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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 benefit trust or private foundation)

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury

		ue Service		► The organizati	on may have to use	e a copy of this re	eturn to satis	sty state report	ıng requirement	S Op	en to Publi	ic Inspection
	For the	2009 calend	lar year, o	r tax year begin	ning		, 2009	, and endin	g		,	
	-	applicable		С					D	Employer iden	tification Num	ber
		ress change	Please use IRS label	IASIAN PAC	IFIC AMER	ICAN LEG	AL CEN	TER OF		95-3854	1152	
		e change	or print or type	SOUTHERN	CALIFORNI	A			E	Telephone nur	nber	
	\vdash	al return	See specific	1145 WILS			D FL001	R		(213)	977-750	0
	_	nination	Instruc- tions.	LOS ANGEL	ES, CA 90	017						
	⊢ ⊣	nded return							l G	Gross receipts	s 6,6	678,080.
	\vdash	lication pending	F Name a	and address of princi	pal officer					roup return for a		Yes X No
				AS C ABOVE					, , <i>,</i>	liates included?		Yes No
	Tax-e	exempt statu			(insert no)	4947(a)(1) or	527	If 'No,' att	ach a list (see ii	nstructions)	
			W.APAI		,		. 7, 7	<u>.tt</u>	H(c) Group exe	mption number	>	
-		of organization	X Corpora		Association	Other ►	L	Year of Forma	1000		legal domicile	CA
	rt I	Summa				1						
Ť	1 B			ganization's miss	sion or most si	gnificant activ	⁄ities T	O ADVOC	ATE FOR	CIVIL R	IGHTS,	PROVIDE
Revenue Jord Mactinal of Ascenting Parcel of the Parcel of				AND EDUCA								AND
		IMPACT_A	SIAN P	ACIFIC AM	RICANS_AN	ND_TO_CRE	EATE A	MORE E	QUITABLE	AND_HAF	MONIOUS	<u></u>
홠		SOCIETY.										
幡		Check this bo		ıf the organızatı				osed of mo	re than 25%			
Ц				bers of the gove						3		28
H			•	t voting membe	_	ning body (Pa	art VI, line	e 1b).		4	 	27 74
				yees (Part V, Iir						5	 	138
	6 ⊺ 7a ⊤	otal mimber	or volunt nrelated b	eers (estimate ii ousiness revenu	e from Part VIII	L column (C)	rtime 10-r			7a	 	0.
È	h N	Jet unrelated	l husiness	taxable income	from Form 99	0-T-line-34-	LIVE	J_		76	, 	0.
	D 1	tot ai ii ciatea	Dasiness	taxable income		<u> </u>			Drie	r Year		ent Year
5	9 (`ontributions	and gran	ts (Part VIII, line	1h)	K SEP	0 3 201	10 8		443,812.		680,915.
7			_	ue (Part VIII, IIII ue (Part VIII, III		•		i ^L i		214,589.		574,617.
	9 F	nvectment in	come (Ps	art VIII, column	(Δ) lines 3.4		CAL LI	' i		157,754.		109,005.
	11 C	Ther revenue	e (Part VI	II, column (A), I	nes 5 6d 8c=		[[V]			699,223.		192,298.
			-	nes 8 through 1				ne 12)		515,378.		556,835.
┪							(,,,	1 - 7	59,119.	<u> </u>	61,786.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)14 Benefits paid to or for members (Part IX, column (A), line 4)											
				nsation, employe			(A) lines	5-10)	3.	397,566.	3.	777,544.
ខ្ល				ig fees (Part IX,			(, 0, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0 (0)		,		· · · · / · · · · ·
				-								***************************************
Expenses				nses (Part IX, co		-				200 110	 	077 000
		-		X, column (A), I						088,140.	+	<u>277,239.</u>
		•		nes 13-17 (must			line 25)			544,825.		116,569.
	19 F	Revenue less	expense:	s Subtract line	18 from line 12	<u>.</u>				970 <u>,</u> 553.	1,	440,266.
Balances										ng of Year		of Year
alan	20 T	otal assets	(Part X, III	ne 16)						509,633.		759,764.
9	21 T	otal liabilitie	s (Part X,	, line 26)						<u>514,150.</u>	1,	309,052.
2	22 N	let assets or	fund bala	ances. Subtract	line 21 from lin	ie 20			9,	995 <u>,483.</u>	11,	450,712.
a	rt II	Signat	ure Blo	ck								
		Under penaltie	s of perjury,	I declare that I have Declaration of prep	examined the retu	rn, including acco	mpanying so	hedules and st	atements, and to	the best of my	knowledge and	d belief, it is
		irue, correct, a	and complete	- Declaration of prep	arer (outer stall off	S A	en mormatio	a. or milen pre	parer nas any N	a /a - /	/	
Siç	ın		XXI	wall	KINT	$\mathcal{U}\setminus$				81301	<u> 2010 </u>	
le	re	Signature	officer	. ~					Date			
		► STEW							PRES./	EXEC. D	<u> IR</u>	
		Type or p	rınt name an	nd title								
				ρ	nn	1		Date	Chec self-	kıf[reparer's iden (see instruction	ntifying number ns)
'ai		Preparer's	. /	1.0 h	Mick	f		8/26,	lo sell-	• 🖳		
re		signature	<u> </u>	we "	1-MIMA	<u> </u>		1 /	-]]	N/A	
	rer's	Firm's name (or SAS	AKI SHISHI	MA & CO.						·	
Js In	e Iv	yours if self- employed),	purs if self-mployed). > 901 CORPORATE CENTER DRIVE 503							► N/A		
J[]	ıy	address, and ZIP + 4		TEREY PARK				EIN ► N/A Phone no ► (323) 265-2590				-2590
- Vlav	the IR	<u> </u>		with the prepare			ctions)				X Yes	
_	_			work Reduction				ions	т	EEA0113L 12/2		rm 990 (2009)

			res	MO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	,	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?.	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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,' complete Schedule D, Part I.	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	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 48? If'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 <i>A</i>	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	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		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i> .	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Checklist of Required Schedules (continued) Part IV

			Yes	No
	B. II		"	110
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 19 If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>X</u>
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 employees? If 'Yes,' complete Schedule $\mathcal I$	23	Х	l
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		_ <u>X</u> _
t	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 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
C	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, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> .	33		Х_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
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, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n 990	(2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Tes	NO				
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 4	19						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 _b	1						
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	Х					
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 -	74						
2b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn. (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		Х				
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь						
4a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4a		Х				
b	b 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?	5 a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b		Х				
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?	ity Regarding Prohibited	5c						
6a	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?								
b	If 'Yes,' did the organization include with every solicitation an express statement that such coldeductible?	ntributions or gifts were no	t . 6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	a 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?								
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 wh Form 8282?	ich it was required to file	7с		Х				
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d							
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	•	7e		Х				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene-		<u>7f</u>		Х				
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as re	•	<u>7g</u>	<u> </u>	┞—				
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	•	7h		<u> </u>				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	organizations. Did the ave excess business	8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?		9a	Ī	1				
b	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b						
10	Section 501(c)(7) organizations. Enter.								
а	Initiation fees and capital contributions included on Part VIII, line 12	10 a							
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	_						
11	Section 501(c)(12) organizations. Enter:								
	Gross income from other members or shareholders	11a	_	I					
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь	_						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f	1	12a	<u></u>	<u> </u>				
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b							

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Form **990** (2009)

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.

Sect	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body	28		
b	Enter the number of voting members that are independent.	27		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	. 2		Х
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?	ı 3		Х
	Did the organization make any significant changes to its organizational documents	4		Х
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Х
6	Does the organization have members or stockholders?	6	<u> </u>	X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8ь	X	
9	Is there any officer, director or 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_		Х
	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal		
Kevei	nue Code)		TV	N-
10 a	Does the organization have local chapters, branches, or affiliates?	10 a	Yes	No
	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.00	 	
	and branches to ensure their operations are consistent with those of the organization?	10 ь		<u> </u>
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<u>, 11</u>	X	L
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE		T V	
	Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	X	
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE 0	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers of key employees of the organization SEE SCHEDULE 0	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	n 16b		
	tion C. Disclosures	1 100	L-, ,	 _
	List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply.	available	for pu	blic
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest p statements available to the public. SEE SCHEDULE 0	olicy, and	l fınan	cıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the o			
•	PATRICIA BUSKE 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES CA 90017 (213)	_977-7	500	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				:)			(D)	(E)	(F)
Name and Title	Average hours	Posi	pou (•	•	hat app	ly)	Reportable	Reportable	Estimated
	nours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
STEWART KWOH, ESQ. PRES./EXEC. DIR	40	х		Х	Х			150,736.	0.	8,160.
JOHN S.C. LIM, ESQ. CHAIRMAN	1	Х		Х				0.	0.	0.
NITA SONG VICE CHAIR	1	Х		X				0.	0.	0.
MARIE TAN, CPA VICE CHAIR	1	Х		Х				0.	0.	0.
WILLIAM LEW TAN, ESQ. VICE CHAIR	1	Х		Х				0.	0.	0.
HON. CASIMIRO U. TOLENTINO VICE CHAIR	1	Х		Х				0.	0.	0.
RITA GUNASEKARAN, ESQ. SECRETARY	1	Х		Х				0.	0.	0.
VINCENT M. GONZALES, ESQ. TREASURER	1	Х		Х				0.	0.	0.
MARTIN V. LEE, ESQ CHAIR, EXEC ADV	1	Х		Х				0.	0.	0.
MARCELLA LOW CHAIR, EXEC ADV	1	Х		Х				0.	0.	0
SANDY SAKAMOTO, ESQ. CHAIR, EXEC ADV	1	Х		Х				0.	0.	. 0
MICHAEL J. BRENNAN DIRECTOR	1	Х						0.	0.	0
PAUL S. CHAN, ESQ. DIRECTOR	1	Х						0.	0.	0.
SHIRLEY S. CHO, ESQ. DIRECTOR	1	Х						0.	0.	0.
FUNG DER DIRECTOR	1	Х						0.	0.	0.
LESLIE FURUKAWA, ESQ. DIRECTOR	1	Х						0.	0.	0.
MONICA GIL DIRECTOR	1	х						0.	0.	0.

BAA

Form 990 (2009) ASIAN PACIFIC AMERICAN LE									95-3854152			age 8
Part VII Section A. Officers, Directors, Trus	tees,	Key	En	npl	oye	es,	ar	nd Highest Co	mpensated Emp	oloyee	s (co	nt.)
(A)	(B)			•	c)			(D)	(E)		(F)	
Name and Title	Average hours per week		Institutional trustee	Officer	_			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org: an	timated nt of oth pensation om the anization d related nizations	n I
DON JUE DIRECTOR	1	х						0.	0.	-		0.
ALVIN D. KANG						П						
DIRECTOR JOSEPH K. KIM, ESQ.	1	X	_			Н		0.	0.			0.
DIRECTOR C. DAVID LEE, ESQ.	1_	Х				Н		0.	0.	_		0.
DIRECTOR	1	Х			_			0.	0.			0.
STEPHEN C. LEE, ESQ. DIRECTOR	1	Х						0.	0.			0.
JOSEPH M. LUMARDA DIRECTOR	1	х						0.	0.			0.
LOC NAM NGUYEN DIRECTOR	1	Х						0.	0.			0.
MARY JANE PEREZ DIRECTOR	1	X						0.	0.			0.
FRANK J. QUEVEDO DIRECTOR	1	X						0.	0.			0.
KEVIN M. TAMAKI DIRECTOR	1	X		<u> </u>				0.	0.	_		0.
JACK S. YEH, ESQ.				_								
DIRECTOR PATRICIA BUSKE	1	X				Н		0.	0.			0.
VP OF FINANCE KAREN WANG	40	<u> </u>		_		Х		110,333.	0.			0.
VP OF PROGRAMS	40					Х		110,467.	0.	_		0.
1b Total				<u>. </u>			_	371,536.	0.			L60.
2 Total number of individuals (including but not limited from the organization ► 3	l to thos	e lis	ted	abo	ve) v	who	rec	eived more than \$	5100,000 in reportab	le comp	ensatı	on
									-	,	Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in			еу є	empl	loye	e, o	r hig	ghest compensate	d employee	3		Х

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
250	1a Federated campaigns 1	a	***************************************			0.2/0.0/0.01
N S	b Membership dues 1	b				
200	c Fundraising events 1	С				
الإيا	d Related organizations 1	d			•	
S,G	e Government grants (contributions).	e 237,081.				
	f All other contributions gifts grants and					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					
S S	g Noncash contributes included in less 1a-1f;h Total. Add lines 1a-1f	\$	4 600 015			•
"	n Total. Add lines Ta-It	Business Code	4,680,915.		<u> </u>	
<u> </u>	2a ATTORNEY RECOVERY FEES	Dusiness code	498,044.	498,044.		
₫	b PROGRAM SERVICE SALES/FEE	-	76,573.	76,573.		
SE	C TROOTER DERVICE DIMED/ILL	-	70,373.	10,373.		
8	d	-		······································		
Σ	e			·		
SR	f All other program service revenue	-				
8	g Total. Add lines 2a-2f	•	574,617.			
	3 Investment income (including dividen	de interest and	0,1,01,1			
	other similar amounts).	us, interest and	109,005.	109,005.		
	4 Income from investment of tax-exem	ot bond proceeds 🕨			-	
	5 Royalties.	•				
	(i) Real	(II) Personal				
	6a Gross Rents . 55,86	6.				
	b Less: rental expenses					
	c Rental income or (loss) 55,86	6.				
	d Net rental income or (loss)	>	55,866.			55,866.
	7a Gross amount from sales of assets other than inventory (i) Securities	(II) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					i
	d Net gain or (loss)					
ш	8a Gross income from fundraising event	s	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
ENUE	(not including \$	-				
OTHER REVE	of contributions reported on line 1c). See Part IV, line 18	726 254				
띩	b Less: direct expenses	a 736,254. b 121,245.				
5	c Net income or (loss) from fundraising		615,009.			615 000
	9a Gross income from gaming activities. See Part IV, line 19		013,003.			615,009.
	b Less: direct expenses	<u>-</u>				
	c Net income or (loss) from gaming act	nutios •				
	10a Gross sales of inventory, less returns					
	and allowances b Less: cost of goods sold	a				
	_	onton.				
⊢	c Net income or (loss) from sales of inv	Business Code				
-	11a ATTNY FEES-CY PRES AWARD	900099	500,000.	500,000.		
				18,484.		
		1541900 I	M / M /			
	b OTHER INCOME	541900	18,484. 2 939		 ,	<u> </u>
	b OTHER INCOME c PUBLICATION INCOME	541900 511120	2,939.	2,939.		
	b OTHER INCOME					

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	61,786.	61,786.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	371,536.	334,865.	36,671.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,780,834.	2,506,513.	274,321.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	97,068.	87,492.	9,576.	
9	Other employee benefits	287,665.	259,286.	28,379.	
10	Payroll taxes	240,441.	216,721.	23,720.	
	Fees for services (non-employees)	240,441.	210,121.	23,120.	
	Management				
) Legal				
	: Accounting				
	I Lobbying				
	· ·		•		
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees.				
	Other	F 162	4 000	0.47	
12	Advertising and promotion .	5,163.	4,222.	941.	
13	Office expenses	18,785.	13,800.	4,985.	
14	Information technology				
15	Royalties	44 400	20 544	4 051	
16	Occupancy	44,402.	39,541.	4,861.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	84,238.	73,534.	10,704.	
19	Conferences, conventions, and meetings	146,570.	133,966.	12,604.	
20	Interest				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	79,528.	71,682.	7,846.	
23	Insurance	41,560.	39,254.	2,306.	
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	PROGRAM CONSULTING FEES	233,051.	215,256.	17,795.	
	UTILITIES	101,684.	91,653.	10,031.	
•	REPAIRS AND MAINTENANCE	86,353.	77,834.	8,519.	
•	TRAINING	83,039.	70,975.	12,064.	
•	PRINTING AND PUBLICATIONS	80,804.	78,551.	2,253.	
	All other expenses	272,062.	200,125.	71,937.	
_25	Total functional expenses Add lines 1 through 24f	5,116,569.	4,577,056.	539,513.	0.
	Joint costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation		I		Form 990 (2009)

Part X **Balance Sheet** (A) End of year Beginning of year 76,5<u>23.</u> Cash - non-interest-bearing 66,427 1 236,886. 2 2 Savings and temporary cash investments 5,684,186. 3 Pledges and grants receivable, net 1,540,197 3 2,185,152. Accounts receivable, net 36,006. 4 11,097. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 2,147 9 17,760. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. 3,866,841. Complete Part VI of Schedule D **b** Less: accumulated depreciation. 10 b 1,133,292 2,556,598 10 c 2,733,549. 53,711 11 2,044,797. Investments - publicly-traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 6,700. 15 Other assets. See Part IV, line 11 17,661 15 10,509,633 16 Total assets. Add lines 1 through 15 (must equal line 34). 16 12,759,764. 217.770. 17 Accounts payable and accrued expenses 17 289,474. 18 Grants payable 18 281,660 19 Deferred revenue 19 986,491. 20 Tax-exempt bond liabilities. 20 Escrow or custodial account liability. Complete Part IV of Schedule D 14,720 21 33,087. 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 514,150 Total liabilities. Add lines 17 through 25 26 1,309,052 X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. Unrestricted net assets 6,594,063. 6,221,186. 27 2,401,420. 28 4,229,526. Temporarily restricted net assets Permanently restricted net assets 1,000,000 29 1,000,000. Organizations that do not follow SFAS 117, check here > and complete

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30

31

32

34

lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances.

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2009)

11,450,712.

12,759,764

30 31

32

33

34

9,995,483

10,509,633

Form 990 (2009)	ASIAN	PACIFIC	AMERICAN	LEGAL	CENTER	OF	95-3854152	Page 12	
Part XI Financial Statements and Reporting									

		Yes	No
1 Accounting method used to prepare the Form 990: $igsqcap $ Cash $igsqcap $ Accrual $igsqcap $ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
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	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	lit 3b		

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Name o	of the organization			RICAN LEGAL CENT	ER OF						on number	
The same	t In		HERN CALIFORN							<u>354152</u>		
Part				us (All organizations					.) See	instruc	ctions	
	<u> </u>			se it is: (For lines 1 throu	•		•	•				
1	$\boldsymbol{\vdash}$			ociation of churches desc		section	170(b)((ХАХі).				
2	$\boldsymbol{\vdash}$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	· ·	•	•	e organization described		• •		•				
4			-	d in conjunction with a ho	ospital d	escribed	l ın secti	ion 170	(b)(1)(A)	(iii). Ente	er the hospit	tal's
5	name, city An organiz	zation op		of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	ribed in sec	tion
6			•	governmental unit describ	ned in se	ction 17	/0/БУ1У	AYv).				
7	An organiz	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		nity trust	described in section 1	170(b)(1)(A)(vi). (Complete	e Part II.	.)						
9	from activi	ities relai t income	ted to its exempt funct	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s omplete Part III.)	exception	ons, and	(2) no r	nore th	an 33-1/	3 % of it	s support fro	om aróss
10	An organiz	zation or	ganızed and operated	exclusively to test for pul	blic safe	ty. See	section	509(a)(4	1).			
11	An organiz more publi describes	zation org icly supp the type	ganized and operated orted organizations d of supporting organiz	exclusively for the benefi lescribed in section 509(a zation and complete lines	it of, to p i)(1) or s 11e thro	erform ection 5 ough 11	the func 09(a)(2) 1.	tions of . See s e	, or carr ection 5	y out the 09(a)(3).	purposes of Check the I	of one or box that
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other											
е	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).											
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box											
g	Since Aug	ust 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition fro	m any o	f the fol	lowing p	ersons?	_	
												Yes No
	belov	w, the go	overning body of the s	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III) ·	11 g (i)	
	• •	•	nber of a person desc	**	•					• • •	11 g (ii)	
L			•	described in (i) or (ii) ab							11 g (iii)	
<u>h</u>				he supported organization	T							
	(f) Name of Sup Organizatio		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	is the non in col d in your erning ment?	the organ	(i) of	(vi) Is the organization in col (i) organized in the US?			
					Yes	No	Yes	No	Yes	No		
						<u></u>						
										1		
				·	ļ	L						
			,		<u> </u>	<u> </u>						
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				ļ	<u> </u>	<u> </u>						
					ļ	<u> </u>			ļ	<u> </u>		
_				•								
Total			L	I	<u> </u>	L	l,	<u>.</u>	ļ			
BAA	For Privacy Act a	nd Paperw	ork Reduction Act Notice,	see the Instructions for Form	990 or 990)-EZ.			Schedul	e A (For	m 990 or 99	0-EZ) 2009

Page 2

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ties, etc. (see ins	structions).				12		
13	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3))	<u>- </u>
Sec	<u>tion C. Computation of Pu</u>			· · · · · · · · · · · · · · · · · · ·					
14 15		•	-	e 11, column (f)			14 15		<u>%</u> %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization.								
t	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or mo	re, che	eck this box	
17 a	10%-facts-and-circumstances tea or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	ind-circumstances	s' test, check this	box and stop here	e. Explain in	Part I'	√ how	-
	o 10%-facts-and-circumstances ter or more, and if the organization organization meets the 'facts-and	neets the 'facts-a I-circumstances'	ind-circumstances test. The organi	s' test, check this zation qualifies as	box and stop here a publicly suppor	e. Explain in ted organiza	Part I'	V how the ▶	: П
18 BAA	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 10a, 16b, 1/a,				ructions P	

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

	(Complete only if you ched	ked the box on lir	ne 9 of Part I.)	_			
Sec	tion A. Public Support						
Caler	idar year (or fiscal yr 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 'unusual grants.')				4,396,934.		
-	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	635,104.	64,076.	173,666.	160,481.	1,096,041	2,129,368.
	Gross receipts from activities that are not an unrelated trade or business under section 513	•		,	,	, , , , , , , , , , , , , , , , , , , ,	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	4,177,513.	4,898,864.	4,262,883.	4,557,415.	5,776,956	23,673,631.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0	. 0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0. 0.	0.	0.	0	
	Add lines 7a and 7b	U.	<u> </u>	U.	<u> </u>	<u> </u>	0.
8	Public support (Subtract line 7c from line 6.)	1					23,673,631.
Sac	tion B. Total Support			<u> </u>	l	<u> </u>	123,013,031.
	ndar year (or fiscal yr beginning in)	(a) 2005	(h) 2006	(-) 2007	(4) 2009	(-) 2000	(D.T-4-1
		(a) 2005 4, 177, 513.	(b) 2006 4,898,864.	(c) 2007 4, 262, 883.	(d) 2008 4,557,415.	(e) 2009 5,776,956	(f) Total . 23, 673, 631.
	Amounts from line 6 Gross income from interest,	4,111,513.	4,030,004.	4,202,883.	4,557,415.	5,116,936	23,6/3,631.
IVA	dividends, payments received on securities loans, rents, royalties and income form similar sources	30,360.	54,505.	184,062.	157,754.	109,005	. 535,686.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		•				0.
	Add lines 10a and 10b	30,360.	54,505.	184,062.	157,754.	109,005	. 535,686.
11	Net income from unrelated business activities not included inline 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)	629,230.	753,228.	885,712.	800,209.	792,119	. 3,860,498.
13	Total support. (add Ins 9, 10c, 11, and 12)						28,069,815.
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							
				. 10 . 1			04.0=
	Public support percentage for 20		•	e 13, column (f))		15	84.3%
_	16 Public support percentage from 2008 Schedule A, Part III, line 15 16 83.9% Section D. Computation of Investment Income Percentage						
					(0)	1	1 0 0
	Investment income percentage for		* *	-	ın (t))	17	1.9%
	Investment income percentage fr 33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	e organization did	I not check the bo	x on line 14, and	line 15 is more the	nan 33-1/3%, and	line 17 is not
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	e organization did	I not check a box	on line 14 or 19a.	and line 16 is mo	re than 33-1/3%	, and line 18 ►
20	Private foundation If the organiz						. ⊢

Sthedule	A (Form 99	0 or 990-E2	Z) 2009	ASIAN	PACIFIC	<u>AMERICAN</u>	I LEGAL	CENTER	OF 95-3854152	Page 4
Part IV	Supple	mental li	nformat	ion. Con	nplete thi	s part to pro	ovide the	explanati	ons required by Part al information. See i	II, line 10;
	Part II,	line 1/a	or 1/b;	and Par	t III, line	12. Provide	any othe	er addition	ial information. See i	nstructions.
			~							
								-		
										

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

• 9	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.						
Name	of organization			Employer identifica	tion number			
<u>ASI</u>	AN PACIFIC AMERICA	N LEGAL CENTER OF		95-385415				
Par	t I-A Complete if the o	rganization is exempt under secti	ion 501(c) or is a	section 527 organ	ization.			
1	Provide a description of the	organization's direct and indirect political ca	ampaign activities in P	art IV. SEE PART	IA			
2	Political expenditures			▶\$	62,500.			
3	Volunteer hours							
Par	t I-B Complete if the o	rganization is exempt under secti	ion 501(c)(3).					
1	Enter the amount of any exc	ise tax incurred by the organization under s	section 4955	▶\$	0.			
2	Enter the amount of any exc	ise tax incurred by organization managers i	under section 4955	▶\$	0.			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No			
4 a	4a Was a correction made?							
b	If 'Yes,' describe in Part IV.							
Par	t I-C Complete if the o	rganization is exempt under sect	on 501(c), excer	ot section 501(c)(3)).			
		pended by the filing organization for section						
2	Enter the amount of the filing	g organization's funds contributed to other o	organizations for secti	on 527 evemnt				
_	function activities	g organization s funds contributed to other t	organizations for secti	on 327 exempt ►\$	····			
3	3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,							
	line 17b. ► \$							
4	4 Did the filing organization file Form 1120-POL for this year?							
5	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political							
	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund							
	or a political action committe	e (PAC). If additional space is needed, pro	<u>vide information in Pa</u> I	art IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political			
				organization's funds If none, enter-0-	contributions received and promptly and directly			
					delivered to a separate political organization			
					If none, enter -0-			
								
								
			-					
		<u> </u>						
					-			
		<u> </u>						

Yes No

Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A	Check ► if the filing organization be	longs to an affiliated group.		:
<u>B</u>	Check ► If the filing organization ch	ecked box A and 'limited control' provisions apply.		
	Limits on Lobb (The term 'expenditures' m	ying Expenditures — eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence p	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a	and 1b)	0.	0.
d	Other exempt purpose expenditures		5,273,374.	
	Total exempt purpose expenditures (add	lines 1c and 1d)	5,273,374.	0.
	Lobbying nontaxable amount. Enter the a both columns.	mount from the following table in	413,669.	
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line le	1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25%	% of line 1f)	103,417.	0.
h	Subtract line 1g from line 1a. If zero or le	ss, enter -0-	0.	0.
i	Subtract line 1f from line 1c. If zero or les	ss, enter -0-	0.	0.

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	Lobbying	Expenditures During	-Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	381,725.	379,165.	384,079.	413,669.	1,558,638.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,337,957.
c Total lobbying expenditures	67,098.	69,999.	88,173.	62,500.	287,770.
d Grassroots nontaxable amount	95,431.	94,791.	96,020.	103,417.	389,659.
e Grassroots ceiling amount (150% of line 2d, column (e))					584,489.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2009

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If III-A Complete if the organization is exempt under section 501(c)(4), section 501 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying and political expenditures from the prior year? If III-B Complete if the organization is exempt under section 501(c)(4), section 501 B OTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(a Yes	No .	Yes 1 2 3
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? INTERSTITED Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year			3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? INTERSTITED Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year			3
Did the organization agree to carryover lobbying and political expenditures from the prior year? It III-B Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year			
Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Carryover from last year			section 501(c
Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	1(c)(5)), or s	
Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	3 is a	answ	ered 'Yes.'
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		1	
b Carryover from last year			
•		2a	
c Total		2b	
t rutar	[2c	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[3	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	; cal		
expenditure next year?	· [4	
Taxable amount of lobbying and political expenditures (see instructions)		5	
rt IV Supplemental Information			
nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and o, complete this part for any additional information.	d Part II	l-B, lın	e 1ı.
_PART 1-A_LINE 1 - DIBECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES			
DIRECT LOBBYING ACTIVITIES - GOVERNMENT BENEFITS FOR IMMIGRANTS.			

Schedule C (F	orm 990 or 990-F7) 2009 ASTAN PACIFIC	AMERICAN LEGAL CENT	ER OF	95-3854152	Page 4
Part IV	Supplemental Information (con	inued)			
				*	
		. _			
					
					_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

Open to Public Inspection

OMB No 1545-0047

Employer Identification number

ASIAN PAG	CIFIC AMERICAN	LEGAL	CENTER	OF
SOUTHERN	CALIFORNIA			

	THERN CALIFORNIA		95-3854152
Pai	t l Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or 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	1 ,	
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 don funds are the organization's property, subject in		nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	s, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for fit??	s may be any other . Yes No
Pa	t II Conservation Easements Compl	ete if the organization answered 'Yes	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution in t	the form of a conservation easement on the
	last day of the tax year		Held at the End of the Year
	Total number of conservation easements		2a
	Total number of conservation easements Total acreage restricted by conservation easer	nents .	2b
	: Number of conservation easements on a certif		2c
	Number of conservation easements included in	` ,	2d
3	Number of conservation easements modified,		
	year ►	dansierred, released, extinguished, or terminal	to by the organization during the tax
4	Number of states where property subject to co	nservation easement is located ►	
5	Does the organization have a written policy regand enforcement of the conservation easemen	garding the periodic monitoring, inspection, han	— ndling of violations,
6	Staff and volunteer hours devoted to monitoring the year		
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easement	ts \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction Yes No
9	conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o swered 'Yes' to Form 990, Part IV, line	or Other Similar Assets e 8.
1 :	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	lic exhibition, education, or research in furthera	ent and balance sheet works of art, historical nce of public service, provide, in Part XIV,
ı	amounts relating to these items:	lic exhibition, education, or research in furthera	
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items:	or financial gain, provide the following
i	Revenues included in Form 990, Part VIII, line	1	► \$
ı	Assets included in Form 990, Part X		> \$
			

Schedule D (Form 990) 2009 ASTAM	N PACIFIC A	AMER	<u>ICAN LEGAI</u>	. CE	NTER OF	95	<u>-3854152</u>		Page 2
Part III Organizations Mainta	ining Collec	lions	of Art, Histo	orica	l Treasures, o	r Other Simil	ar Assets	(contin	ued)
3 Using the organization's acquisition items (check all that apply):	on accession and	d othe	r records, checl	k any	of the following th	at are a significa	int use of its	collection	ì
a Public exhibition			d Loan o	or exc	hange programs				
b Scholarly research			e Other						
c Preservation for future genera	ations								
Part XIV.									
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rec ather than to be	eive d	lonations of art, ained as part of	histo	rical treasures, or	other similar	∏Ye	s [No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangeme	nts (Complete if c	orgar					
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, d	or othe	er intermediary	for co	ntributions or othe	r assets not	X Ye	s [
b If 'Yes,' explain the arrangement	ın Part XIV and	compl	ete the followin	g tabl	e:				
							Amou		
c Beginning balance						1c			<u>,743.</u>
d Additions during the year						1 d			<u>, 411.</u>
e Distributions during the year						1 e			,044.
f Ending balance						1f	তা,		<u>, 110.</u>
2a Did the organization include an ai				,			X Ye	s [No
b If 'Yes,' explain the arrangement Part V Endowment Funds Co			E PART XIV		Vac' ta Farm 9	90 Part IV I	ıno 10		
Part V Endowment Funds Co			(b) Prior year					\ Faur waar	a book
1 a Beginning of year balance	(a) Current yea 1,000,0		(b) Filor year	0.	(c) Two years back	(u) Tillee yea	12 Dack (e) Four year	S Dack
b Contributions	1,000,0	***	1,000,0	_					
c Net Investment earnings, gains,			1,000,0						
and losses .									
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses	1 000 0		1 000 0			_			
g End of year balance	1,000,0		1,000,0	00.		. F	i		
2 Provide the estimated percentage of the year end balance held as:									
a Board designated or quasi-endowment									
b Permanent endowment ►	*								
c Term endowment ►									
3a Are there endowment funds not in organization by:	n the possessior	of the	e organization t	hat ar	e held and admin	stered for the		Yes	No
(i) unrelated organizations							3a(i		X
(ii) related organizations							3a(ii		X
b If 'Yes' to 3a(ii), are the related o	organizations list	ed as	required on Sch	nedule	e R?		3b	1	
4 Describe in Part XIV the intended	duses of the org	anızat	ion's endowme	nt fun	ds.	9	SEE PART	XIV	
Part VI Investments-Land, B									
Description of investment	(a		or other basis vestment)		Cost or other casis (other)	(c) Accumula Depreciation) Book V	alue
1 a Land					868,632.				,632.
b Buildings					1,544,234.	399,2		1,144	
c Leasehold improvements					773,385.	114,	600.	658	,785.
d Equipment									
e Other					680,590.	619,	435.		<u>,155.</u>
Total. Add lines 1a through 1e (Column	า (d) must equal	Form	990, Part X, co	lumn	(B), line 10(c))		<u> </u>	2,733	
BAA							Schedule D	(Form 9	90) 2009

Part VII Investments-Other Securities See Fo	orm 990, Part X, lin	ne 12. N/A	-3854152 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation
		Cost or end-of-yea	r market value
Financial derivatives Closely-held equity interests			
			
Other			
		·	
			
TAL (01 (1) 1 15 000 P.4V (1) (P) (1) 10 1			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		ma 12) N/A	
Part VIII Investments—Program Related (See		•	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	valuation r market value
		occión ena en yeu	

,,			
			
- 11-111-1			
			
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
	•		
	·		
·			
	-	*****	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total. (Column (b) must equal Form 990, Part X, col (B), lin	e 15).		>
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►

		-3854152	2 Page 4			
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements					
1	Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>	6,556,835.			
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	5,116,569.			
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<u> </u>	1,440,266.			
4	Net unrealized gains (losses) on investments	<u> </u>	-8,913.			
5	Donated services and use of facilities	<u> </u>	23,876.			
6	Investment expenses .					
7	Prior period adjustments .	·				
8	Other (Describe in Part XIV)		14,963.			
10	Total adjustments (net). Add lines 4 through 8	-	1,455,229.			
10 Pa	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 It XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	 eturn	1,433,223.			
1	Total revenue, gains, and other support per audited financial statements .	1	6,701,956.			
2						
	a Net unrealized gains on investments					
	b Donated services and use of facilities 2b 23,876.					
	c Recoveries of prior year grants 2c					
	d Other (Describe in Part XIV) SEE PART XIV 2d 121,245.					
	e Add lines 2a through 2d	2e	145,121.			
3	Subtract line 2e from line 1	3	6,556,835.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	a Investments expenses not included on Form 990, Part VIII, line 7b	- 1				
1	b Other (Describe in Part XIV)					
	c Add lines 4a and 4b .	4c				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,556,835.			
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		5 04C 707			
1	Total expenses and losses per audited financial statements	1	5,246,727.			
	Amounts included on line 1 but not on Form 990, Part IX, line 25 ⁻ a Donated services and use of facilities .	.				
	b Prior year adjustments	.				
	d Other (Describe in Part XIV) SEE PART XIV 2d 130, 158.					
	e Add lines 2a through 2d	2 e	130,158.			
3	Subtract line 2e from line 1	3	5,116,569.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•			
	a Investments expenses not included on Form 990, Part VIII, line 7b					
	b Other (Describe in Part XIV)					
	c Add lines 4a and 4b	4c				
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	5,116,569.			
Pa	rt XIV Supplemental Information					
Complete 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 and 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 this part to provide any additional information.						
	PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY					
THE ORGANIZATION REPRESENTS CLIENTS IN LITIGATION. THE JUDGEMENTS/SETTLEMENTS						
RECORDED IN THIS ACCOUNT ARE MADE PAYABLE TO THE ORGANIZATION WHICH IS RESPONSIBLE						
	FOR DISTRIBUTING PAYMENT TO THE CLIENT.					
	PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND					
	THE \$1,000,000 IS A PERMANENTLY RESTRICTED NET ASSET. THE EARNINGS F	ROM THE	<u> </u>			
	ENDOWMENT MAY BE USED AS MANAGEMENT OF THE ORGANIZATION DEEMS NECESSA	RY				

Schedule D (Form 990) 2009 ASIAN PACIFIC AMERICAN LEGAL CENTER OF	95-3854152 Page 5
Schedule D (Form 990) 2009 ASIAN PACIFIC AMERICAN LEGAL CENTER OF Part XIV Supplemental Information (continued)	
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2009

CLIENT 5080

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATIONPAGE 6

ASIAN PACIFIC AMERICAN LEGAL CENTER OF

SOUTHERN CALIFORNIA

95-3854152

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FUNDRAISING EXPENSE.

TOTAL \$ 121,245. \$ 121,245.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING EXPENSE .
UNREALIZED LOSS ON INVESTMENTS

\$ 121,245. 8,913. TOTAL \$ 130,158.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 7545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization ASIAN PACIFI SOUTHERN CAL	C AMERICAN	LEGAL	CENTE	R OF		Employer identifica 95–385415;	
Fundraising Activities, Comp	lete if the organ	ization ans	wered 'Ye	es' to Form 990, Part IV		.000410	.
Part Form 990EZ filers are not req	uired to comple	te this par	t.		,		
1 Indicate whether the organization	raised funds thr	ough any o	of the follo	wing activities. Check a	all that ap	ply.	
Mail solicitations				Solicitation of non-	governme	nt grants	
Internet and email solicitations	\$			Solicitation of gover	rnment g	rants	
Phone solicitations				Special fundraising	_		
In-person solicitations					,		
2a Did the organization have written	or oral agreeme	nt with any	/ individua	l (including officers, dire	ectors tri	istees or key	
employees listed in Form 990, Pai	t VII) or entity ii	n connectí	on with pro	ofessional fundraising s	ervices?		Yes X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or enti ne organization.	ities (fundr	aisers) pu	rsuant to agreements u	ınder whic	the fundrais	er is to be
	T				(v) Am	ount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or re	etained by)	(vi) Amount paid to
or entity (fundraiser)		nave custor	ly or control butions?	from activity		ıser lısted in col.(ı)	(or retained by) organization
	+	 	r			CO1.(1)	organization
		Yes	No		ľ		
		i .					
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			[
	1	<u> </u>			 		
Total			_				^
3 List all states in which the organiz	ation is register	ed or licen	sed to sol	ucit funds or has been n	L.	s evemnt from	0.
or licensing.	allori is register	ed of ficeri	sea to son	icit iurius or rias becirri	iotinea it i	s exempt irom	registration
CA							

Par	<u>t. </u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	answered 'Yes' to F Sa. List events with	form 990, Part IV, gross receipts are	line 18, d ater thai	or n \$5.0	00.
Ŗ			(a) Event #1 FUNDRAISING (event type)	(b) Event #2	(c) Other Events	(d) Tot (Add col.	al Even	ts
RE>EZDE	1	Gross receipts	736,254.				736,2	54
Ë		Less: Charitable contributions	730,234.				100,2	.011
			736,254.				726 2) E /
_		Gross income (line 1 minus line 2)	730, 234.				736,2	.54.
		Cash prizes	<u></u>	.,				——
Þ	5	Noncash prizes						
D + R E C T	6	Rent/facility costs						
	7	Food and beverages						
X P	8	Entertainment			<u> </u>			
EXPENSES	9	Other direct expenses	121,245.				121,2	245.
5	10	Direct expense summary. Add lines 4- th	rough 9 in column (d)		, •		121,2	245.
	11	Net income summary. Combine lines 3, c	olumn (d) and line 10				615,0	009.
Pai	<u>t III </u>	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Yo	es' to Form 990, Pa	art IV, line 19, or re	eported	more	than
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	al gam . (a) thr	ing ough
N E				3				
	1	Gross revenue						
D X	2	Cash prizes						
D P E E S C T S	3	Non-cash prizes						
Š	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Combine lines 1, column (d) and line 7							
9	Ente	er the state(s) in which the organization op	erates gaming activities	•		Е	YES	NO
ě	als th	ne organization licensed to operate gaming				<u> </u>	a	<u> </u>
ì	olf'N	lo,' explain:						
		e any of the organization's gaming license es,' explain:	s revoked, suspended (or terminated during the	tax year? .	10	а	
11		s the organization operate gaming activities	s with nonmembers?			 ₁₁		
12	ls th	ne organization a grantor, beneficiary or tru		mber of a partnership or	other entity formed to		1	1
BAA	adm	ninister charitable gaming?	TEEA3702L (Schedule G (Fo	12 orm 990 or		2) 2000

Schedule G (Form 990 or 990 F) 2009 ASIAN PAUTETE AMERICAN LEGAL CENTER OF 95-38341	<u> 32</u>	٢	age 3
,		YES	NO
13 Indicate the percentage of gaming activity operated in.			É
a The organization's facility	_		Ė
b An outside facility	_		Ė
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			Ĺ
			ĺ
Name: ►			Ė
Address: ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party:			ĺ
Name: ▶			
Address: -			
16 Gaming manager information			
Name: ►			
Gaming manager compensation ► \$			
Description of services provided: ►			
Director/officer Employee Independent contractor			
17 Mandatory distributions			Ė
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year: ► \$			<u> </u>
BAA TEEA3703L 02/05/10 Schedule G (Form 9	}90 or 9	90-EZ	2009

Schedule I (Form 990) 2009 CITIZENSHIP/IMM (h) Purpose of grant or assistance Open to Public Inspection OMB No 1545-0047 Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to Form 2009 IMMIGRANT IMMIGRANT IGRATION 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number X Yes RIGHTS RIGHTS ADMIN 95-3854152 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) TEEA3901L 02/10/10 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Governments and Individuals in the United States Grants and Other Assistance to Organizations, ö ö ö o (e) Amount of non-cash assistance : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 000 15,634 10,000 (d) Amount of cash grant 21,152 15, BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 13-3619000 501 (C) (3) 95-2250801 501 (C) (3) 94-2176139 501 (C) (3) 94-2161304 501 (C) (3) Enter total number of section 501(c)(3) and government organizations Part ! | General Information on Grants and Assistance ASIAN PACIFIC AMERICAN LEGAL CENTER OF (P) EIN Enter total number of other organizations UCLA CENTER FOR HEALTH AND POLIC 10960 WILSHIRE BLVD., 1550 ___ 1140 CONNECTION AVE, NW #1200 CHINESE FOR AFFIRMATIVE ACTION ASIAN AMERICAN JUSTICE CENTER ASIAN LAW CAUCUS -----1 (a) Name and address of organization 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108 CA 94111 LOS ANGELES, CA 90024 or government WASHINGTON, DC 20036 55 COLUMBUS AVENUE Department of the Treasury Internal Revenue Service Name of the organization SAN FRANCISCO, SCHEDULE I Part II

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$\stackrel{\smile}{-}$	ASIAN PACIFIC AMERICAN LEGAL	AL CENTER OF			95-3854152 Page	Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	Individuals in the orm 990) if additio	United States. Con nal space is neede	implete if the orga ed.	nization answered 'Yes'	s' to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	ļ ļ
						ļ
						ļ
						ļ ,
						
						<u> </u>
						<u> </u>
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line	plete this part to p	provide the informa	ation required in Pa	2, and	any other additional information.	
PART IV - ADDITIONAL SUPPLEMENTAL INFORMATIO	<u>ŗal informatio</u>	 - - - - - -	1			Ţ
THE ORGANIZATION REQUIRES GRANT REPORTS FROM	T REPORTS FROM	1 THE SUB-GRANTEES,	EES, WHICH ARE	SUBJECT TO		ļ Ļ
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ВАА					Schedule I (Form 990) 2009	8

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ASIAN PACIFIC AMERICAN LEGAL CENTER OF Employer identification number 95-3854152

Par	t I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
				ŀ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract		:	
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		ŀ		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a	Ī	X
	Any related organization?	6ь		Х
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not			ļ
,	described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial			
J	contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
9	section 53.4958-6(c)?	9		X

ASIAN PACIFIC AMERICAN LEGAL CENTER OF

Schedule J (Form 990) 2009 ASIAN PACIFIC AMERICAN LEGAL CENTER OF

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VIII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(R)	reakdown o	(B) Breakdown of W.2 and/or 1099.MISC	MISC compensation	Doc topograph	O Montachio	CV Total of columns	(E) Componention
(A) Name	(f) Base compensation	sation	(ii) Bonus and incentive compensation	(ii) Other reportable compensation	other deferred	benefits	(B)(I)·(D)	reported in prior Form 990 or Form 990-EZ
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Name of the organization ASIAN PACIFIC AMERICAN LEGAL CENTER OF SOUTHERN CALIFORNIA	Employer identification number 95–3854152
FORM 990, PART III. LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
ENGAGED IN IMPACT LITIGATION, POLICY ADVOCACY, EDUCATION, AND C	DRGANIZATION WITH AN
EMPHASIS ON MULTI-ETHNIC, CROSS-RACIAL COLLABORATION ON LOW-WAG	GE WORKER, CONSUMER
FRAUD, AND OTHER ISSUES.	
PROVIDED INTAKE, REFERRAL, COUNSELING AND ADVICE TO LOW INCOME	MONOLINGUAL AND
LIMITED ENGLISH PROFICIENT CALLERS IN CHINESE, VIETNAMESE, KORI	EAN AND KHMER THROUGH
CENTRALIZED INTAKE HOTLINE.	
PROVIDED COMMUNITY EDUCATION, TECHNICAL ASSISTANCE, DEMOGRAPHIC	C RESEARCH, AND
ADVOCACY ON VOTER RIGHTS FOR ASIAN PACIFIC ISLANDERS, INCLUDING	LANGUAGE ACCESS FOR
ASIAN PACIFIC AMERICAN VOTERS, AND STATEWIDE VOTING RIGHTS ACC	ESS AND ADVOCACY.
CONDUCTED COMMUNITY-BASED INTERGROUP LEADERSHIP DEVELOPMENT PRO	OGRAMS, WITH AN
EMPHASIS ON CROSSING BOUNDARY LEADERSHIP, IN THE LOS ANGELES A	REA COMMUNITIES, AS
WELL AS COMMUNITIES OUTSIDE OF CALIFORNIA.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
COPIES OF THE FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS PR	
REVIEW AND APPROVAL IS CONDUCTED BY A COMMITTEE SELECTED BY TH	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	
THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS SIGN	NED ANNUALLY BY EACH
BOARD MEMBER.	

Schedule O (Form 990) 2009 Name of the organization ASIAN PACIFIC AMERICAN LEGAL CENTER OF	Employer identification number
SOUTHERN CALIFORNIA	95-3854152
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROC	ESS FOR OFFICERS & KEY EMPLOYEES
COMPENSATION IS DETERMINED BY DISINTERESTED DIRECTORS OR AN	AUTHORIZED COMMITTEE AND
IS BASED ON A REVIEW OF RELIABLE COMPARABILITY DATA AND A DE	CISION AS THE
REASONABLENESS OF THE COMPENSATION. A RECORD OF THE DELIBER	ATION, DECISION AND
PERSONS INVOLVED ARE MAINTAINED IN THE ORGANIZATION'S CORPOR	ATE MINUTES BOOK. THE
2009 COMPENSATION WAS REVIEWED AND APPROVED IN ACCORDANCE WI	TH STATED POLICIES.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	(AVAILABLE
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN	ANCIAL STATEMENTS ARE
AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THEY ARE ALSO	AVAILABLE AT THE
ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS.	

Schedule 0 (Form 9	90) 2009	Page 2
Name of the organization	ASIAN PACIFIC AMERICAN LEGAL CENTER OF SOUTHERN CALIFORNIA	Employer identification number 95–3854152
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2009

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 ASIAN PACIFIC AMERICAN LEGAL CENTER OF SOUTHERN CALIFORNIA 95-3854152

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
GROSS RENTAL INCOME SPECIAL EVENTS, NET OTHER REVENUE	55,865. 736,254.	54,108. 746,101.	184,727. 700,985.	188,616. 564,612.	187,695. 441,535.
	\$ 792,119. \$	800,209.	885,712.	753,228.	629,230.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

* Department of the Treasury

► File a separate application for each return.

Internal Revenue	Service		rile a sepai	ate application for e	acii i etarri,				
• If you are	filing for an	Automatic 3-Month I	Extension, comple	ete only Part I and c	heck this box .				► X
•	-	Additional (Not Auto	•	-		age 2 of this f	orm).		
		less you have alread						8868.	
		3-Month Extens						,	
	(atomatio	O MOINT EXCORD		orny casimic orns	a. (cop.c		•		
A corporation	required to f	ile Form 990-T and i	requesting an auto	omatic 6-month exte	nsion – check th	is box and co	mplete	Part I only	► _
All other corp income tax re		udıng 1120-C filers),	partnerships, RE	MICS, and trusts m	ust use Form 700	4 to request a	an exte	nsion of time	e to file
returns noted the additional Form 990-T I	below (6 mo not automa) Instead, you	enerally, you can eld nths for a corporation tic) 3-month extension must submit the fully wiefile and click on e	on required to file on or (2) you file f / completed and s	Form 990-T). Howev Forms 990-BL, 6069 signed page 2 (Part	/er, you cannot fil . or 8870. group r	le Form 8868 eturns, or a c	electro ompos	nically if (1) ite or consol	you want lidated
·	Name of Exemp	t Organization		·			Employ	er identification	number
Type or	ASTAN PA	ACIFIC AMERIC	AN LEGAL CE	ENTER OF					
print		CALIFORNIA		AN DEGRE CENTER OF			95-3854152		
File by the due date for	Number, street,	and room or suite number	If a P O box, see ins	tructions				-	
filing your return See	1145 WII	SHIRE BLVD.,	SECOND FLO	OOR					
instructions	City, town or pos	st office, state, and ZIP co	de For a foreign addre	ss, see instructions					
	LOS ANGE	ELES, CA 9001	.7						
Check type o		filed (file a separate		ach return):					
X Form 990)		Form 990-T (co	orporation)		Form 472	20		
Form 990			Form 990-T (se	ection 401(a) or 408((a) trust)	Form 522	27		
Form 990)-EZ		Form 990-T (tru	ust other than above	e)	Form 606	59		
Form 990)-PF	ŗ	Form 1041-A			Form 887	70		
Telephone If the orga If this is for check this	No ► <u>(21</u> anization doe or a Group R	are of PATRICI 3) 977-7500 s not have an office eturn, enter the orga If it is for part of the	or place of busin	ess in the United St git Group Exemption	ates, check this b Number (GEN)	oox If			
1 I reques	st an automat	tic 3-month (6 month	ns for a corporation	on required to file Fo	rm 990-T) extens	ion of time			
		_, 20 <u>10</u> _, to file		nization return for th	e organization na	med above.			
The ext	ension is for	the organization's re	eturn for:						
► X	calendar yea	r 20 <u>09</u> or							
▶ □	tax year beg	inning	, 20,	and ending	, 20 _	'			
2 If this to	ax year is for	less than 12 months	s, check reason:	Initial return	Final ret	urn 🔲 C	Change	ın accountır	ng period
		for Form 990-BL, 99 s. See instructions	0-PF, 990-T, 4720	, or 6069, enter the	tentative tax, les	s any	3a	\$	0.
b If this a made. I	pplication is f Include any p	for Form 990-PF or 9 rior year overpayme	990-T, enter any r ent allowed as a c	efundable credits ar redit	nd estimated tax i	payments	3b	\$	0.
deposit	e Due. Subtra with FTD cou structions	oct line 3b from line 3 upon or, if required,	3a. Include your p by using EFTPS (ayment with this for (Electronic Federal	m, or, if required Tax Payment Sys	, tem).	3с	\$	0.
Caution. If yo payment inst		to make an electron	ic fund withdrawal	with this Form 8868	3, see Form 8453	-EO and Form	า 8879-	EO for	
BAA For Priv	vacy Act and	Paperwork Reducti	on Act Notice, see	e instructions.				Form 8868	(Rev. 4-2009)

Form 8868	(Rev 4-2009)			Page /	<u>Z</u>	
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Pa	art II and check this bo	ox.	► X		
Note. Only	complete Part II if you have already been granted an automatic 3-month extens	ion on a previously fil	ed Form 8	868.	-	
If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (r	no copie:	s needed).	_	
	Name of Exempt Organization	Employer identification number				
Type or print	ASIAN PACIFIC AMERICAN LEGAL CENTER OF SOUTHERN CALIFORNIA	95	5-38541	.52	_	
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only				
File by the extended due date for filing the return See	SASAKI SHISHIMA & CO. 901 CORPORATE CENTER DRIVE 503 City, town or post office, state, and ZIP code For a foreign address, see instructions	· L				
instructions	-					
	MONTEREY PARK, CA 91754					
X Form 99 Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 1041-A Form 4720 Form 5227		Form 6069 Form 8870		
	not complete Part II if you were not already granted an automatic 3-month exter		filed Form	8868.	_	
TelephoIf the orIf this is	oks are in care of ► PATRICIA BUSKE one No. ► (213) 977-7500 FAX No. ► (213) 977- rganization does not have an office or place of business in the United States, che for a Group Return, enter the organization's four digit Group Exemption Number, check this box I if it is for part of the group, check this box	neck this box er (GEN)	he names	. If this is for the]	
_	ne extension is for	and attach a list with t	ne names	and En 45 of an		
	lest an additional 3-month extension of time until 11/15 , 20 10	<u> </u>			-	
•	alendar year 2009 , or other tax year beginning , 20			20		
				, 20 n accounting period		
7 State	In detail why you need the extension. ADDITIONAL TIME NEEDED PREPARE A COMPLETE AND ACCURATE RETURN.				 -	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative fundable credits. See instructions	ve tax, less any	. 8a \$	5		
pavm	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable creients made. Include any prior year overpayment allowed as a credit and any amform 8868.		[′] 8ь\$;	_	
c Balar with f	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or, in TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment St	if required, deposit ystem). See instrs	8c \$	3	_	
	Signature and Verification					
Under penaltie correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form	s, and to the best of my kno	wledge and b	elief, it is true,		
Signature >	Title ► PRES./EXEC. DIR		Date	, -		