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Total liabilities (describe ► See Statement 3

Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Short Form Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-1150

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 20 A For the 2009 calendar year, or tax year beginning 07/01 2009, and ending 06/30 C Name of organization D Employer identification number Check if applicable. Please Address change Asian Pacific American Network of Oregon 80-0252850 label or Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number print or Initial return type. 503-512-0274 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Portland, OR 97208 tions. Number ▶ Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is not Website: ▶ www.apano.org required to attach Schedule B (Form 990. Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF). If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 189.425 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 188,400 Contributions, gifts, grants, and similar amounts received 2 1,025 Program service revenue including government fees and contracts 2 3 0 Membership dues and assessments 3 ev? 4 Investment income 4 0 **(3)** 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale bussets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue and including \$ 2010 0 of contributions 6a Less: direct expenses other than fundralsing expenses 0 6b Net income of (loss from special events and activities (Subtract line 6b from line 6a). 6c 0 Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 0 8 Other revenue (describe ► 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 189,425 2,300 10 10 Benefits paid to or for members 0 11 11 12 0 Salaries, other compensation, and employee benefits . 12 31,326 13 Professional fees and other payments to independent contractors . . . 13 14 14 3,785 15 885 Printing, publications, postage, and shipping 15 Other expenses (describe > See Statement 1 21,136 16 16 59,432 17 17 18 129,993 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 8,373 19 20 Other changes in net assets or fund balances (attach explanation) . . . O 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 138.366 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 396 22 25,422 22 Cash, savings, and investments 0 23 0 23 115,448 Other assets (describe ► See Statement 2 7,977 24 24 8,373 25 140,870 25

Cat No 106421

0 26

8,373 27

2,504

138,366

						· ugo •
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	I.)		Expenses
	t is the organization's primary exempt purpose?					uired for section
	cribe what was achieved in carrying out the org					c)(3) and 501(c)(4) hizations and section
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts; optional
each	program title.					hers)
28	API Vote Oregon * Organized 3 APANO multi-lingual	phone banks * Trained 20 A	PI phone bankers *	Made		
	over 1000 Get Out The Vote phone calls * 40 particip	ants at Measure 66/67 Educa	tion Forum			
					ļ	
		includes foreign grants, ch		<u>.</u> ▶ ⊔	28a	2,599
29	Many Rivers Project * Trained 40 facilitators and org					
	Conducted 10 listening circles and completed report		gaged 100 Listenin	g Circle		
	participants * Built relationships with 10 organization					
		includes foreign grants, ch			29a	4,470
30	Policy Capacity * Recruited 80 participants to 2009 L					
	who mobilized 35 legislative visits in Salem * Hosted	Budget Advocacy meetings	with City of Portla	nd and		
	(Continued on Statement 5)					
		includes foreign grants, ch	eck here	. ▶ 🗆	30a	11,831
31	Other program services (attach schedule) .See St	atement 6				
		includes foreign grants, ch		<u> </u>	31a	
	Total program service expenses (add lines 28a t			<u>.</u> . ▶	32	52,877
Par	LIV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances
Rona	ault Catalani	Board Member, 5	0		0	0
PO E	Box 6552, Portland, OR 97208					-
Lee		Board Member, 5	0			0
PO E	Box 6552, Portland, OR 97208				_	_
	lis Lee	Board Member, 5	0		0	0
	Box 6552, Portland, OR 97208					_
Mary		Board Member, 5	0	0 0		
7	Box 6552, Portland, OR 97208					-
	nen Madrid	Chair, Health Equity and	0			0
	lox 6552, Portland, OR 97208	Reform Team, 10			-	_
	line Mao	Board Member, 5	0		0	0
PO E	lox 6552, Portland, OR 97208				_	-
	nas Ngo	Treasurer, 10	0			0
	Box 6552, Portland, OR 97208				-	
	h Nguyen	Fundraising & Membership	0		0	0
	lox 6552, Portland, OR 97208	Co-Chair, 10		•		
Huy		Policy Advocacy/Civic	0		0	0
PO E	lox 6552, Portland, OR 97208	Engagement Working				
	Phan	Board Co-Chair, 10	0		0	0
PO E	ox 6552, Portland, OR 97208					
Emil	y Ryan	Board Member, 5	0	_	0	0
PO E	lox 6552, Portland, OR 97208					
	Schumann	Board Co-Chair, 10	0		0	0
PO E	ox 6552, Portland, OR 97208					
	Inbunmorl Sou	Secretary, 10	0	-	0	0
	ox 6552, Portland, OR 97208				-	
	y Wai	Policy Advocacy/Civic	0		0	0
	ox 6552, Portland, OR 97208	Engagement Working	[ا		- [·
		Group 10				
			į			
						

<u>rarı</u>	Other information (Note the statement requirements in the instructions for Fact V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b)	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4915 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶ OR			
42a	THO DIGGENERATION OF DOORS OF THE THE THE TENT OF THE	03-51		<u> </u>
	Located at ► PO Box 6552, Portland, OR 97208 ZIP + 4 ►	972	208	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	_	Yes	No
	account)?	42b		
	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.			
¢	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c]	✓
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		163	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		<u>√</u>
70	"Yes," Form 990 must be completed instead of Form 990-EZ	45		√

Form **990-EZ** (2009)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a) 17(a)(1) nonexent ad 51.	(1) nonexe	mpt charit ble trusts m	able trusts only. A	II sec ons 4	ction 6-49t	
	Did the organization engage in direct or indirect			on behalf of	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete 5	· ·				46		✓
	Did the organization engage in lobbying activities					47	1	
	Is the organization a school as described in sectio					48		
	Did the organization make any transfers to an ex	•		-		49a	L	
	If "Yes," was the related organization a section 5					49b		
	Complete this table for the organization's five hig employees) who each received more than \$100,0	000 of compensat	ion from the	organizatio	n. If there is none, en			
<u>-</u>	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per we devoted to pos	ek	c) Compensation	on (d) Contributions to employee benefit plans & deferred compensation	ac	Expension and allowa	nd
None								
								
							-	-
				<u> </u>				
f	Total number of other employees paid over \$100	,000	>					
51	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contractor p	n. If there is none,	enter "None)." , -			more	
None						····		
								•
d	Total number of other independent contractors e	ach receiving ove	r \$100,000	•			_	
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration of	d this return, including of preparer (other than	accompanying officer) is based	schedules and i on all informat	statements, and to the bes	t of my	knowle wledge	dge
Sign	TIM				11/14/20	10		
lere	Signature of officer Thomas Le Ngo, Treasurer				Date			
	Type or print name and title Preparer's		Date	Check if	Preparer's identifying num	ber (See	Instructi	ions)
aid repare	signature			self- employed ▶		-		
lse Onl	y yours if self-employed),				EIN >			
	address, and ZIP + 4	above? See instr	uctions		Phone no ►	Vec	ПМ	

SCHEDULE A

Department of the Treasury

(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.

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

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2009

Open to Public Inspection

		he organization	1						Employ	er identifica	ation number
Aşi	an F	acific Amer	ican Network of	Oregon				_	80		0252850
	rt l			narity Status (All or	rganizati	ions mu	st comp	lete this	part.) S	ee instru	ctions.
—– The	orga	anization is n	ot a private four	ndation because it is:	(For line	s 1 throu	gh 11, cl	neck only	one box	:.)	
1	Ĭ	A church, co	onvention of chu	irches, or association	of churc	ches desc	cribed in	section 1	70(b)(1)	(A)(i).	^ 1
2		A school de	scribed in secti	on 170(b)(1)(A)(ii). (At	tach Sch	nedule E.))				() I
3		A hospital o	r a cooperative	hospital service organ	nization c	described	in secti o	on 170(b)	(1)(A)(iii)		9
4			esearch organiza ame, city, and st	ation operated in contate:	junction	with a ho	ospital de	escribed i	n sectio	n 170(b)(I)(A)(iii). Enter the
5		_	tion operated for I(b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ege or un	iversity o	wned or	operated	by a gov	ernmenta	ıl unit described ir
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	ed in sec t	tion 170(b)(1)(A)(v	·).	
7	V			y receives a substanti (1)(A)(vi). (Complete f		its supp	ort from a	a governn	nental un	it or from	the general public
8			•	d in section 170(b)(1)							
9				y receives: (1) more th							
		support from	n gross investm	ed to its exempt func ent income and unre a after June 30, 1975.	elated bu	siness ta	xable ind	come (les	s section		
10	\Box	•	_	nd operated exclusive					-	(2)(4)	
11		An organiza purposes of	tion organized a one or more pu	and operated exclusive blicly supported organated organization or	vely for t nizations	he benef describe	it of, to ped in sect	perform t ion 509(a	he funct)(1) or se	ions of, c ction 509	(a)(2). See section
		a Type						integrate	•	_	Type III-Other
e		• •		tify that the organizat	• ,		•	_			• •
Ū	_			n managers and othe							
		-	section 509(a)(2)					• •	Ŭ		
f		If the organi	ization received	a written determinati	ion from	the IRS	that it is	a Type	I, Type II	, or Type	III supporting
		organization	, check this box								🗆
g				the organization acce	epted any	y gift or c	contribution	on from a	any of the	•	
		following pe									F F
				r indirectly controls, e				th persor	is descri	oed in (ii)	
			•	ning body of the supp		rganizatio	n? .				11g(i)
				rson described in (i) a							11g(ii) 11g(iii)
h				of a person described ation about the suppo							[119(11)]
	Jame	of supported	(ii) EIN	(iii) Type of organization				ou notify	(vi)	s the	(vii) Amount of
٠.,		anization		(described on lines 1-9	ın col (i) lı	sted in your	the organ	nization in	organizat	ion in col	support
				above or IRC section (see instructions))	governing	document?	sup	of your port?		zed in the S?	İ
					Yes	No	Yes	No	Yes	No	
	_										
									i		
				-							
Tota											

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (c) 2007 (b) 2006 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 0 0 0 32,300 188,400 220,700 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 0 organization without charge 0 0 0 32.300 188,400 220,700 Total. Add lines 1 through 3 . . . 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 61,164 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 159,536 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ 0 32,300 188,400 0 0 220,700 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is 0 0 regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 220,700 Total support. Add lines 7 through 10 . 1,025 12 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 <u>.</u> . . . <u>.</u> Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . 14 % 15 % Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33% % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box 33\% \% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% \% or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test -2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	rt III Support Schedule for Orga (Complete only if you check				a)(2)	_	
Sec	tion A. Public Support	<u> </u>					
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		ļ	\	<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	64 11MM 10/4 h - 1 4 h -	- 1 15 - 1 15 15 15	1 4 5 7			
8	Public support (Subtract line 7c from line 6.)				AND THE COURSE		
$\overline{}$	tion B. Total Support						
Cá	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		-		501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	··					
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S					15 16	<u>%</u>
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divided	d by line 13, co	olumn (f)) .	17	<u>%</u>
18	Investment income percentage from 20					18	%
19a	17 is not more than 331/3 %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly s	supported orga	nization 퉊 🔲
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this						

Part IV	Supplemental Information. Complete to Part II, line 17a or 17b; and Part III, line	this part to provide the explanations required by Part II, line 10; 12. Provide any other additional information. See instructions.
	Tach, me 17a or 17b, and Farein, me	12. Frovide any other additional information. Occ instructions.
	,	
		`
		······
		•••••••••••••••••••••••••••••••••••••••

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.

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

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C • 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 If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number Asian Pacific American Network of Oregon Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 3 Volunteer hours . . Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 . . . Enter the amount of any excise tax incurred by organization managers under section 4955 . • \$______ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. 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 committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (d) Amount paid from (e) Amount of political (a) Name (b) Address contributions received and filing organization's funds. If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-

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м	ao	ю	-

Schedule	C'/E	000 00	000 67	2000
Schedule	C (Form	990 or	99U-EZ)	2009

SCI	edule 0 (1 01111 300 01 000 EE) 2000					
Pa	art II-A Complete if the organizat under section 501(h)).	ion is exem	pt under sectio	n 501(c)(3) and	filed Form 5768	(election
—— А В	Check ► ☐ if the filing organization Check ► ☐ if the filing organization	belongs to a checked bo	an affiliated groux A and "limited	p. control" provision	ons apply.	
	Limits on Lob (The term "expenditures" m	bying Expend	ditures		(a) Filing organization's totals	(b) Affiliated group totals
t c	d Other exempt purpose expenditures Total exempt purpose expenditures (ac	e a legislative 1a and 1b) dd lines 1c an	body (direct lobb d 1d)	ying)		
f	columns. If the amount on line 1e, column (a) or (b) is:		nontaxable amou			
	Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the a \$100,000 plu \$175,000 plu	mount on line 1e. s 15% of the excess s 10% of the excess s 5% of the excess	s over \$500,000. s over \$1,000,000.		
e F i j		less, enter -0 less, enter -0 either line 1h) or line 1i, did the o		rm 4720 reporting	☐ Yes ☐ No
	(Some organizations that ma	de a section	g Period Under S 501(h) election c uctions for lines	ection 501(h) lo not have to co 2a through 2f on	mplete all of the 1 page 4.)	ïve
	Lobbying	g Expenditure	es During 4-Year	Averaging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
28	Lobbying nontaxable amount	· · · · · · · · · · · · · · · · · · ·				
t	Lobbying ceiling amount (150% of line 2a, column (e))			, ,		
_	Total lobbying expenditures					<u>.</u>
_	d Grassroots nontaxable amount					
6	Grassroots ceiling amount (150% of line 2d, column (e))				•	
	(130% of life 2d, coldifit (e))		<u> </u>			

Schedule C (Form 990 or 990-EZ) 2009

	(election under section 501(h)).	(6	a)		(b)	
		Yes	No	,	Amour	nt
1	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:					
а		✓				
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?		✓			
е	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?	✓_				_150
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			···.		150
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .		<u> </u>			
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 .				_	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1/0/	5) 0:		lion	
rai	501(c)(6).	1(0)(J, U	Seci	lion	
		_			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	: :	•	2		
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-" "Yes."					ed
1	Dues, assessments and similar amounts from members	.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ical				
а	Current year	. }	2a		_	
Ь	Carryover from last year	.	2b 2c			
_	Total	. }	3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.:	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	T I	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
	t IV Supplemental Information	· · ·				
Com Also Sch abo	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information. edule C, Part II-B, Line 1 - Our primary activities during the reporting period focused on educut the diverse racial, ethnic, linguistic, cultural, religious and immigration experience of Oregoder communities. Nearly all of our direct contact with state legislators was conducted by vo	ation on's	of le Asiar	gislate and	ors Pacifi	
limit	ed staff support to coordinate logistics. Other activities included ballot measure campaign we legislators about their proposed bills for the 2011 state legislative session. Two 30 minute e	ork,	and n	neetin	g with	h
	munity volunteers on behalf of health equity in federal health care reform with offices of Sen					
Dav	id Wu, promoting racial equity measures. Staff coordinated our message with coalition partners to participate, and facilitated debrief of the visit. We met with staff members in coalities	ers, c	rgan	ized		
com	munity based organizations working in communities of color. One letter of support for federa to Oregon federal delegation signed by community leaders. Staff recruited community leader	al hea	alth c sign	are re on an		
	aged the final editing and distribution of the letter. 20 hours of phone banking in support of s sures 66 and 67. One 60 minute ballot party training advocating Yes on 66 and 67. Staff coord				• • • • • • • • • • • • • • • • • • • •	

Part IV - Supplemental Information (Continued)	Part IV -	Supplemental	Information	(Continued)
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with 20 volunteers who met with 10 different state legislators. Our primary purpose was to introduce community members to the legislative process and introduce them to their local legislator. Staff coordinated the travel and meal
logistics, print materials, and appointments with legislators. Volunteers conducted the meetings with legislators.

Statement 1: Other Expenses Schedule

Statement 2 : Other Assets

Statement 3 : Liabilities Schedule

Statement 4 : Primary Exempt Purpose

Statement 5 : Third Program Service Accomplishments Description

Statement 6 : Other Program Service Accomplishments

Statement'1 Form 990-EZ

Page 1

Line Number Part I Line 16

Other Expenses Schedule

Description	Amount
Supplies	2,404
Office Equipment	2,811
Telecommunications	1,841
Travel Expense	1,200
Meeting and Program Event Expense	9,833
Other Expense	115
Business Expense	2,932
Total:	21,136

Statement 2
Form 990-EZ
Page 1
Line Number Part II Line 24

Other Assets

	воу	EOY	
Description	Amount	Amount	
Funds held by Fiscal Sponsor	7,977	0	
Accounts Receivable	0	150	
Pledges and Grants Receivable	0	115,140	
Prepaid Expenses	0	158	
Total:	7,977	115,448	

Asian Pacific American Network of Oregon 80-0252850

Statement 3
Form 990-EZ
Page 1
Line Number Part II Line 26

Liabilities Schedule

Description	воу	EOY
	Amount	Amount
Accounts Payable	0	2,504
Total:	0	2,504

Statement 4
Form 990-EZ
Page 2
Line Number Part III

Primary Exempt Purpose

Primary Exempt Purpose

The mission of APANO is to create an alliance of organizations and individuals that can mobilize the social, cultural, and political strengths of Asian Pacific Islander communities in Oregon towards self-sufficiency so that we are able to reach our full potential and achieve prosperity APANO advances the following values and beliefs in the pursuit of this mission 1. Strong Asian Pacific Islander communities help enhance the quality of life of our larger society 2. Prosperity means life, liberty, equity and the pursuit of happiness 3. Successful bridges among cultures can and should exist.

Asian Pacific American Network of Oregon 80-0252850

Statement 5
Form 990-EZ
Page 2
Line Number Part III Line 30

Third Program Service Accomplishments Description

Description

Multnomah County * Completed 3 Policy Position papers on Oregon State Budget Cuts, Health Equity and Reform, and Immigration and Civil Rights

Page 6

Statement 6
Form 990-EZ
Page 2
Line Number Part III Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Health Equity * Coalition building with 5 communities of color organizations * Trained 100 API community members on health equity * Grassroots legislative advocacy with 50 community members * Collected and presented over 300 Health Equity postcards to Oregon legislators * Engaged 12 API community members to lead APANO's Health Equity And Reform Team (HEART) carry forward health equity work	0		24,126
Environmental Equity and Reform * Surveyed 500 Asian/Pacific Islanders on environmentalism and sustainability * Built Relationships with 45th Parallel Universal Zulu Nation, Hmong American Community of Oregon (HACO), Organizing People Activating Leaders (OPAL), Environmental Professionals of Color (EPOC) * Engaged over 60 participants in symposium including workshops, panels, discussion	0		9,851
Total:		-	33,977