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## Form, 990

**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

Department of the Treasury

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

Open to Public Inspection

	For the 2009 cales		or tax year beginning Jun 1	1 2	her pan	nding Ma	31		2010
		luar year,	C Name of organization	1 , 21	oos, and e	nung ra			cation Number
В	Check if applicable	Please use		COMMEDCE EO	ד ייי א רו ואוז	∩NI	1 ' '	03154	
	Address change	IRS label or print	Number and street (or P O box if i			oom/suite	E Telepho		
	Name change	or type See				JOHN SUILC			
	Initial return	specific Instruc-	8 SOUTH KING ST., City, town or country	·	tate ZIP co		(80	8) 53	3-3181
	Termination	tions							100 000
	Amended return		HONOLULU	<u></u> _	II 968				198,389.
	Application pending	'	and address of principal officer				us a group retur all affiliates inc		
			HWANG 8 S. KING ST.		HI 968	72 It./N	lo,' attach a list		uctions) Yes N
<u> </u>	Tax-exempt stat		1(c) ( 3 ) <b>&lt;</b> (insert no )	4947(a)(1) o	r   527				
<u>J</u>	Website: ► N	/ <u>A</u>		1	<del></del>		up exemption ni		
K	Form of organization	X Corpor	ation Trust Association	Other >	L Year of F	ormation 19	94 Ms	State of leg	gal domicile HI
Pa	art I Summ			<del></del>					<del></del>
			ganization's mission or most s						
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ver			if the organization discontinue				250/ of its		
ဗိ			nbers of the governing body (P		uisposeu (	n more mai	1 23 % 01 115	assets   <b>3</b>  5	
9			nt voting members of the government		line 1b)			4 5	
ite	5 Total number	er of emplo	oyees (Part V, line 2a)		•			5 0	)
Activities & Governance			teers (estimate if necessary)					6 5	)
٩	_		business revenue from Part VI		12			7a	0
	<b>b</b> Net unrelate	ed busines	s taxable income from Form 99	30-T, line 34				7 b	
						<u> </u>	Prior Year		Current Year
a)		_	nts (Part VIII, line 1h)				202,	731.	140,557
enn	_		nue (Part VIII, line 2g)					0.	0
Revenue	4		art VIII, column (A), lines 3, 4,					345.	305
ш.			H, column (A), lines 5, 6d, 8c				-5,8		-33,835
			nes 8 timpugh, 11 (must equal		), line 12)		197,2		107,027
			ounts-paid (Part IX) column (A				79,8		65,386
	14 Benefits par	d to or fo	members (Part IX, column A	(, line 4)				0.	0
S	15 Salaries, oth	ner compe	nsation, Employee benefits (	art IX, column (A), I	ines 5-10)	ļ		0.	0
Expenses	16a Professiona	i fundraisii	ngLitees (Part IX, column (A)	ine He)				0.	0
хре	<b>b</b> Total fundra	ising expe	enses @DEgolumn p), life	25)►		0.			
Ш	17 Other exper	ises (Part	IX, column (A), lides 1 a-11d.	11f-24f)			4,	440.	9,505
	l l		ines 13-17 (must equal Part IX		5)		84,2		74,891
	10 D		es Subtract line 18 from line 12	2			112,		32,136
	19 Revenue les	ss expense					114.	,,,,	
გ წ	<del></del>	ss expense			·	Be			
sets or	<del></del>				· · · ·	Ве	ginning of	Year	End of Year
Assets or d Balancos	<del></del>	s (Part X, I	line 16)			Ве	ginning of	Year 676.	<b>End of Year</b> 950,779
Net Assets or Fund Balancos	20 Total assets 21 Total liabilit	s (Part X, I les (Part X	line 16) (, line 26)	ne 20		Ве	ginning of 1,009, 882,	<b>Year</b> 676. 182.	End of Year 950,779 791,149
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orm 99	00 (2009) CHINESE CHAMBER OF COMMERCE FOUNDATION	99-03	154 <u>4</u>	1		Page 2
Part I	Statement of Program Service Accomplishments					
1 ' B	riefly describe the organization's mission					
Т	o receive charitable contributions and to make donations exclusive	ely f	or			
_ C	haritable purposes; to transact any or all lawful activities for	which				
	ee Form 990, Page 2, Part III, Line 1 (continued)					
_						
2 D	id the organization undertake any significant program services during the year which were not listed on the	prior				
	orm 990 or 990-EZ?		П	Yes	X	No
	'Yes,' describe these new services on Schedule O					
	id the organization cease conducting, or make significant changes in how it conducts, any program services	,7		Yes	x	No
	'Yes,' describe these changes on Schedule O	•				
	escribe the exempt purpose achievements for each of the organization's three largest program services by $\epsilon$	ynenses	Section	on 501	(c)(3)	
aı	nd 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations t	o other	s, the	total	
e	xpenses, and revenue, if any, for each program service reported					
4a (0	Code) (Expenses \$65, 386. including grants of \$0.) (Re	venue	s	1 4	0.5	57 \
•	To make donations exclusively for charitable purposes, including					
_ <u>-</u> -	thout limitations, donations for the relief of the poor, distre					
	or underprivileged, the advancement of education, religion or scient	5557 -				
	the lessening the burden of government and the promotion of social	1				
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4 d C	Other program services (Describe in Schedule O)					
(	Expenses \$ including grants of \$ ) (Revenue \$				)	
4e T	otal program service expenses ► 65, 386.					

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х 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 provide advice on the distribution or investment of amounts in such funds or accounts # 'Yes,' complete Schedule D, Part I Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes, complete Schedule D, Part III 8 Х 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments f' 'Yes,' complete Schedule D, Part V10 Х Is the organization's answer to any of the following questions 'Yes' If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 Х Did the organization report an amount for land, buildings and equipment in Part X, line 10th '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 167 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<sup>7</sup> If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X ٠, 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 es, complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **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 Х 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 Х 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? If 'Yes,' complete Schedule F, Part III 16 Х 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 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 9alf 'Yes,' complete Schedule G, Part III 19 19 Х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

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38

Х

99-0315441 Page 4 Checklist of Required Schedules (continued) No Yes 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 1?If 'Yes,' complete Schedule I, Parts I and II 21 X 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 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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 Χ 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 Х b 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-EZP 'Yes,' complete Schedule L, Part I 25b X 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? Yes, complete Schedule L. Part II 26 26 Х 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Χ b A family member of a current or former officer, director, trustee, or key employee?f 'Yes,' complete Schedule L. Part IV 28b Χ 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?!f 'Yes,' complete Schedule L, Part IV 28c Χ Did the organization receive more than \$25,000 in non-cash contributions If 'Yes.' complete Schedule M 29 Х 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 Did the organization liquidate, terminate, or dissolve and cease operations If 'Yes,' complete Schedule N, Part I 31 31 Χ 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity If Yes, complete Schedule R, Parts II, III, IV, and V, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?f 'Yes,' complete Schedule R, Part V. line 2 35 Χ 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 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

BAA Form 990 (2009)

treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 0 Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h n c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 Х (gambling) winnings to prize winners? 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 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Х **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 Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 50 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? 6 a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь Organizations that may receive deductible contributions under section 170(c). -1 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? 7 a Х 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Х benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations and the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business Х holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? Х 92 Х **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

BAA

Form **990** (2009)

Section A. Governing Body and Management

Yes No

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.

1 a	Enter the number of voting members of the governing body	1a 5		-	i i				
t	Enter the number of voting members that are independent	1 b 5			- 1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee?	elationship with any other	2						
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other	under the direct supervision on?	3	:	Х				
4	Did the organization make any significant changes to its organizational documents		4		X				
	since the prior Form 990 was filed?	ı							
5	Did the organization become aware during the year of a material diversion of the organization	on's assets? .	5		X				
6	Does the organization have members or stockholders?		6	Х					
7 a	${\bf a}$ Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		x				
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	9		х				
Sec	tion B. Policies (This Section B requests information about policies not	required by the Internal							
Reve	enue Code )								
				Yes	No				
10 a	a Does the organization have local chapters, branches, or affiliates?		10a		<u>X</u>				
k	olf 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 b						
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х					
	ADescribe in Schedule O the process, if any, used by the organization to review this Form $99$	0			i				
	a Does the organization have a written conflict of interest policy ₹ No, do to line 13		12a	Х					
Ŀ	• Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	s that could give rise	12b	х					
C	Does the organization regularly and consistently monitor and enforce compliance with the processes of the second section of the second	olicy <b>If</b> 'Yes,' describe in	12c		<u> </u>				
13	Does the organization have a written whistleblower policy?		13	Х					
14	Does the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?							
	The organization's CEO, Executive Director, or top management official		15 a		X				
b	Other officers of key employees of the organization		15 b		<u>X</u>				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			ا پوره	j				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similal entity during the year?	r arrangement with a taxable	16a		X				
b	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	n to evaluate its participation d the organization's exempt	16h						
Sec	tion C. Disclosures		16b						
17	List the states with which a copy of this Form 990 is required to be filed								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	– – – ⁄aılabl	e for p	oublic				
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public	ments, conflict of interest poli	cy, an	d fina	ncıal				
20	State the name, physical address, and telephone number of the person who possesses the	books and records of the orga	anızatı	on:					
			0 <u>8</u> )_5		3135				

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Form 990 (2009)

## 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 compensation.

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

X Check this box if the organization did no (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	ition :			that app	ly)			i
	hours per week	adividi el frascee or director	institutional trustee	Offi 2	Key emphyee	High est conniensated employee	กิดเกลเ	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TED C. T. LI										
PRESIDENT	1.00	Х		Х	<u> </u>					
VICTOR_LIM										
VICE PRESIDENT	1.00	Х		Х			<u> </u>			
EDWARD PEI			ĺ							
VICE PRESIDENT	1.00	Х		Х						
ALVIN_WONG						ł				
SECRETARY	1.00	Х		Х					<u></u>	
WALTER_CHANG						ĺ				
TREASURER	1.00	Х		X	<u> </u>					
		·								
	· <del>-</del> -									
								,		
								-		

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	(0)	100				<del></del>	un		/C	<del></del>	<u>~./</u>
(A)	(B)	Docu	tion (		c)	hat a	لايامم	(D)	(E)	(F)	
Name and Title	Average hours per week	Individual trustee	Institutional trustee	Officer	,	employee	·	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of ot compensation from the organization and relate organization	her on n d
	-										
	-										
	-				ļ						
	-										
	-										
	-										
	-					_					
	·										
1 b Total	-						<u> </u>				
Total number of individuals (including but not limite from the organization	d to tho	se li	sted	l ab	ove)	wh		ceived more than	\$100,000 in report		
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater transvioual</li> </ul>	ndividua	1								Yes 3	No X X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens edule J	atioi	n fro such	om a	any rsor	unre	elate	d organization foi	services	5	x
Section B. Independent Contractors											
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	dent	cor	ntrac	tors	tha	t received more t	nan \$100,000 of		
(A) Name and business addres	s							Description (	of Services	(C) Compensatio	<u>n</u>
								1			
										_ <del></del>	
2 Total number of independent contractors (including	but not	lımıt	ed I	to th	nose	list	ed a	bove) who receiv	ed more than		
\$100,000 in compensation from the organization									L.		1

,	TVIII Statement of Nevende	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in Ins 1a-1f  \$ 1a  1b  1c  1d  1e  1f  140,557.				,
	h Total. Add lines 1a-1f  Business Code	140,557.	<i>t-</i> .		<del>                                     </del>
PROGRAM SERVICE REVENUE	2a b c d e f All other program service revenue				
- R	g Total. Add lines 2a-2f	0.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	305.	305.	0.	0.
	(i) Real (ii) Personal  6a Gross Rents 56, 229.  b Less rental expenses 91, 362. c Rental income or (loss) -35, 133. d Net rental income or (loss)	-35,133.	-35,133.	0.	0.
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gioss income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events	,	- '	-	
	9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities				
i	b Less cost of goods sold b  c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue  Business Code  11 a Miscellaneous 99999  b	1,298.	1,298.	0.	0.
	d All other revenue				
	e Total. Add lines 11a-11d  12 Total revenue. See instructions	1,298. 107,027.	-33,530.	0.	0.

Form 990 (2009)

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).

	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	65,386.	65,386.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	03,300.	03,300.		
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	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	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)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
á	Management				
ŀ	<b>L</b> egal				
(	: Accounting				
(	<b>1</b> Lobbying				
•	Prof fundraising svcs See Part IV, In 17	0.			0.
f	Investment management fees				
ç	g Other				
12	Advertising and promotion				
13	Office expenses	1,287.	0.	1,287.	0.
14	Information technology	<u>.</u>			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,218.	0.	8,218.	0.
23					
	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)				-
	<u></u>			<del></del>	
t	`	<del></del> -			
		<del></del>			
	<u></u>	-			
	All other expenses				<del>-</del>
	All other expenses	74 001	CF 30C	0 505	
25	Total functional expenses. Add lines 1 through 24f	74,891.	65,386.	9,505.	0.
<b>∠</b> b	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 campaign and fundraising solicitation	į			
BAA		<del></del>			Form <b>990</b> (2009)

Pa	rt X	Balance Sheet					
•					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			19,472.	1	12,575.
	2	Savings and temporary cash investments			112,974.	2	52,411.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,700.	4	24,802.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin	ed unc	ler section 4958(f)(1))	l l		
		and persons described in section 4958(c)(3)(B) Comp	plete F	Part II of Schedule L	···	6	<del></del>
S	7	Notes and loans receivable, net				7	
A S S E T S	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	10a	864,829.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10 ь	8,252.	857,789.	10 c	<u>856,577.</u>
	11	Investments - publicly-traded securities				11	
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets			4,741.	14	4,414.
	15	Other assets See Part IV, line 11		15	<u> </u>		
	16	Total assets Add lines 1 through 15 (must equal line	Ì	1,009,676.	16	950,779.	
	17	Accounts payable and accrued expenses			3,256.	17	224.
	18	Grants payable		18			
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
AB	21	Escrow or custodial account liability Complete Part	IV of S	Schedule D		21	
I L I	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	istees, rsons	key employees, Complete Part II			
Ţ		of Schedule L			_	22	
E S	23	Secured mortgages and notes payable to unrelated to	hird pa	arties		23	
	24	Unsecured notes and loans payable to unrelated third	d partie	es	878,926.	24	790,925.
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			882,182.	26	791,149.
Ъ		Organizations that follow SFAS 117, check here ►	а	nd complete lines			
N E T		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets				27	
S E S	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he	ere►	X and complete			
F		lines 30 through 34.					
FUZD	30	Capital stock or trust principal, or current funds		30			
	31	Paid-in or capital surplus, or land, building, and equi		31			
Ĺ	32	Retained earnings, endowment, accumulated income	her funds	127,494.	32	159,630.	
BALAZCES	33	Total net assets or fund balances			127,494.	33	159,630.
Ş	34	Total liabilities and net assets/fund balances			1,009,676.	+	950,779.

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Form 990 (2009)

orm 990 (2009) CHINESE CHAMBER OF COMMERCE FOUNDATION	99-0315441	Pa	ige <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other	•	, i	Ì
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	X	
b Were the organization's financial statements audited by an independent accountant?	21	)	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	e issued on a		

Consolidated basis Both consolidated and separate basis

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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?

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Separate basis

Form 990 (2009)

3a

3Ь

Х

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

CHI	NE:	SE CHAMBER O	F COMMERCE FO	UNDATION		_			99-03	315441	L
ar	t I	Reason for Pu	blic Charity Statu	ıs (All organizations	must c	comple	te this	part.)	See ii	nstruct	ions
he o	orga	nization is not a pri	vate foundation beca	use it is (For lines 1 thro	ugh 11,	check o	nly one	box )			
1				sociation of churches des		section	170(b)(1	)(A)(i).			
2				<b>A)(ii).</b> (Attach Schedule E	•						
3	Ц	•	•	e organization described				-			
4			= :	ed in conjunction with a h	ospital o	describe	d iisecti	on 170(	(Ь)(1)(А)	(iii). Ente	er the hospital's
5		name, city, and sta An organization on		of a college or university			ated by	a nove	romenta	Lunit des	scribed gection
		/ 170(b)(1)(A)(iv). ((	Complete Part II)			·	-	Ū	micina	i dilit de.	scribed accrem
6 7	X	An organization the	•	governmental unit descri a substantial part of its su art II)					t or from	n the ger	neral public described
8		A community trust	described insection	1 <b>70(b)(1)(A)(vi).</b> (Complete	e Part II	.)					
9		from activities rela investment income	ited to its exempt fund	(1) more than 33-1/3 % octions— subject to certain ess taxable income (less complete Part III)	exception	ons, and	(2) no	more th	1an 33-1	/3 % of i	its support from gross
10		An organization or	ganized and operated	l exclusively to test for pu	ublic safe	ety Se <b>s</b>	ection 5	509(a)(4	<b>l)</b> .		
11		more publicly supp	orted organizations	I exclusively for the bene described in section 509( zation and complete lines	a)(1) or	section.	509(a)(2	ctions ( 2) Se <b>s</b>	of, or ca <b>ection 5</b>	rry out th <b>09(a)(3).</b>	ne purposes of one or Check the box that
		a Type I	<b>b</b> 🗌 Type II	c 🗌 Type II	I — Fund	tionally	ıntegrat	ed		d 🗌	Type III- Other
е		By checking this be than foundation ma 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control an one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in sec	disqualiction 509	ified persons other 3(a)(1) or section
f		If the organization check this box	received a written de	termination from the IRS	that is a	а Туре І	Type II	or Typ	e III sup	porting	organization,
g		Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	ution fro	m any	of the f	ollowing	persons	,?
											Yes No
		(i) a person who	o directly or indirectly everning body of the s	controls, either alone or supported organization?	together	with pe	rsons d	escribe	d in (ii) i	and (III)	11 g (i)
			nber of a person des	• •							11 g (ii)
		• • •	•	n described in (i) or (ii) a	bove?						11 g (ii)
h		• •	•	the supported organization							1 5 (/)
	(1	i) Name of Supported Organization	(u) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) organizat (i) lister	Is the ton in cold in your tring ment?		ization in	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	
								-			
		<del></del>	1		:						<del></del>
otal											

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

Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you checketion A. Public Support	ed the box on line	e 5, 7, or 8 of Part	11)					
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	$\top$	(f) Total	
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')				202,731.	140,55	7.	343,288.	
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				0.		0.	0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge				0.		0.	0.	
4	Total. Add lines 1-through 3				202,731.	140,55	7.	343,288.	
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		, -					343,288.	
Sec	tion B. Total Support	<u>'</u>	'	·	<u> </u>			343,200.	
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	08 (e) 2009 (f) 1			
7	Amounts from line 4				202,731.	140,55	7.	343,288.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				345.	30	)5.	650.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0.		0.	0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				860.	1,29	97.	2,157.	
11	Total support. Add lines 7 through 10			4 44.				346,095.	
12	Gross receipts from related activ	vities, etc. (see in	structions)				12		
	First five years. If the Form 990 organization, check this box and	l stop here.		nd, third, fourth,	or fifth tax year a	s a section 50	1(c)(3	B) ► X	
	tion C. Computation of Pu					<del></del>	T		
	Public support percentage for 20 Public support percentage from			ne II, column (1)		<del> </del>	14 15	<u>%</u> %	
16	a 33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo iblicly supported o	ox on line 13, and organization	the line 14 is 33	-1/3 % or mor	e, ch	eck this box ►	
	b 33-1/3 support test – 2008. If th and stop here. The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or mo	re, ch	neck this box	
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	box andtop here	. Explain in Pi	art IV	how	
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies a	box andtop here s a publicly suppo	. Explain in P orted organiza	art IV ition	how the	
18 RA/	Private foundation. If the organi	zation did not ch	eck a box on line,	13, 16a, 16b, 17a				tructions	

Part IV	Supplement Part II, line	tal Information 17a or 17b; an	i. Complete this d Part III, line 1	part to provide 2. Provide any	the explanation other additional	s required by Part information. See i	II, line 10; nstructions.
	- <i>-</i>					. <b></b>	
	<del>-</del>					. = = = = = = = = = = = = = = = = = = =	
							<b>-</b>
						·	
- <del></del>							
						<del> </del>	
- <del>-</del>	·		<del></del>	<del></del>		. <b></b>	

#### **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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

CH.	INESE CHAMBER OF COMMERCE FOU	NDATION		99-0315441	
	rt I Organizations Maintaining Dono the organization answered 'Yes'	r Advised Funds or Other	Similar Funds or Acc	<del></del>	e If
		(a) Donor advised fu	ınds (b)	Funds and other ac	counts
1	Total number at end of year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4					
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the a to the organization's exclusive l	issets held in donor advised	Yes	No
6	Did the organization inform all grantees, done used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or dono		Yes	☐ No
Pa	rt II   Conservation Easements Compl	ete if the organization ans	wered 'Yes' to Form 9	90, Part IV, line	7.
1	Purpose(s) of conservation easements held b	y the organization (check all tha	t apply)		
	Preservation of land for public use (e.g.,	recreation or pleasure)	Preservation of an historic	cally important land	area
	Protection of natural habitat		Preservation of certified h	istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizat last day of the tax year	ion held a qualified conservation			<del></del>
				Held at the End o	of the Year
	a Total number of conservation easements				
	<b>b</b> Total acreage restricted by conservation ease		2b		
	c Number of conservation easements on a cert		`'	<del></del>	
	d Number of conservation easements included	` ' '	2d		<del>.</del>
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or terminated by the o	rganization during t	he tax
_	year -				
4	Number of states where property subject to c	onservation easement is located	<del></del>		
5	and enforcement of the conservation easeme	nt it holds?		lations, 🔲 Yes	No
6	Staff and volunteer hours devoted to monitori during the year •	ng, inspecting, and enforcing co	inservation easements		
7	Amount of expenses incurred in monitoring, a during the year •	nspecting, and enforcing conser	vation easements \$ _		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section	Yes	☐ No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements	ports conservation easements in to the organization's financial st	its revenue and expense s atements that describes the	tatement, and balar e organization's acc	nce sheet, and ounting for
Pa	rt III Organizations Maintaining Colle	ections of Art, Historical T	reasures, or Other Si	milar Assets	·
	Complete if the organization ans	wered 'Yes' to Form 990,	Part IV, line 8.		<u> </u>
1.	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or rese			
i	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, to report in its reve olic exhibition, education, or rese	enue statement and balance earch in furtherance of publi	sheet works of art, ic service, provide t	historical he following
	(i) Revenues included in Form 990, Part VIII	, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other 116 relating to these items	similar assets for financial	gain, provide the fo	llowing
	<b>a</b> Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$	
1	<b>b</b> Assets included in Form 990, Part X			<b>&gt;</b> \$	

Schedule D (Form 990) 2009 CHINI				99-031		Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisit items (check all that apply):	ion accession an	d other records, che	ck any of the following	that are a significant us	e of its collec	tion
a 🔲 Public exhibition		<b>d</b> 🔲 Loan	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future gener	ations	_				
4 Provide a description of the organ Part XIV	nızatıon's collect	ions and explain how	w they further the organ	iization's exempt purpos	se in	
5 During the year, did the organiza assets to be sold to raise funds in	ather than to be	maintained as part	of the organization's co	llection?	Yes	No
Part IV Escrow and Custodia	l Arrangemer	its Complete if o	rganization answei	red 'Yes' to Form 99	90, Part IV	, line
9, or reported an amo	unt on Form !	990, Part X, line	21.			
1a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ng table		Amount	
c Beginning balance				1c	7 111100111	
<b>d</b> Additions during the year				1d	··	
• ,				1e		
e Distributions during the year				<del>-</del>		
f Ending balance		000 D- LV L 010	•	1f		
2a Did the organization include an a		990, Part X, line 217			Yes	∐ No
b if 'Yes,' explain the arrangement			ad Waal ta Farma Of	10 Dark IV line 10		
Part V Endowment Funds Co					1	
	(a) Current yea	r (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net Investment earnings, gains, and losses						
d Grants or scholarships				_		
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
g End of year balance					,	
2 Provide the estimated percentag	e of the year end	l balance held as:	·			
a Board designated or guasi-endov	=	8				
<b>b</b> Permanent endowment ►	*	<del></del>				
c Term endowment ►	<del></del>					
3a Are there endowment funds not organization by	in the possession	of the organization	that are held and admi	nistered for the	Yes	No
(i) unrelated organizations					- i	110
(ii) related organizations					3a(i)	+
• •		ad aa waassaad aa C	skadula Dā		3a(ii)	<del>  -</del>
<b>b</b> If 'Yes' to 3a(ii), are the related of	-	•			3b	
4 Describe in Part XIV the intender				lino 10	<del> </del>	
Part VI   Investments—Land, B						
Description of investmen	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	
<b>1a</b> Land	<u> </u>	572,723.				2,723.
<b>b</b> Buildings		269,516.	_	7,199.	262	2,317.
c Leasehold improvements		20,954.		545.	2(	0,409.
<b>d</b> Equipment		513.		159.		354.
e Other		1,123.		349.		774.
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, co	olumn (B), line 10(c) )	•	850	5,577.
BAA	· '			School	ule <b>D</b> (Form	

Part VII	Investments—Other Securities See	71 OHH 330, I dit 7, HIO 12	·
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial e	derivatives	1	
Closely-he	eld equity interests		
		<del> </del>	
	mn (b) must equal Form 990 Part X, col (B) line 12)		
Part VII	I Investments-Program Related (Se		
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	_		
			<del></del>
		<del></del>	
	<del></del>		
Total (Colu	mn (b) must equal Form 990, Part X, Col (B) line 13)	<b>&gt;</b>	
TOTAL COOLS	Other Assets (See Form 990, Part		
Dart IX			
Part IX			(b) Deele value
Part IX		) Description	(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
Part IX			(b) Book value
		) Description	(b) Book value
Total. (Co	olumn (b) must equal Form 990, Part X, col (E	) Description  B), line 15)	
	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	) Description  B), line 15)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E Other Liabilities (See Form 990, Part X) (a) Description of Liability	B), line 15) art X, line 25)	
Total. (CC Part X	olumn (b) must equal Form 990, Part X, col (E  Other Liabilities (See Form 990, Part X) (a) Description of Liability icome Taxes	B), line 15) art X, line 25)	
Total. (Co	Olumn (b) must equal Form 990, Part X, col (B) Inne 25)	B), line 15) art X, line 25)  (b) Amount	

Schedule D (Form 990) 2009 CHINESE CHAMBER OF COMMERCE FOUNDATION

99-0315441

Page 3

Schedule <b>D</b> (Form 990) 2009 CHINESE CHAMBER OF COMMERCE FOUNDAT	'ION 99-03	15441 Page <b>4</b>
Part XI   Reconciliation of Change in Net Assets from Form 990 to Fire		1090 4
	Tancial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		<del></del>
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		<u> </u>
Part XII   Reconciliation of Revenue per Audited Financial Statements	With Revenue per Return	<u> </u>
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	,	
a Net unrealized gains on investments	2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	ļ
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b	
c Add lines <b>4a</b> and <b>4b</b>	40	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<del></del>
Part XIII   Reconciliation of Expenses per Audited Financial Statemen		ırn
Total expenses and losses per audited financial statements	1	<u> </u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	<del> </del>	
a Donated services and use of facilities	2a	
F	2b	]
b Prior year adjustments		
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d		<del></del>
3 Subtract line 2e from line 1	3	<del>                                     </del>
4 Amounts included on Form 990, Part IX, line 25, but not on line:	_	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	<u>4c</u>	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Part XIV   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part ine 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d an information	t III, lines 1a and 4, Part IV, lines id 4b. Also complete this part to	, 1b and 2b, Part V, provide any additional
		<del>-</del>
	<b>~</b>	
	<b></b>	

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Schedule **D** (Form 990) 2009

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Scriedule D	(FOIM 990) 2009 CHINESE CHAMBER OF COMMERCE FOUNDATION	99-0313441	rages
Part XIV	Supplemental Information (continued)		
•			
		<del>-</del>	
			<b></b>
			<del>-</del>
			- <b>-</b>
	<del></del>		<del>-</del> -
		-~	
<del>-</del>			
	•		

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

**≗** □ (h) Purpose of grant or assistance Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to Form Employer identification number X Yes 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 99-0315441 (g) Description of non-cash assistance 1 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) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance CHINESE CHAMBER OF COMMERCE FOUNDATION (b) EIN 1 (a) Name and address of organization or government 1 Name of the organization i ı 1111 111

Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) \_Chinese\_Consulate\_General\_in\_Los\_Angeles\_registered\_under\_Federal\_EIN\_ Donations made to China Sichuan Earthquake Relief Fund thru the (d) Amount of non cash assistance #26-6387620\_C.C.G.L.A.\_(512)\_Wen\_Chuan. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Part III

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Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization	Employer identification number
CHINESE CHAMBER OF COMMERCE FOUNDATION	99-0315441
Pt V, Line 3b This organization doesn't have unrelated busine	ss gross
income or more in this reporting year	
Pt VI-A, Line 6 The organization have members but no stockholde	rs
Pt VI-A, Line 8a The governing body meetings held monthy have wr	itten
documentation.	
Pt VI-B, Line 11A This Form 990 are open for review to the member	s of the governing
body. It is available at the governing body of	fice.
·	

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

## **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Attachment Sequence No 67

Identifying number 99-0315441

	INESE CHAMBER OF		UNDATION				99	9-0315441
	ess or activity to which this form re							
	cm 990 / Form 99							
Pai	Election To Ex   Note: If you have	kpense Certain any listed property	Property Under Se, complete Part V before	<mark>ction 179</mark> e you complete P	art I		_	
1	Maximum amount See t	he instructions for	a higher limit for certain	businesses			1	\$250,000.
2	Total cost of section 179	property placed in	service (see instruction	ıs)			2	
3	Threshold cost of section	n 179 property befo	re reduction in limitation	n (see instruction:	s)		3	\$800,000.
4	Reduction in limitation S	Subtract line 3 from	line 2 If zero or less, e	enter -0-			4	
5	Dollar limitation for tax y separately, see instruction	rear Subtract line 4	from line 1 If zero or I	ess, enter -0- If	married f	filing	5	
6	(	a) Description of property		(b) Cost (business	use only)	(C) Elected cos	st .	
	<del></del> .							-
7	Listed property Enter th	e amount from line	29	•	7			
8	Total elected cost of sec	tion 179 property.	Add amounts in column	(c), lines 6 and 7	, —		8	_
9	Tentative deduction Ent	er the <b>smaller</b> of lin	e 5 or line 8				9	
10	Carryover of disallowed		•				10	
11	Business income limitati					5 (see instrs)	11	
12	Section 179 expense dec				11		12	
13					<b>►</b> 13	<del>.</del>		
	: Do not use Part II or Pa							
Par	<u>付Ⅱ Special Depre</u>	<u>ciation Allowan</u>	ce and Other Depr	eciation (Do no	t include	listed property)	(See	instructions)
14	Special depreciation allo tax year (see instructions	wance for qualified	property (other than lis	ted property) plac	ced in se	rvice during the	14	
15	Property subject to section	•	n				15	<del></del>
16	Other depreciation (inclu	,,,,					16	
Par			nclude listed property) (	(Coo instructions)			1 10	<u> </u>
i ai	tili   MACKS Depit	eciation (bo not)			!			· · · · · · · · · · · · · · · · · · ·
17	MACRS daductions for a	scats placed in ser	Section to war have a				1	7 7 707
	MACRS deductions for a						17	7,727.
18	If you are electing to gro asset accounts, check he	up any assets plac	ed in service during the	tax year into one	or more	general _		
			in Candaa During 2000	Tay Vasy Using	Alba Carre			
	(a)	(b) Month and	in Service During 2009 (C) Basis for depreciation	(d)			Syst	1
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	(e) Conven		l	(g) Depreciation deduction
19 a	3-year property				<u></u>			
t	5-year property							
	7-year property							
c	10-year property							
е	: 15-year property							
f	20-year property						•	
g	25-year property			25 yrs		S/L		
h	Residential rental			27.5 yrs	ММ			
	property			27.5 yrs	MM			
i	Nonresidential real	06/09	6,678.	39 yrs	MM			164.
	property		7,0,0	05 125	MM			104.
	Section C	- Assets Placed in	n Service During 2009 1	av Year Using th			ın Sv	ctom
20 a	Class life	7.5501511466411	l correct barring 2005	ax rear osing th		S/L		J
	12-year			12 yrs		S/L		<del></del>
	: 40-year	···			ММ			<del></del>
	t IV Summary (See	Instructions \	J	40 yrs	MM	S/L		<u> </u>
							01	
	Total Add amounts from line 1		noe 10 and 20 in action (-)	and line Of Fata-	. and a:-	<u> -</u>	21	·
	the appropriate lines of your ret	urn Partnerships and S	corporations — see instruction	ns	and on	:	22	7,891.
23	For assets shown above the portion of the basis a	and placed in servi attributable to section	ce during the current ye on 263A costs	ear, enter	23			

Form 4562 (2009) CHINESE CHAMBER OF COMMERCE FOUNDATION 99-0315441 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? No Yes (i) (b) (c) Business/ **(f)** (d) (e) (q) Elected section 179 Type of property (list vehicles first) Cost or other basis Basis for depreciation Recovery period Method/ Convention Depreciation deduction Date placed investment (business/investment in service use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related persolf you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) **(b)** (d) **(f)** (c) (e) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) 32 miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes Νo Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees ware not more than 5% owners or related persons (see instructions)

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,	Yes	No
	by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ).		
	Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		
Pa	t VI Amortization		

rai	t VI   Amortization					
	(a) Description of costs	(b)  Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during ye	our 2009 tax year (see	instructions)			
43	Amortization of costs that began before y				43	327.
44	Total. Add amounts in column (f). See the	e instructions for where	e to report		44	327.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

nonprofit corporations incorporated under Chapter 415B, Hawaii

Revised Statutes may transact.

#### Supporting Statement of:

Form 9	a 00	9/	Other	amt.	not	included
--------	------	----	-------	------	-----	----------

Description	Amount
Building Fund	100,500.
Taiwan Earthquake Fund	31,385.
Sichuan Earthquake Fund	4,100.
Qinghai Relief	3,072.
Splendor of China	1,500.
Total	140,557.

#### **Supporting Statement of:**

Form 990 p 9/Real Rental Expenses

Description	Amount
Alarm Service	436.
Bank Service Charges	1,455.
Insurance	5,668.
Interest Expense	49,012.
Maintenance General Exp	1,363.
Professional/Outside Services	12,255.
Refuse	478.
Repair-Air Conditioning	1,993.
Supplies	4,929.
Taxes - General Excise	2,466.
Taxes - Real Property	7,109.
Utilities - Electricity/Water	4,198.
Total	91,362.

#### Supporting Statement of:

Form 990 p 10/Line 13 col (A)

Description	Amount
Entertainment & Gifts	1,287.
Total	1,287.

#### **Supporting Statement of:**

Form 990 p 11/Line 4, column (A)

Description	Amount
HAWAII NATIONAL BANK -LOAN RESERVE	14,700.

Continued

#### **Supporting Statement of:**

Form 990 p 11/Line 4, column (A)

	Description	Amount
Total		14,700.

#### **Supporting Statement of:**

Form 990 p 11/Line 14, column (A)

Description	Amount
Closing Costs - Purchase Bldg Accum. Amort - Closing Costs	8,820. -4,079.
Total	4,741.

#### **Supporting Statement of:**

Form 990 p 11/Line 14, column (B)

Amount
8,820. -4,406.

#### **Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts Payable - Chinese Chamber	3,256.
Total	3,256.

#### **Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

	Description	Amount
Tenant's Security	Deposit	224.

Total

224.

#### **Supporting Statement of:**

Form 990 p 11/Line 24, column (A)

Description	Amount
Hawaii National Bank - 1st Mortgage	486,926.
Hawaii National Bank - 2nd Mortgage	392,000.
Total	878,926.

#### **Supporting Statement of:**

Form 990 p 11/Line 24, column (B)

Description	Amount
Hawaii National Bank - 1st Mortgage	477,360.
Hawaii National Bank - 2nd Mortgage	313,565.
Total	790,925.