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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

Inspection ▶ 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 2009, and ending 20 C Name of organization ASSOCIATED FILIPINO ORGANIZATION Check if applicable D Employer identification no. Please use IRS Address change C/O MADSEN & WALTON PROPERTIES 94-2179871 print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type. See PO BOX 1533 Initial return Specific G Gross receipts Terminated City or town, state or country, and ZIP + 4 Instructions. Amended return Sacramento, CA 95812-1533 1,382,400 Name and address of pnncipal officer DORIS UNSOD Application pending Is this a group return for affiliates? PO BOX 1533, Sacramento, CA 95812 Yes X No "No," attach a list (see instructions) X 501(c)(3 Yes No Tax-exempt status) **(**insert no) 4947(a)(1) or Website: ▶ N/A H(c) Group exemption number Corporation Form of organization Trust Association M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE LOW INCOME HOUSING TO THE PEOPLE OF STOCKTON. G Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 9 Total gross unrelated business revenue from Part VIII, column (C), line 12 277,021 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 757,289 778,950 9 330,761 320,565 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,016 5,864 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 208,273 277,021 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,316,339 1,382,400 0 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 269,791 322,846 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f) 17 924,218 886,026 Total expenses. Add lines 13 17 (must equal Part X Corumn (A) line 25) 1,194,009 1,208,872 Revenue less expenses Subtract line 18 from line 122,330 173,528 Beginning of Current Year End of Year S Assat Total assets (Part X, line 16) 20 2,427,482 2,423,211 Fund 21 Total liabilities (Part X, line 26) 770,266 592,467 22 Net assets or fund balances 1,830,744 1,657,216 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here DORIS UNSOD, PRESIDENT Type or print name and title Preparer's identifying number Check if (see instructions) employed > X signature 9/29/10 Paid Preparer's Rienks CPA EIN **Use Only** Firm's name (or yours if self-employed). 2775 Cottage Way, Suite 37 address, and ZIP + 4 Sacramento, CA 95825 Phone no ▶ 916-484-0456

orm	n 990 (2009) ASSOCIATED FILIPINO ORGANIZATION	94-2179871	. Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission.		
	TO PROVIDE LOW INCOME HOUSING TO THE PEOPLE OF STOCKTON.		
2	Did the organization undertake any significant program services during the year which were not listed on	_	_
	the prior Form 990 or 990-EZ?	📙 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	∐ Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are	10	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
40	(Code:) (Expenses \$ 1,188,729 including grants of \$) (Revenue	•	<u>`</u>
4a	(Code:) (Expenses \$1,188,729 including grants of \$) (Revenue TO PROVIDE LOW INCOME HOUSING TO THE PEOPLE OF STOCKTON.	Φ	
	TO PROVIDE LOW INCOME HOUSING TO THE PEOPLE OF STOCKTON.		
		•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			_
_	(D)		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		 -	
		-	
4d	Other program services. (Describe in Schedule O.)		-
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1.188.729		

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 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 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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," Х 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or Х Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 489 If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 X 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No 13 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 20 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 21 Х in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 lines 24a Х 24b through 24d and complete Schedule K. If "No," go to line 25 24Ь þ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х Is the organization 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 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 37 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, Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 Х

	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	Х	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Х	
4a	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)?	4a		Х
Ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	,	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or		i	}
	gifts were not tax deductible?	6b		ļ <u>.</u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		.,
	benefit contract?	7e		X
ı	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		X
	required?	711		<u> </u>
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	Ī	ĺ
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the organization make any taxable distributions under section 4966?	9a	Ī	х
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\frac{\Lambda}{X}$
10	Section 501(c)(7) organizations. Enter:	- 25	ļ	 ^
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			İ
11	Section 501(c)(12) organizations. Enter:			
' 'a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)		•	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ī	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<u> </u>	

ASSOCIATED FILIPINO ORGANIZATION

94-2179871 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 11 12			
Ь	Enter the number of voting members that are independent 1b 10	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	. 1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	-,,-	<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3,5
a	The organization's CEO, Executive Director, or top management official	15a		X
Ь	Other officers or key employees of the organization	15ь		X
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	15-		v
	with a taxable entity during the year?	16a	······	X
Ь	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	466		
500	the organization's exempt status with respect to such arrangements?	16b	l	
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	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 ► MADSEN & WALTON PROPERTIES (916) 447-0886			
	PO BOX 1533 Sacramento, CA 95812-1533			

Part VII

94-2179871 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	Posit	ion (cl	heck	all th	at apply))	Reportable	Reportable	Estimated
	hours per week	Itd nri dur ise vtc iet deo ur ao Ir	nr su ts tte	Ce	Key employee	H c e m g h p o o o o o o o o o o o o o o o o o o	o r m	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DORIS UNSOD										
PRESIDENT	1.00	X		Х		<u> </u>		0	0	0_
MEL LAGASCA					İ					
VICE PRESIDENT	1.00	X		X		ļ		0	0	0
DORTHY MADAMBA										
SECT / TREASURER	1.00	X		X		<u> </u>		0	0	0
PILAR REYNON	1.00	x						0	0	0
MORENO BALANTAC	1.00	Х						0	0	0
NANCY GIVA	1.00	Х						0		0
JOSE BERNARDO	1.00	х						o	0	0
			_							
			_				-			
			_			<u> </u>				
 	EEA				_					Form 990 (2009)

Form 990 (2009)

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A)·	(B)			(C)			(D)	(E)		(F)	
	Name and Title	Average hours per week		l t n r s u t s i t	011.08	All th	at apply) H c e I o m p h p I e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co o e	Estimated amount of other impensati from the iganization and relate iganization	f ion i on ed
												_	
									-				
	-									-			
											1		
											+	_	
						<u> </u>			···				
			-	-	<u> </u>						\dashv		
					<u> </u>						+		
1b	Total		<u> </u>			į			0		0		0
2	Total number of individuals (including but not limited to										<u></u> 1		
	reportable compensation from the organization								<u> </u>			Yes	No
3	Did the organization list any former officer, director or											1	
	employee on line 1a? If "Yes," complete Schedule J for										. 3	<u> </u>	X
4	For any individual listed on line 1a, is the sum of report												
	the organization and related organizations greater than individual										4	1	Х
5	Did any person listed on line 1a receive or accrue com							ation	for			1	
	services rendered to the organization? If "Yes," complete	ete Schedule	J for s	such	per	son				· · · · · <u>·</u> · · ·	5		X
Se	tion B. Independent Contractors												
1	Complete this table for your five highest compensated	ındependent	contra	ctor	rs tha	at re	ceived	mor	e than \$100,000 of	İ			
	compensation from the organization. (A)					-			(B)			(C)	
	Name and business address								Description of s	ervices	Com	pensation	1
	Total number of independent contractors (including but	not limited to	n those	a liet	ad n	hov	a) who	100	l eived				
	more than \$100,000 in compensation from the organization		- u 103t					. 1301	J.1700				

94-2179871

Part 1	VIII	Statement of Revenue					
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contin- butions,	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c					
grits, grants and other similar amounts	e f g h	Related organizations	778,950	778,950			
Program Service Revenue	2a	TENANT RENTS LAUNDRY AND VENDING	Business Code 531110 531110	300,343 11,350	300,343 11,350		
	d e	All other program service revenue	531110	8,872	8,872		
<u></u>	g 3	Total. Add lines 2a-2f		320,565			
	4	other similar amounts)	▶	5,864	5,864		
		Gross Rents	(ii) Personal				
	С						
		Gross amount from sales of assets other than inventory Less: cost or other basis	(II) Other				
O t h e	c d	and sales expenses Gain or (loss) Net gain or (loss)					
r R e v	oa	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
e n u e	c	Gross income from gaming activities					
	c	See Part IV, line 19					
	ь	Gross sales of inventory, less returns and allowances					
		Miscellaneous Revenue COMMERCIAL RENTS	Business Code 531120	277,021		277,021	
	c d	All other revenue		077 00-			
	i	Total Add lines 11a-11d		277,021 1,382,400	326,429	277,021	0

94-2179871

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	mn (A) but are not re	quired to complete co	olumns (B), (C), and (D	
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	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	258,354	258,354		
8	Pension plan contributions (include section 401(k)		,		
	and section 403(b) employer contributions)				
9	Other employee benefits	43,280	43,280		
10	Payroll taxes	21,212	21,212		
11	Fees for services (non-employees):	·			
а	Management				
ь	Legal	3,503		3,503	
С	Accounting	16,640		16,640	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion [1,095	1,095		
13	Office expenses				
14	Information technology [
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				
20	Interest	43,303	43,303		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	108,195	108,195		
23	Insurance				
24	Other expenses. Itemize expenses not			•	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	BAD DEBTS	24,187	24,187		
Ь	GARBAGE AND TRASH	6,191	6,191		
С	HEATING AND AIR CONDITIONING	2,276	2,276		
d	INSURANCE	34,005	34,005		
e -	MANAGEMENT FEES	74,759	74,759		
f	All other expenses	571,872	571,872	00.747	
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following	1,208,872	1,188,729	20,143	0
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs	ļ			
	from a combined educational campaign and				
	fundraising solicitation	<u> </u>			

94-2179871

Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 8,210 19,209 2 2 1,383,348 1,396,640 3 3 4 37,070 27,745 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete A 6 s s Inventories for sale or use 8 t 9 Prepaid expenses and deferred charges 23,914 9 23,136 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 3,796,450 Less: accumulated depreciation 10b 2,840,695 970,266 10c 955,755 11 11 12 12 Investments - other securities. See Part IV. line 11 13 13 14 14 3,000 2,400 15 15 16 2,427,482 16 2,423,211 17 17 45,514 36,720 18 18 19 19 i 20 20 a b 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties 693,761 23 526,132 24 24 25 25 30,991 29,615 26 26 770,266 592,467 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. NF u 27 27 n 28 28 29 29 В Organizations that do not follow SFAS 117, check here ▶ 🏻 a I S and complete lines 30 through 34. e t a 30 30 n 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0 е 32 Retained earnings, endowment, accumulated income, or other funds 32 1,657,216 1,830,744 33 33 1,657,216 1,830,744 34 34 2,427,482 2,423,211

Pa	rt XI Financial Statements and Reporting			
	,		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			ĺ
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	[[ĺχ
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			 -
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	i	1
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
_				ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1	ĺ
	issued on a consolidated basis, separate basis, or both			ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3Ь		
_	EEA	Form	990 (2	2009)

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

Employer identification number

Name of the organization ASSOCIATED FILIPINO ORGANIZATION 94-2179871 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 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). 6 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 🛮 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.) 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 to carry out the 11 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. c Type III-Functionally integrated Type III-Other a Type I **b** Type II 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 f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11a(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your support? (see instructions)) Yes Yes

	(Complete only if you checked the	box on line 5, 7,	or 8 of Part I.)				
	tion A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
valel		(4) 2005	(B) 2000	(6) 2007	(W/ 2008	(E) 2003	(1) 10(2)
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
	include any unusual grants.	<u> </u>	 			<u> </u>	
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	:					
	is Delian			<u> </u>		+	-
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		 				
5	The portion of total contributions by each		-		<u> </u>		
•	person (other than a governmental unit or				1		
	publicly supported organization) included				1		
	on line 1 that exceeds 2% of the amount				1		
	shown on line 11, column (f)				•		
6	Public support. Subtract line 5 from In 4			 			
	tion B. Total Support	<u> </u>	<u></u>	<u>. I</u>	<u>. I</u>		1
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(a) 2005	(D) 2000	(6) 2007	(d) 2000	(e) 2003	(1) Total
8	Gross income from interest, dividends,				 		
•	payments received on securities loans,	4					
	rents, royalties and income from similar sources						
	sources		<u> </u>		 		
9	Net income from unrelated business						
	activities, whether or not the business is	İ					
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part IV.)		<u> </u> 		<u> </u>		1
11 12	Total support. Add lines 7 through 10 .	L		1		. 12	1
	Gross receipts from related activities, etc. (•					
13	First five years. If the Form 990 is for the						. □
Sec	organization, check this box and stop here tion C. Computation of Public Se					· · · · · · · · · · · ·	····
14	Public support percentage for 2009 (line 6,	• •	*	(f))		. 14	%
15	Public support percentage from 2008 Scher	.,		.,,			<u>%</u>
16a	33 1/3% support test - 2009. If the organi					<u> </u>	,,,
104	and stop here. The organization qualifies a						▶□
ь	33 1/3% support test - 2008. If the organi	, , , , , ,	•				
_							▶□
17a	box and stop here. The organization qualif 10%-facts-and-circumstances test - 20		· ·				
174	more, and if the organization meets the "fac	•		•	•		
	-						▶ □
L	organization meets the "facts-and-circumst		= :				
Ь	10%-facts-and-circumstances test - 20	=					
	more, and if the organization meets the "facts-and-circumst						⊾ □
10	organization meets the "facts-and-circumst.		-		-		▶□
18	Private foundation. If the organization did	HOLCHECK & DOX C	ліні в із, тоа, тор,	ira, or tro, cnec	A UIIS DOX BIIU SBE	monucuons	· · · · · • 🗾

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

	(Complete only if you checked the	box on line 9 of Pa	rt I.)				
Sec	ction A. Public Support						
Cale	endar 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.")	670,841	689,531	677,640	757,289	778,950	3,574,251
2	Gross receipts from admissions, merchan- dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose	330,761	347,740	340,076	338,641	320,565	1,677,783
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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	1,001,602	1,037,271	1,017,716	1,095,930	1,099,515	5,252,034
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						
C	Add lines 7a and 7b						
	line 6)						5,252,034
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,001,602	1,037,271	1,017,716	1,095,930	1,099,515	5,252,034
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,016	37,003	35,755	22,686	5,864	121,324
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	20,016	37,003	35,755	22,686	5,864	121,324
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						5,373,358
14	First five years. If the Form 990 is for the or organization, check this box and stop here	·		or fifth tax year as	a section 501(c)(3	3) · · · · · · <u>· · ·</u> · <u>·</u> · ·	▶□
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, co					15	97.74 %
16	Public support percentage from 2008 Schedu					16	%
	ction D. Computation of Investme		_			<u> </u>	·- <u>-</u>
17 18	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc		•			17	2.26 %
19a	33 1/3% support tests - 2009. If the organiz						▶ 🏻
Ь	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this between the state of the state o						▶ 🗆
20	Private Foundation: If the organization did r	not check a box on	line 14, 19a, or 19b	, check this box ar	nd see instructions	<u> </u>	▶ 🔲

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

reasing.	or ale organization	Citaty or inclination in the citaty of the c
ASS	SOCIATED FILIPINO ORGANIZATION	94-2179871
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	О. О.
	purpose conferring impermissible private benefit?	
	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	
	Protection of natural habitat Preservation of a certified his	storic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization	<u></u>
•	the tax year	callott dalling
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
	>	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	r
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement	nent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes
	the organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance s	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance shee	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	public service,
•	provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
•	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
_	following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1	▶ ¢
a		
Ь	Assets included in Form 990, Part X	· · · · · · • • •

					_						
	ule D (Form 990) 2009 ASSOCIATED FILI							94-217			Page 2
ar	t III Organizations Maintaining (ssets (d	ontinue	∋d)
5	Using the organization's acquisition, accession, a	ina otner	recor	ds, check any	of the folic	wing that are	a signific	ant use of its			
	collection items (check all that apply):			1							
a	Public exhibition	a	님	Loan or excha	ange progi	rams					
Ь	Scholarly research	е	Ц	Other							
С	Preservation for future generations										
•	Provide a description of the organization's collect	ions and	expla	in how they fur	ther the o	rganization's e	exempt p	urpose in			
_	Part XIV.										
•	During the year, did the organization solicit or rec			•		•				ا م	-
	assets to be sold to raise funds rather than to be								<u>·· Ц</u>	Yes	∐ No
-ar	Escrow and Custodial Arrar	_		·	•	n answered "Y	res" to Fo	orm 990,			
	Part IV, line 9, or reported an amount									_	
la	Is the organization an agent, trustee, custodian or			-						v 1	□ N-
	included on Form 990, Part X?								· • ⊔	Yes	∐ No
þ	If "Yes," explain the arrangement in Part XIV and	complete	e the i	ollowing table:							
_	Parties as half						4		nount		
c	Beginning balance										
	Additions during the year							+			
	Distributions during the year										
f	Ending balance									1	
	Did the organization include an amount on Form 9	990, Part	X, lin	θ21?		• • • • • •	• • • •	• • • • • • • •	· · □	Yes	∐ No
	If "Yes," explain the arrangement in Part XIV.							_			
-ar	t V Endowment Funds. Complete if							•	T		
	B	(a) Cum	ent yea	r (b) Pr	or year	(c) Two year	rs back	(d) Three years back	(e) Fou	r years b	ack
_	Beginning of year balance					-					
Ь	Contributions					- [······································			
	Net investment earnings, gains, and losses					-					
	Grants or scholarships					-				***********	********
e	Other expenditures for facilities						ı		I		
	and programs							*************	•••∮••••••	·········	
	Administrative expenses					<u> </u>		······			
g	End of year balance			_		<u> </u>					سسس
•	Provide the estimated percentage of the year end	balance									
	Board designated or quasi-endowment		_ %								
	Permanent endowment > %										
	Term endowment ▶ %										
la	Are there endowment funds not in the possession	of the o	rganız	ation that are I	neld and a	dministered fo	or the				
	organization by:								(- (v)	Yes	No
	(i) unrelated organizations								. 3a(i)	<u> </u>	
	(ii) related organizations								. 3a(ii)	'	<u> </u>
Þ	If "Yes" to 3a(ii), are the related organizations lists					• • • • • •			Зь		<u></u>
<u> </u>	Describe in Part XIV the intended uses of the organization										
-ar	t VI Investments - Land, Buildir	ngs, an	d E	quipment.	See Form	990, Part X, I	ine 10.				
	Description of investment	(a) Cost	or other basis	(b) Co	st or other	(c)	Accumulated	(d) Bo	ok value	

Par	I VI Investments - Land, Buildings,	and Equipment.	See Form 990, Part X, line	10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		180,000		180,000
b	Buildings		3,616,450	2,840,695	775,755
c	Leasehold improvements				
d	Equipment	·			
e	Other	· ·			
	Add lines 1s through 1s. (Column (d) must equal Form	n 000 Port V solumn (2) line 10(e))		255 755

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments - Program Related.	ee Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line	15	
<u> </u>	Description	(b) Book value
		(4)
		
		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15		· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities. See Form 990, Part X, III	ne 25.	
1. (a) Description of liability	(b) Amount	
Federal income taxes		
SECURITY LIABILITY	29,615	
		1
		1
		1
		1
		-
		+
		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	29,615	

t Chedi	ule D (Form 990) 2009 ASSOCIATED FILIPINO ORGANIZATION	94-2	179871	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,382,400
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,208,872
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		173,528
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
В	Other (Describe in Part XIV.)	8		
9	Total adjustments (net) Add lines 4 through 8	9		-
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		173,528
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1		1,382,400
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	\neg		
d	Other (Describe in Part XIV.)	\neg		
e	Add lines 2a through 2d	2e	,]	
3	Subtract line 2e from line 1	3		1,382,400
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	******		<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
Ь	Other (Describe in Part XIV.)	\neg		
С	Add lines 4a and 4b	─ 4c	:]	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1 :	1,382,400
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per		
1	Total expenses and losses per audited financial statements	1		1,208,872
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-
a	Donated services and use of facilities			
ь	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		,]	
3	Subtract line 2e from line 1	3		1,208,872
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		"	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)	\dashv		
	Add lines 4a and 4b	40	:]	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	+	1,208,872
	T XIV Supplemental Information			· · · · · · · · · · · · · · · · · · ·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b			
	2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete			
	part to provide any additional information.			
			-	
				

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open to Public Inspection Employer identification number

ASSOCIATED FILIPINO ORGANIZATION	94-2179871
01. Management duties delegation (Part VI, line 3)	
THE BOARD OF DIRECTORS HIRES A MANAGEMENT COMPANY FOR THE DAY TO DAY	OPERATIONS. THE
MANAGEMENT COMPANY PREPARES MONTHLY FINANCIAL STATEMENTS THAT ARE PRE	SENTED TO THE BOARD
ON A MONTHLY BASIS.	
02. Form 990 governing body review (Part VI, line 11)	
THE FORM 990 IS PREPARED BY AN OUTSIDE CPA AND FORWARDED TO THE MANAG	EMENT COMPANY FOR
REVIEW. AFTER THE MANAGEMENT COMPANY LOOKS THE RETURNS OVER THEY ARE	THEN PRESENTED TO
THE BOARD OF DIRECTORS FOR SIGNING AND MAILING.	
03. Governing documents, etc, available to public (Part VI, line 19)	
THE FINANCIAL STATEMENTS AND RETURNS ARE KEPT AT THE MANANGEMENT COMP	ANY AND COPIES ARE
ALSO AVAILABLE AT THE OFFICE OF THE PROJECT. THESE DOCUMENTS ARE AVA	ILABLE FOR
EXAMINATION UPON REQUEST.	
	·

Form 8868 (R	ev. 4-2009)			Page
• If you are fi	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part	II and check this I	юх	▶ 🏻
Note. Only co	nplete Part II if you have already been granted an automatic 3-month extension on	a previously filed I	Form 8868	
 If you are fi 	<u> </u>			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only f	ile the original (no	copies needed	d).
Type or	Name of Exempt Organization ASSOCIATED FILIPINO ORGANIZATION Number, street, and room or suite no. If a P.O box, see instructions PO BOX 1533 City, town or post office, state, and ZIP code. For a foreign address, see instructions Sacramento, CA 95812-1533 eck type of return to be filed (Fite a separate application for each return): Form 990 Form 990-BL Form 990-FF Form 4720 Form Form 990-EZ Form 990-T (trust other than above) Form 5227 OP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of MADSEN and WALTON PROPERTIES		fication number	
print	ASSOCIATED FILIPINO ORGANIZATION		94-217	9871
File by the extended	Number, street, and room or suite no. If a P.O box, see instructions	1877. NO	For IRS use only	
due date tor	PO BOX 1533			
filing the return. See	· · · · ·	137		
instructions	Sacramento, CA 95812-1533		1990	Marine Sal
• •	return to be filed (File a separate application for each return):			
X Form 990	☐ Form 990-PF ☐ Fo	rm 1041-A		☐ Form 6069
☐ Form 990-€	L Form 990-T (sec. 401(a) or 408(a) trust)	rm 4720		Form 8870
Form 990-1	Z Form 990-T (trust other than above) Fo	rm 5227		·
STOP! Do no	complete Part II if you were not already granted an automatic 3-month exte	ension on a previ	ously filed F	orm 8868.
	· · · · · · · · · · · · · · · · · · ·			
Telephone	No ▶ 916-447-0886 FAX No. ▶	···		
• If the organ	ization does not have an office or place of business in the United States, check this	s box		<i></i> . > [
• If this is for	a Group Return, enter the organization's four digit Group Exemption Number (GEN	l)	If this is	
for the whole (roup, check this box · · ▶ 🗍 . If it is for part of the group, check this box · · ▶	and attach a		
list with the na	nes and EINs of all members the extension is for.			
4 I reques	an additional 3-month extension of time until 11-	<u>15</u> , 20 <u>10</u> .		
5 For cale	ndar year 2009, or other tax year beginning, 20	and ending		, 20
6 If this ta	cyear is for less than 12 months, check reason:	etum 📙 Chang	je in accountir	ng period
	detail why you need the extension			
	EST ADDITIONAL TIME TO GATHER INFORMATIC	N NECESSA	ARY TO	
FILE	A COMPLETE AND ACCURATE RETURN			
			·	
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			_
	nonrefundable credits. See instructions.		8a	\$
	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits an			
	stimated tax payments made. Include any prior year overpayment allowed as a credit and any			_
	paid previously with Form 8868.		8b	\$
	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if requi			
with F11	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	. See instructions.	8c	\$
	Signature and Verification			
Under penalties of	penury, I declare that I have exammed this form, including accompanying schedules and statements, and the complete, and that I am authorized to prepare this form. \sim	to the best of my knowle	edge and belief,	
	and the same of th			
Sonatura 🕨	13 / W 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Q1=10
Signature EEA	The Sale of the	······································	Oate >	m 8868 (Pour 4 0000)
	•		FOI	111 0000 (Nev. 4-2003)