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Form **990-EZ** 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

OMB No 1545-1150

Open to Public inspection

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 satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change Greater Memphis United label or Name change Chinese Association print or 16-1658700 type E Telephone number Initial retum Number and street (or P O box, if mail is not delivered to street address) Room/suite Specific Temin-2005 Fletcher Creek Drive (901) 414-0970 nstruc-Amende City or town, state or country, and ZIP + 4 F Group Exemption Memphis, TN 38133 Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check X If the organization is not Tax-exempt status (check only one) — X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 68,391. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-E2 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 2 67,117. Program service revenue including government fees and contracts 2 1,120. 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ Gross revenue (not including \$ of contributions reported on line 1) 6a Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7h Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 68,391. 9 23,546 10 Stmt Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 200. 13 Professional fees and other payments to independent contractors 13 Ó 770. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 5,789. 15 61,047. 16 Other expenses (describe rsee Statement 16 91,352. 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) <22,961.> 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 120,249. 19 20 Other changes in net assets or fund balances (attach explanation) 20 97,288. Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 120,249.22 Cash, savings, and investments 97,288. 22 23 Land and buildings 23 24 Other assets (describe 24 120,249 25 Total assets 25 26 Total liabilities (describe 0 26 120,249.97,288. Net assets or fund balances (line 27 of column (B) must agree with line 21) 932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

Form **990-EZ** (2009)

	Other Information (Note the statement requirements in the instructions for Part V.)			1			
		33	Yes	No X			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity						
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes						
35	• · · · · · · · · · · · · · · · · · · ·						
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T						
а	a 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	N/	X			
b	b If "Yes," has it filed a tax return on Form 990-T for this year?						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Sch. 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?	37b		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		X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A						
39	Section 501(c)(7) organizations Enter	1					
а	Initiation fees and capital contributions included on line 9						
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1					
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1					
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •	i					
h	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		}	1			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	400					
•	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						
	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-	1	Х			
41	List the states with which a copy of this return is filed <b>TN</b>	40e					
		338	22	0.4			
42 0		813		04			
		013	<u> </u>				
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<b>V</b>	1			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes				
	account)?	42b	Į .	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 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	l	X			
	If "Yes," enter the name of the foreign country						
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					
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	44	<u> </u>	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		X			
				(2009)			

Form 99Q-EZ (2009) Chinese Association Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

office? If "Yes," complete Schedule C, Part II  48		and or.						
of the organization rake any transfers to an exempt nen-charitable related organization?  7 bid the organization make any transfers to an exempt nen-charitable related organization?  8 to the organization make any transfers to an exempt nen-charitable related organization?  9 Complete this table for the organizations five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None.  (a) Name and address of each employee gad more than \$100,000 of compensation from the organization if there is none, enter None.  (b) It and average hours per veek devolved to prosthorn the organization if there is none, enter None.  1 Total number of other employees paid over \$100,000  NONE  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization if there is none, enter None.  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization if there is none, enter None.  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization if there is none, enter None.  (a) Name and address of each independent contractor paid more than \$100,000 of the provision of the property of the compensation in the organization if there is none, enter None.  (a) Name and address of each independent contractor paid more than \$100,000 of the provision of the property of the compensation in the organization in the	16 Did ti	ne organization engage in direct or indirect political campaign activities	on behalf of or in opposition to d	andidates for public	<del></del>	7	Yes I	No
8 Is the organization a school as described in section 179(b) (1/40/0)* If "Yes," complete Schedule E  48	office	? If "Yes," complete Schedule C, Part I			Γ			
8 Is the organization a school as described in section 179(b)(1/4/07) if "Yes," complete Schedule E  9 B Odt the organization make any transfect on a exemplication or such as the organization of the related organization of section 527 organization?  10 Complete this table for the organization is the related organization of the related organization from the organization organization from the organization organization from the organization from the organization organization from the organization organization from the organization from the organization organization from the organization from the organization org	47 Did th	ne organization engage in lobbying activities? If "Yes," complete Sc	hedule C, Part II			47		$\overline{\mathbf{x}}$
49 Did the organization make any transfers to an exempt non-charitable related organization?  ■ 1 "Yes," was the related organization is earlied a "SZ organization"?  ■ 1 "Yes," was the related organization is set on 52 organization?  ■ 1 "Yes," was the related organization is set on 52 organization?  ■ (a) Name and address of each employee paid more than \$100,000 of compensation from the organization if there is none, enter "None"    (a) Name and address of each employee paid more than \$100,000 money.    1 Total number of other employees paid over \$100,000 money.    2 Total number of other employees paid over \$100,000 money.    3 Name and address of each independent contractor paid more than \$100,000 money.    4 Total number of other employees paid over \$100,000 money.    4 Total number of other employees paid over \$100,000 money.    5 Total number of other employees paid over \$100,000 money.    6 Total number of other employees paid over \$100,000 money.    6 Total number of other independent contractors each receiving over \$100,000 money.    6 Total number of other independent contractors each receiving over \$100,000 money.    7 Total number of other independent contractors each receiving over \$100,000 money.    8 Total number of other independent contractors each receiving over \$100,000 money.    9 Name and address of each independent contractor paid more than \$100,000 money.    1 Total number of other independent contractors each receiving over \$100,000 money.    1 Total number of other independent contractors each receiving over \$100,000 money.    1 Total number of other independent contractors each receiving over \$100,000 money.    1 Total number of other independent contractors each receiving over \$100,000 money.    2 Total number of other independent contractors each receiving over \$100,000 money.    3 Total number of other independent contractors each receiving over \$100,000 money.    4 Total number of other independent contractors each receiving over \$100,000 money.    5 Total number of other indepen		• •				48		$\overline{\mathbf{x}}$
bit 1*vs; was the related organization a section 527 organization?  © Complete this table for the organization from the organization of the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization of there is none, enter None.  (a) Name and address of each employee paid more than \$100,000  NONE  I Total number of other employees paid over \$100,000  I Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter None  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter None  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation  (e) Type of service  (f) Compensation  (g) Type of service					T.	49a		
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, entire "None"  (a) Name and address of each employee paid more than \$100,000  NONE  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit pairs & document of the remote of		·	•		<u>-</u>			
than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and address of each employee paid more than \$100,000  NONE  1 Total number of other employees paid over \$100,000  1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation from the organization from the organization is the logistic compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (c) Commensation  (d) Comtinuous than \$100,000 of compensation from the organization of the logistic from the organization of the logistic from the organization of the logistic from the logistic f			ees (other than officers, directors	trustees and key e	_		ived mo	ore
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation  (g) Type of service  (g)								
Under penalties of perjury I deelars that I baye 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 perparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer   Preparer's identifying number (See instr.)	<b>51</b> Com <sub>l</sub>	plete this table for the organization's five highest compensated independization. If there is none, enter "None"  NONE		ı				n
Sign lere    Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Preparer's information of which preparer's inf	d Total	number of other independent contractors each receiving over \$100,00	00	•				
Signature of office  Type or print name and title  Preparer's lise Only  Firm's name for yours if self-employed, address, and ZIP+4  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed Preparer's identifying number (See instr)  Phone Proparer's identifying number (See instr)  Proparer's identifying number (See instr)  Phone Proparer's identifying number (See instr)		Under penalties of perjury. Liceolare that I paye examined this return, including correct, and complete Declaration of preparer (other than officer) is based on all	accompanying schedules and statemen	ts, and to the best of m	//		ue,	
Preparer's Jse Only   Firm's name for yours   Evan's Petree PC   I 000 Ridgeway Loop Rd., Suite 200   Phone	Sign Here	Signature of officer 3 TANA CHEN, PV				0/0		
Itself-employed), address, and ZIP+4 Memphis, TN 38120  May the IRS discuss this return with the preparer shown above? See instructions  1000 Ridgeway Loop Rd., Suite 200  Phone Poi - 525 - 6781	Paid Preparer's Use Only	Fyang Dot roo DC	1 (1 1 1 1	oloyed		nber (Se	e instr)	
May the IRS discuss this return with the preparer shown above? See instructions  Yes No		if self-employed). 1000 Ridgeway Loop Rd	., Suite 200	Phon	٥	678	<u> </u>	
	May the IR	<u> </u>	<del></del>		▶ [	7		No
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#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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.

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

OMB No 1545-0047

2009

Open to Public

Inspection

Name of the organization

Greater Memphis United Chinese Association Employer identification number 16-1658700

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 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 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) 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 to 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 describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c \_\_\_\_ Type III - Functionally integrated d \_\_\_\_ 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 509(a)(2). If the organization received a written determination from the IRS that it 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	EIN (III) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col		(i) organized in the		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
			1					-	
	<del> </del>						_		
otal									

LHA 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

932021 02-08-10

(Complete only if you checked	_			(-)(-)4 4(-)		,
Section A. Public Support		·				
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	_(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				ľ		
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to			1			
or expended on its behalf					<u> </u>	
3 The value of services or facilities		1				
furnished by a governmental unit to						
the organization without charge	<u> </u>	-	<u> </u>			_
4 Total. Add lines 1 through 3			<u> </u>	ļ		
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						
Section B. Total Support	4 1 0005	#1000		17,000		
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				-	1	
9 Net income from unrelated business		1				
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.)		1				
11 Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u></u>		
12 Gross receipts from related activities,			ard fourth or fifth t	07 V007 00 0 000tu	12	
13 First five years. If the Form 990 is for organization, check this box and stop		s mst, second, m	ira, iourtii, or iiitii t	ax year as a section	)	▶□
Section C. Computation of Publi		rcentage				
14 Public support percentage for 2009 (li	<del></del>	<del>-</del>	column (f))		14	
15 Public support percentage from 2008	Schedule A, Part	II, line 14			15	
16a 33 1/3% support test - 2009.If the or	ganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b 33 1/3% support test - 2008. If the or	ganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	ıs box
and stop here. The organization quali	fies as a publicly	supported organi	zation			▶
17a 10% -facts-and-circumstances test	- <b>2009.</b> If the org	anization did not	check a box on line	9 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "faci	ts-and-circumstar	ces" test, check	this box and <b>stop !</b>	here. Explain in Pa	art IV how the organ	nization
meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	d organization		▶□
b 10% -facts-and-circumstances test	- 2008. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets th						
organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶
18 Private foundation. If the organization	n did not check a	box on line 13, 10	<u>6a, 16b, 17a, or 17</u>	b, check this box	and see instruction	s <b>▶</b>
				Sch	edule A (Form 990	or 990-EZ) 200

Schedule A (Form 990 or 990-EZ) 2009 Chinese Association Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 863. 36,315 1,500. 34,423. 1,120. 74,221. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 107,009. 113,099. 67,118. 86,223. 101,436. 474,885. 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 87,086. 137,751. 108,509. 147,522. 68,238 549,106. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 549,106. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (a) 2005 (f) Total 137,751 87,086. 108,509 147,522 68,238  $\overline{5}49,106.$ 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 154. 154. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 154. **154.** c 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 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 87,086. 137,751. 108,509. 147,522. 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 99.97 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 100.00 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage .03 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. 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  $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. 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 20 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) 2009

Form 990-EZ	Other Expenses	Sta	tement	1
Description			Amount	
Mem Chinese Language School Chinese New Year Celebration Banking fees General Activity expenses				
Total to Form 990-EZ, line 16			61,0	47.
Form 990-EZ Cash Gr	ants and Allocations	Sta	tement	2
Class of Activity/Donee's Name a		onee's ationship	Amoun	t
Payment from restricted funds		.ld of members .led in	23,5	16
Rice University fbo J. Dou		ruent	2373	

·		<del></del>				
FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		State	ment	3	
directly o	ganization, during the year, receive any funds, or indirectly, to pay premiums on a personal ontract?	[	] Yes	[X]	No	
	ganization, during the year, pay premiums, or indirectly, on a personal benefit contract? .	. [	] Yes	[X]	No	

990-EZ Pg 2

Statement

4

Promote Chinese culture, Chinese language education

#### **Greater Memphis United Chinese Association – 16-1658700**

#### **Current Officers, Directors, and Trustees**

Huiwen Xie (Board Chair)
Hongni Pu (Director)
Jin Yang (Director)
Xiaoyan Zhu (Director)
Shuangying Leng (Director)
Wangqian Li (Director)
Wei Chen (Director)
Jiang Chen (President)
Jiang He (Director)
Jinggang Yin (Director)
Daming Zhuang (Director)
Jesse Gan (Director)
Wenyuan Zhao (Treasurer)
Feng Yu (Director)

Yongquan Zhou (Secretary)

7550 Wolf River Blvd., Suite 200, Germantown, TN 38138 410 US Highway 72 W, Collierville, TN 38017 3711 Veterans Avenue, Memphis, TN 38152 8819 Lindstrom Cove, Cordova, TN 38018 8957 Dewberry Ln, Cordova, TN 38016-1016 6679 Einat Cv. Memphis, TN 38134-8039 2005 Fletcher Creek Drive, Memphis, TN 38133 9430 Owl Hill Drive, Lakeland, TN 38135 1321 E. Rain Hollow Circle, Collierville, TN 38017 6515 Longbrook Lane, #8, Memphis, TN 38134 5539 Fountain Bay Drive, Memphis, TN 38120 1945 Brigance Cove, Germantown, TN 38139 1834 Dartford Drive, Cordova, TN 38016 4155 Quest Way Memphis TN 38115

854 Shelton Rd, Collierville, TN 38017-6826

# Form , **8868** (Rev. April 2009)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	s form	).	▶ []	X
	not complete Part II unless you have already been granted an automatic 3-month extension on a previously				
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			<u>-</u>	
A co	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and coi	molete			
	I only	pioto		▶ [	
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a e income tax returns.	n exte	nsion of t	ime	
note (not : you :	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi d below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electror automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or community the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic forms goviefile and click on e-file for Chanties & Nonprofits.	nically onsolic	f (1) you lated For	want the additi m 990-T. Instea	ional
Туре		Emp	oloyer ide	entification nu	mber
print	•	١,	c 1c	F0700	
File by	Chinese Association		0-10	58700	
due da filing y	ow   2005 Fletcher Creek Drive				
retum instruc					
Chec	ck type of return to be filed (file a separate application for each return):				
X 	Form 990         Form 990-T (corporation)         Form 4           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 5           Form 990-EZ         Form 990-T (trust other than above)         Form 6           Form 990-PF         Form 1041-A         Form 8	227 069			
Te If t	Jiang Chen the books are in the care of ▶ 9430 Owl Hill Drive - Lakeland, TN 3813 The blephone No. ▶ (901) 338-3304 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	ıs ıs fo			
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt August 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:    X   calendar year 2009   or   tax year beginning , and ending		The exter	nsion	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change I	n accounting p	eriod
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions	3a	\$		
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	۵.			
_	tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$		
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).				
	See instructions.	Зс	\$	N/A	L
:+،,د	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form				
,au()		JU1 3-1			
.HA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Fo	rm <b>8868</b> (Rev. 4	-2009)