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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 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.

Open to Public Inspection

OMB No. 1545-1150

2009

ΑI	for the	2009 calend	ar year,	or tax year beginning	January 1	, 2009, a	ind ending	Decembe	r 31	, 20	09
В	Check if a	pplicable.	Please	C Name of organization				D Employer id	Jentifi	ication numb	er
	Address o	change use IRS label or Chinese Language Teachers Association, Inc.						- 2	≥2-23	24558	
=	Name cha	_	print or	Number and street (or P.O. box, if	mail is not delivered to stre	et address)	Room/suite	Telephone r	iumbe	×	
	Initial retu Terminate	to Jaio Contor for Chinaca Studios, 1900 East-Wast Daad						8	08 95	6-2692	
H			Specific	City or town, state or country, and	ZIP + 4			F Group Exe	mnti	on	
H	Amended Application	on pending	instruc- tions.	Moore Hall 418, Honolulu, Hi	96822		l'	Number		011	
느								ting Method:		Cash A	
	• Sec	tion 501(c)(3)		rations and 4947(a)(1) nonexe ripleted Schedule A (Form 990		iust attacn			. 💌	Cash L A	.ccruai
				inpleted Scriedule A (FOIIII 55	/ UI 330-E&J.		- 	specify) >			
							1	▶ ∐ if the	-		
	Nebsil		//cita.os		<u></u>		– 1	to attach S		lule B (Form	990,
<u>J 1</u>	ax-exe	empt status (check o	nly one) — ✓ 501(c) (3) ◀	(Insert no.) 4947(a)(l) or	7 990-EZ	, or 990-PF).			
	Check I		-	zation is not a section 509(a)(3) :		•	•	•		-	. A
_				turn is not required, but if the o					tum.		
				9 to determine gross receipts; if							66,271
Р	art I	Revenu	e, Exp	enses, and Changes in	Net Assets or Fun	d Balance	es (See the i	nstruction	s for	r Part I.)	
	1	Contribution	ons, gif	ts, grants, and similar amou	nts received			· · <u> 1</u> _			
	2	Program s	ervice i	revenue including governme	nt fees and contracts			2			25,695
	3	Membersh	ip dues	and assessments				3			38,531
	4	Investment	t incom	1 9				4			2,045
	5a	Gross amo	ount fro	m sale of assets other than	inventory	. 5a					
	Ь			er basis and sales expenses	•	-					
	_ c			n sale of assets other than in		• [ne 5a)	5c	i		
4	6			tivities (complete applicable parts of							
Revenue	1			ot including \$		-	g, chock hards				
Š	a					1 - 1					
Œ	١ .	reported o		•		·					
	Ь		•	nses other than fundraising	-	•	0-\		ł		
	1	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				<u>6c</u>					
	7a			rentory, less returns and allo	wances						
	b	Less: cost				. 7b					
	C			ss) from sales of inventory (Subtract line 7b from	line 7a) .		<u> 7c</u>	<u> </u>		
	8	Other reve	nue (d	escribe ECEIVED				_) 8_			
	9	Total reve	nue. A	dd fines 1, 2, 3, 4, 5c, 6c, 7c	(and 8	<u> </u>		. 🕨 9	<u> </u>		66,271
	10	Grants and	simila	ramounts paid (attach sche	# <u>(</u> e)			<u> 10 </u>	Ь		
	11	Benefits pa	aid to d	right man ben 4 2010.	\mathcal{L}			<u> 11 </u>			
98	12	Salaries, o	ther cd	mpensation, and employee	penefits			12	Щ		
Expenses	13	Profession	al fees	and other payments to have	pendent contractors			<u>13</u>			29,500
ş	14	Occupancy	y, rent	utilities and daintenance				14	Ц.		
ũ	15			ons, postage, and shipping				<u>15</u>	<u> </u>		9,757
	16	Other expe	enses (d	describe > See Statement	1) <u>16</u>			17,283
	17	Total expe	enses.	Add lines 10 through 16 .		<u> </u>		. ▶ 17			56,540
97	18	Excess or	(deficit)	for the year (Subtract line 1	7 from line 9)			18	L		9,731
Š	19	Net assets	or fun	d balances at beginning of	year (from line 27, c	olumn (A))	(must agree	with			
Ą		end-of-yea	ar figure	reported on prior year's ret	um)			19		1	25,343
Net Assets	20	Other char	naes in	net assets or fund balances	(attach explanation)			20			
Ž	21		•	d balances at end of year. C	• • •					1	25,074
P	art II	Balance	Shee	ts. If Total assets on line 25	, column (B) are \$1.2	50,000 or m	nore, file Forn		ad of		
				(See the instructions for F				ning of year		(B) End of ye	
2:	R Cs	ash, savinne	, and in	vestments	•			125,343	22	1	35,074
2:		and and build							23		
24				e ►					24		
2	. O	ino associa (i Stal accate					-'	125,343		1	35,074
20		otal liabilitie					`	,	26	· - •	<u>,,</u>
27	N ₄	et assets or	fund t	palances (line 27 of column	(B) must agree with li	ne 21)		125.343		1	35,074

Par	III Statement of Program Service Accom	plishments (See the	instr	uctions for Part II	1.)		Expenses
	is the organization's primary exempt purpose?						ured for section
Desc	ribe what was achieved in carrying out the org	anization's exempt p	urpo:	ses. In a clear ar	nd concise)(3) and 501(c)(4) sizations and section
manr	ner, describe the services provided, the number of	of persons benefited, a	and o	other relevant info	rmation for		(a)(1) trusts; optional
each	program title.						hers.)
28				_			
	(Grants \$) If this amount	includes foreign grant				282	
29	, o. z					1	
	(Grants\$) If this amount	includes foreign grant	c ch	ack hara	<u> </u>	29a	
30				· · ·		23a	
30					•••••	i i	
						1	
	(Grants \$) If this amount	includes foreign grant		ack hara	<u> </u>	30a	
		includes foreign grant				Jua	
					. ▶ □	240	
	(Grants \$) If this amount Total program service expenses (add lines 28a					31a 32	
Par							tions for Part IV \
t all	List of Officers, Directors, Trustees, and Ite	(b) Title and average	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(c) Compensation	(d) Contribute		(e) Expense
	(a) Name and address	hours per week devoted to position		(if not paid, enter -0)	employee benefit deferred compe	plans &	account and other allowances
Vuo	hul Andrey Li	 		GILGI -0;	deterred compe	15auG1	Other anowarices
	hul Andrey Li . of E. Asian Language & Cultures	President	0.5	0		0	n
	ersity of Southern California			<u> </u>			
	Angeles, CA 90089-0357	-					
	hia Ning						
	e Hall 416, 1890 East West Rd	Executive Director	0.5	0		0	0
	ersity of Hawaii at Manoa					U	-
	pisity of nawali at Marioa	-					
	me Packard		<u> </u>	<u> </u>			
		Director	0.5	0		0	0
	of E. Asain Language & Cultures ersity of Illinois, 707 Mathews, RM2090-D				 		
	na. IL 61801	1					
				<u> </u>	<u> </u>		
	iter Liu Asian Language & Cultures	Director	0.5	l		0	o
	na University, Goodbody Hall 221			_			
	mington, IN 47045						
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	_	✓
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.			
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		✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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	38		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		_
38a	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		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	ł		
40a	Gross receipts, included on line 9, for public use of club facilities	ł		
40a	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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	40b		✓
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			
đ	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	40e		1
41	List the states with which a copy of this return is filed. ▶ Hawaii			
42 a	The organization 3 books are in care of a system and a sy		6-269	2
	Located at ► Moore Hall 418, Honolulu, HI ZIP + 4 ►	96	822	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vaa	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420	-	_
	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		1
~	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			5.	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
AE	Form 990-EZ	44		✓
45	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
			D-F7	(2000)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt char ad 51.	exempt charita ritable trusts m	ible trusts only. A ust answer question	ons 46–4		
	Did the organization engage in direct or indirect				Y	s No	
	candidates for public office? If "Yes," complete 5				46	✓	
47	Did the organization engage in lobbying activities	s? If "Yes," complete Scho	edule C, Part II		47	✓	
	Is the organization a school as described in section				48	✓	
	If "Yes," was the related organization a section 5				49b	√	
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated emple	oyees (other thar the organization	n officers, directors, n. If there is none, en	trustees ter "Non	and key e."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Ex	pense nt and owances	
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated ind n. If there is none, enter "I	ependent contra None."	ctors who each rec	eived m	ore than	
	(a) Name and address of each independent contractor	paid more than \$100,000	(p)	Type of service	(c) Compo	ensation	
					_		
<u>d</u>	Total number of other independent contractors of	each receiving over \$100,0	000▶				
	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and based on all informat	statements, and to the bearing of which preparer has	st of my kn any knowle	owledge edge.	
Sign Here	Signature of officer Cynthia Ning, Executive Director	U		5 15 2	010		
Paid	Type or print name and title Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nu	mber (See in:	structions)	
Prepare Use On	er's Firm's name (or yours if self-employed),			EIN P			
May th	address, and ZIP + 4 P Be IRS discuss this return with the preparer show	n above? See instructions		Phone no ▶ ▶ [Yes [No 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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa		e Language	reachers Assoc						22		<u> 32455</u>	<u> </u>			
	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	_			
The 1				dation because it is:											
2	ĭ			n 170(b)(1)(A)(ii). (Att					(-)(./4	41.7.					
3				nospital service organ			in sectio	n 170(h)	(4)(A)(iii)						
4		A medical re	esearch organiza	tion operated in conj	unction v	with a ho	spital de	scribed in	n section	170(b)(1)(A)(iii).	Ente	r the		
5	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														
6	\Box	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).													
_	_										the gon	oml r	ublic		
7	ш		•	receives a substantia 1)(A)(vi). (Complete P	•	its suppc	at nom a	governin	ientai uni	t or nonn	uie gen	ierai þ	JUDIIC		
8	П			l in section 170(b)(1)	-	complete:	Part II)								
9				receives: (1) more that				m contrib	utions m	nembershi	o fees.	and d	iross		
•	۳			d to its exempt funct											
				ent income and unre											
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete F	Part III.)						
10		An organizat	ion organized a	nd operated exclusive	ely to test	t for publ	ic safety	. See sec	tion 509	(a)(4).					
11				nd operated exclusiv							r to ca	rry ou	st the		
				olicly supported organ									ction		
		509(a)(3). Cl		t describes the type											
		a 🗌 Type						integrate			Type				
e				ify that the organizat											
				n managers and other	r than one	e or more	publicly	supporte	d organiz	zations de	scribed	in se	ection		
			section 509(a)(2)												
f		_		a written determinati	on from	the IRS	that it is	a Type	l, Type II	, or Type	III sup	portir	ng _		
			, check this box										ᆫ		
9				the organization acce	epted any	gitt or c	g 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)							ſ	Yes	No		
		• •	lelow, the govern								110(i)	Yes	No		
											11g(i)		No		
h				ning body of the supprison described in (i) a	ported or above?	ganizatio	n? .				11g(ii)		No		
		Provide the	ontrolled entity	ning body of the supp rson described in (i) a of a person described	ported or above? I in (i) or	ganizatio (ii) above	n? . .?						No		
	Name		ontrolled entity of	ning body of the supperson described in (i) a of a person described ation about the supperson described ation about the supperson.	ported or above? d in (i) or orted orga	ganizatio (ii) above anization	n? . o? (s).	th persor	s describ	oed in (ii)	11g(ii) 11g(iii)				
		Provide the of supported panization	ontrolled entity	ning body of the suppreson described in (i) a of a person described ation about the suppo (iii) Type of organization (described on lines 1-9)	ported or above? in (i) or orted orga (iv) is the of in col (i) in	ganizatio	n?	th persor	(vi)	bed in (ii)	11g(ii) 11g(iii) (vii) /				
		of supported	ontrolled entity of	ning body of the supports on described in (i) a sof a person described ation about the support (iii) Type of organization	ported or above? in (i) or orted orga (iv) is the of in col (i) in	ganizatio (ii) above anization	(s). (v) Did y the orgal col. (i)	th persor	(vi) i	ped in (ii)	11g(ii) 11g(iii) (vii) /	Amount			
		of supported	ontrolled entity of	ning body of the suppreson described in (i) a far person described ation about the suppor (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? in (i) or orted orga (iv) is the of in col (i) in	ganizatio	(s). (v) Did y the orgal col. (i)	th persor	(vi) i	s the	11g(ii) 11g(iii) (vii) /	Amount			
		of supported	ontrolled entity of	ning body of the suppreson described in (i) a far person described ation about the suppor (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? d in (i) or orted orga (iv) is the of in col (i) his governing	ganizatio (ii) above anization organization sted in your document?	n? (S). (v) Did y the organ col. (i) supp	th persor	(vi) sorganizat	s the mon m col. zed in the S?	11g(ii) 11g(iii) (vii) /	Amount			
		of supported	ontrolled entity of	ning body of the suppreson described in (i) a far person described ation about the suppor (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? d in (i) or orted orga (iv) is the of in col (i) his governing	ganizatio (ii) above anization organization sted in your document?	n? (S). (v) Did y the organ col. (i) supp	th persor	(vi) sorganizat	s the mon m col. zed in the S?	11g(ii) 11g(iii) (vii) /	Amount			
		of supported	ontrolled entity of	ning body of the suppreson described in (i) a far person described ation about the suppor (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? d in (i) or orted orga (iv) is the of in col (i) his governing	ganizatio (ii) above anization organization sted in your document?	n? (S). (v) Did y the organ col. (i) supp	th persor	(vi) sorganizat	s the mon m col. zed in the S?	11g(ii) 11g(iii) (vii) /	Amount			
		of supported	ontrolled entity of	ning body of the suppreson described in (i) a far person described ation about the suppor (iii) Type of organization (described on lines 1-9 above or IRC section	ported or above? d in (i) or orted orga (iv) is the of in col (i) his governing	ganizatio (ii) above anization organization sted in your document?	n? (S). (v) Did y the organ col. (i) supp	th persor	(vi) sorganizat	s the mon m col. zed in the S?	11g(ii) 11g(iii) (vii) /	Amount			
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Total

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
	lendar 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 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 through 3					ļ	
5 6	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). Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support	,,-					
	fendar year (or fiscal year beginning in) ▶	(a) 2005	(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						
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.)						1
11	Total support. Add lines 7 through 10 .		l			1.0	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secor	 nd, third, fourth	, or fifth tax y	ear as a sect	on 501(c)(3)
202	tion C. Computation of Public Su		ntane	· · · ·		<u> </u>	<u> </u>
<u> </u>	Public support percentage for 2009 (line			1. column (fl)		14	%_
15	Public support percentage from 2008 Sci			.,		15	%
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not	check the box of				eck this box
	33% % support test-2008. If the organization quality and stop here. The organization quality	alifies as a publ	licly supported	organization .			▶ ⊔
	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circui stances" test.	mstances" test, The organization	check this box n qualifies as a	and stop here publicly suppo	. Explain in Par rted organizati	t IV how the on► □
ь 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance" organization did	facts-and-circun ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. bly supported or	Explain in Par rganization .	t IV how the ► □

Sched	dule A (Form 990 or 990-EZ) 2009						Page 3
Par	t III Support Schedule for Organ	nizations Des	scribed in Se	ection 509(a)	(2)		
	(Complete only if you checke	ed the box on	line 9 of Par	t I.)			
	tion A. Public Support		# 1 acce	4 \ 2007	4.0.0000	() 0000	10 T-1-1
Ca	lendar 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 include any "unusual grants.")	65,479	60,446	64,143	63,220	64,226	317,514
2	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						
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						
6	Total. Add lines 1 through 5	65,479	60,446	64,143	63,220	64,226	317,514
7a	Amounts included on lines 1, 2, and 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						317,514
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	1,902	62,941 2,495	67,694 3.551	66,561 3.341	2,045	330,848 13,334
ь	Sources	1,302	2,493	3,331	3,341	2,043	10,004
	section 511 taxes) from businesses	ام	اه	اه	ام	ا	0
	acquired after June 30, 1975	1,902	2,495	3,551	0 3,341	2,045	13,334
_	Add lines 10a and 10b	1,902	2,493	3,331	3,341	2,043	13,334
11	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)						344,182
14	First five years. If the Form 990 is for to organization, check this box and stop	here		d, third, fourth	-		n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup						
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S					16	92.25 <u>%</u> 89.35 %
	tion D. Computation of Investmen			<u> </u>			
17	Investment income percentage for 2009			by line 13. co	olumn (fi) .	17	3.87 %
18	Investment income percentage from 20	-	• •	-		18	5.32 %
	331/3 % support tests - 2009. If the orga					nore than 331/3 9	6, and line

17 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☑ 33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ □

Schedule A (F	orm 990 or 990-EZ) 20	009					Page 4
Part IV	Supplementa	I Information. Co a or 17b; and Pai	omplete this part III, line 12. P	art to provide Provide any oth	the explanation ner additional in	s required by Pa formation. See i	art II, line 10;
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Year 2009

Satement 1 Chinese Language Teachers Association, Inc.

	Form 990-EZ, Part 1, Line 16 Other Expenses	EIN:	22-2324558
Travel Expenses Membership Fees Prize for Presentation		•	2,738.00 6,465.00 4,268.00 3,332.00 480.00
		¢	17 283 00