORM 990-EZ, PART OTHER EXPENSES	I, LINE 16	
BANK SERVICE CHAP HONORARIUM LICENSES AND PERM OFFICE EXPENSES PROGRAM SERVICES		18. 6,235. 2,702. 2,784. 96,366.
RENTALS	TOTAL \$	6,307. 114,412.
STATEMENT 2 FORM 990-EZ, PART		
	RIMARY EXEMPT PURPOSE C ISLANDERS THROUGH EDUCATION AND HEALTH ACCESS	
(A) DID THE ORGA INDIRECTLY, TO PA (B) DID THE ORGA	V FERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS INIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR ANY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? INIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR PERSONAL BENEFIT CONTRACT?	NO NO

Page 2 ox . ► ☑ 8868.
eded). Ication number 911866
n 6069 n 8870
led Form 8868.
▶ □ . If this is I attach a
, 20

	are filing for an Additional (Not Automatic) 3-Month Extension, complete				▶ Ы
	only complete Part II if you have already been granted an automatic 3-month exter		viously filed 1	Form 8868.	
• If you	are filing for an Automatic 3-Month Extension, complete only Part I (on part Additional (Not Automatic) 3-Month Extension of Time. Only file		I (no copies	(haban s	
		" 55 Ema		lentification	number
Type o	Pacific Islander Health Partnership	, , , , , , , , , , , , , , , , , , ,	14	191186	
•	Manual Ma	STORESHOOT	For IRS use		
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due date filing the	for 5551 I dewater Circle	- 3 / - 1 /			- LT %
return. Se	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	· Infil-			100
instruction			<u></u>	9399 Talver valle 747 Afric Selection value (material	<u> </u>
	type of return to be filed (File a separate application for each return):	4044.4		F 0000	
		rm 1041-A	=	Form 6069	
=		orm 4720		Form 8870	
		orm 5227			
	Do not complete Part II if you were not already granted an automatic 3-mont			sly filed For	m 8868.
	ooks are in the care of ▶ George Briand 3021 Buchannan Way, Costa Mes	a, CA 92626			
Telep	hone No. ▶ (714) 664-6513 FAX No. ▶ ()				
	organization does not have an office or place of business in the United State	s, check this	box		▶ □
• If this	is for a Group Return, enter the organization's four digit Group Exemption No	umber (GEN)		If this	is
	whole group, check this box ▶ □ . If it is for part of the group, che				
	the names and EINs of all members the extension is for.				
4 Ir	equest an additional 3-month extension of time until 11/15		20.10		
5 Fo	or calendar year 2009, or other tax year beginning, 20	, and ending	9		20
6 If	this tax year is for less than 12 months, check reason: Initial return	Final return [Change i	n accountin	a period
7 St	ate in detail why you need the extension TAXPAYER REQUESTS ADDITION	IAL TIME TO	GATHER IN	VFORMATIC	ĎΝ
N	ECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.				
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax	ς,		
	ss any nonrefundable credits. See instructions.		8a	\$	0
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundat	ole credits an	d	-	
	stimated tax payments made. Include any prior year overpayment allowed as a				
	nount paid previously with Form 8868.		8b	\$	0
c Ba	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if r	equired denos	it		
	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			\$	0
	Signature and Verification				
Under pe	natties of perjury, I declare that I have examined this form, including accompanying schedules and	statements, and	to the best of n	ny knowledge a	and belief,
it is true,	correct, and complete, and that I am authorized to prepare this form			1	,
	11/10/11/11/11/11			9/12/	10
Signature	Malls-May Title C/A		Date ▶	9/1-//	\mathcal{O}
			Fo	m 8868 (Re	w. 4-2009\
				1110	4 2000)

Form 8868 (Rev. 4-2009)