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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross recepts less than \$200,000 and total assets less than \$500,000 and total assets at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

ΑI	For the	2010 calendar year, or tax year beginning , 2010, and ending		, 20								
В	Check if ap			entification number								
	Address ci	nargo Chinese American Friendship Association 5	56-2226533									
╬	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele	phone n									
$\Box$	initial retur	7-0, Βοχ 898	19 -	966-4912								
=	Torminated	City or town, state or country, and ZIP + 4	roup Exemption									
=	Amended	return	mber •	•								
_	Application		<b>▶</b> □:	f the organization is not								
	Websit			ach Schedule B								
	Check Diff the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses											
			Dut II ti	ie organization chooses								
		return, be sure to file a complete return.		<u> </u>								
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	'·									
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		( S1)								
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions	s for Part I.)								
		Check if the organization used Schedule O to respond to any question in this Part I		· · · · · <u> </u>								
	1	Contributions, gifts, grants, and similar amounts received	1	36.818.63								
	2	Program service revenue including government fees and contracts	2	104. 232. 14								
	3	Membership dues and assessments	3	11, 196.10								
	4	Investment income	4									
	5a	Gross amount from sale of assets other than inventory										
	b	Less: cost or other basis and sales expenses	<b>1</b>									
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c									
	6	Gaming and fundraising events	100									
	1 -	Gross income from gaming (attach Schedule G if greater than										
0	a	4.0.000										
Revenue	١.	· ·	-									
Š	b	Gross income from fundraising events (not including \$of contributions										
æ	1	from fundraising events reported on line 1) (attach Schedule G if the										
	i	sum of such gross income and contributions exceeds \$15,000) 6b	-									
	C	Less: direct expenses from gaming and fundraising events 6c	-									
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract										
	1	line 6c)	6d									
	7a	Gross sales of inventory, less returns and allowances	_									
	b	Less: cost of goods sold										
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) - 1 - 1	7c									
	8	Other revenue (describe in Schedule O)	8									
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	152.241.41								
	10	Grants and similar amounts paid (list in Schedule O)	10									
	11	Paradita anida anida anida mamban	11									
s	12	Salaries, other compensation, and employee benefits	12									
penses	13	Professional fees and other payments to independent contractors OGDEN, UT	13	38.18								
ĕ	14	Occupancy, rent, utilities, and maintenance	14	12.616.18								
EXP	ł		15	2,166.15								
ند	15	Other expenses (describe in Schedule O) Program Activities, Admin Cost.	16									
	16	Total expenses. Add lines 10 through 16 Supplies, Armed, Lite	17									
	17			152,561.43								
ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5313.96>								
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		A 1 - 11 W								
As		end-of-year figure reported on prior year's return)	19	16,04500								
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(K, 9,8,01)								
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	69, 812.92								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form 990-EZ (2010)

Form 9	90-EZ (20	10)					Page Z
Par		Balance Sheets. (see the instructions Check if the organization used Schedule		tion in this Part I	1		
		Check if the organization used Schedule	O to respond to any ques		ginning of year	· ·	(B) End of year
22	Cash.	savings, and investments			6,045	22	69.812.91
23		and buildings			<u> </u>	23	<u> </u>
24		assets (describe in Schedule O)				24	
25	Total	assets				25	
26		liabilities (describe in Schedule O)				26	
27		ssets or fund balances (line 27 of column			6.045	27	69.812.91
Part		Statement of Program Service Accom Check if the organization used Schedule				/n	Expenses ured for section
1475 -4			O to respond to any ques	- III IIIS Fait i	· · · 📙		c)(3) and 501(c)(4)
Descri	is the o	rganization's primary exempt purpose? was achieved in carrying out the organization	's exempt purposes. In a clear	r and concise man	ner, describe		nizations and section
		ovided, the number of persons benefited, and					(a)(1) trusts; optional hers.)
28	17-60	nized cultural activities s	uch as Chinese New	Heir ourson	mance,		<u> </u>
	( Par	traipated in International	s certified in Not	th Carolina	Estimated		
	1,0	1000 people attended	<u> </u>	X			40 31- 4
	(Grants	\$ ' If this amount	includes foreign grants, ch		. ▶ 🔲	28a	58, 340,17
29	Qx4	anised member activiti	es, provide variou	us services s	nch as	•	
	sev	LIMAYS annual pikniss.	VISA Services , m	ember direc	boy etc		
		inated 5000 members and	friends benefit	<u>જ્ય</u>	·····		Al LACOS
	(Grants		includes foreign grants, che			29a	16, 695.88
30		pported member club acti	<u>(13145</u>				
				· • • • • • • • • • • • • • • • • • • •		i	
7	(Grants	\$ ) If this amount	ıncludes foreign grants, che	eck here	▶ □	30a	11.525.38
		rogram services (describe in Schedule O)	meiddes foreign grants, en			000	11. 2 73.98
	(Grants		includes foreign grants, ch		. ▶ 🗆	31a	Ì
		rogram service expenses (add lines 28a			▶	32	
Part		ist of Officers, Directors, Trustees, and Key				nstruc	ctions for Part IV.)
		Check if the organization used Schedule	•				· · · · 🗀
		(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	
			devoted to position	enter -0)	deferred comper	rsation	other allowances
3			president	90	Ð		B
	Nun	g, Dianxia	yresinen	<u> </u>			
		70.0	Chairman Bod	Ð	·e		A
	yan	Ding					
	zhoi	1. Ming	Treasurer	Ø	l e	7	B
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ronn 9	90-EZ (2010)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 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 tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		V
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			,
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		V
41 42a	List the states with which a copy of this return is filed. ►  The organization's books are in care of ► Ming 2hgu.  Telephone no. ► 9.	9-0	166	-4917
b	Located at ► D.O. Row 818 Card JC 27.512 ZIP + 4 ► 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)?	405	Yes	No
	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.	42b		;
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		~
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	٠.	. 1	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V

T CHIT 35	O-EL (2010)		<del></del>				Yes No	
45	Is any related organization a controlled entity of	the organizat	ion within the	meaning of section	n 512/h\/13\?	45	-	
>a	Did the organization receive any payment from o					1		
a	meaning of section 512(b)(13)? If "Yes," Form							
	Form 990-EZ (see instructions)				Dieted instead of	45a		
46	Did the organization engage, directly or indirectly				f or in apposition	700	- V	
40	to candidates for public office? If "Yes," comple					46	V	
Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and 52, and complete the tables for lin Check if the organization used Schedule	47(a)(1) none les 50 and 5	exempt char i1.	itable trusts mus	t answer question	All sec ons 4	7–49b –	
	Check if the organization used schedule	O to respon	id to any que	3007111 0113 1 010	• • • • • •	<u> </u>	Yes No	
47	Did the association association is believed a still	-0 14 91/ 7 -	amalata Caba	ndulo C. Port II		47	V	
47	Did the organization engage in lobbying activitie Is the organization a school as described in section					48		
48						49a		
49a	Did the organization make any transfers to an ex							
EV.	If "Yes," was the related organization a section 5					49b	oo ond ko	
50	Complete this table for the organization's five his employees) who each received more than \$100,							
	employees) who each received more than \$100,		nd average	(c) Compensation	(d) Contributions to		Expense	
	(a) Name and address of each employee paid more	hours	per week		employee benefit plans of deferred compensation	ac	count and	
	than \$100,000	devoted	to position		decires conquisation	oute	allowances	
	4) 4 1 2	ł						
	NONE				<del></del>	╁──		
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		-			1	1		
	Total number of other ample and area #100	2 000		<u> </u>	<u> </u>			
Total number of other employees paid over \$100,000 ▶  Complete this table for the organization's five highest compensated independent contractors who each received the complete this table for the organization's five highest compensated independent contractors who each received the complete this table for the organization's five highest compensated independent contractors who each received the complete this table for the organization's five highest compensated independent contractors who each received the complete this table for the organization's five highest compensated independent contractors who each received the compensated independent contractors where the compensated independent contractors where the compensated independent contractors where contractors where the compensate contractors where contractors where the compensate contractors where the compensate contractors where the compensate contractors where the compens								
51	\$100,000 of compensation from the organization				ors wno each rec	eivea	more thai	
	(a) Name and address of each independent contractor	_			pe of service	(c) Co	mpensation	
	to) that are					1-7		
	None							
	10006			<del>-  </del>				
	· · · · · · · · · · · · · · · · · · ·			<del></del>				
				<b></b>				
	Total number of other independent contractors		•		74-141			
52	Did the organization complete Schedule A? Not			anizations and 494		71 V	<b>□</b> •••	
	nonexempt charitable trusts must attach a comp			<del></del>		Yes		
	enalties of perjury, I declare that I have examined this return, in rect, and complete Declaration of preparer (other than officer)					dge and	belief, it is	
	Dan			ı	r/17	1 2-	211	
Sign					3/10/			
Here	Signature of officer	_	D = 5 A		Date			
	Vianxia Wang	<u>, í</u>	Presido	int				
(eel	Type or print name and title			160	<del></del>	DZY		
χ <u>ee√</u> Paid	7	rer's signature	A .	Date	Check 🔲 if	PTIN		
Prepa	arer Peizho Lin	Kezhu	lus	5/10/11	self-emptoyed			
Use (	Only Firm's name >			<u></u>	Firm's EIN ▶			
	Firm's address ▶				Phone no.			
Mayth	e IRS discuss this return with the preparer shows	n above? See	e instructions		<b>&gt;</b> 17	7Yes	□No	

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

## **Public Charity Status and Public Support**

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer Identification number Name of the organization A460 Ciatron Chinese American Friendship 56 - 2226533 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Other a 🗌 Type I **b** Type II e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes (iii) below, the governing body of the supported organization? . . . . . . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col. (i) listed in your organization (described on lines 1-9 the organization in omanization in col support col (i) of your (i) organized in the above or IRC section governing document? US2 (see instructions)) No Yes Nn Yes No Yes (A) (B) (C) (D) (E)

Total

18

SCHEUU	18 A (Fulli) 330 OF 330-E24 2010						rage =
Part							
	(Complete only if you checked the						amy under
Carti	Part III. If the organization fails to	quality unde	er the tests is	sted below, p	nease compi	ete Fart III.)	<del></del>
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(3) 2331	(0) 2000	(4)	(3) 2010	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			ļ		ļ <u> </u>	
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.		<u></u>	<u> </u>	<u> </u>	<u> </u>	
	on B. Total Support		41.0007	( ) 0000	1 (15 0000	1 ( ) 0040	- <del> </del>
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					<del> </del>	<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				<u> </u>		l
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		nd, third, fourth	n, or fifth tax y	rear as a section	on 501(c)(3) · · · ► □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line	6, column (f) d	ivided by line	11, column (f))		14	
15 16a	Public support percentage from 2009 Sci 33¹a% support test—2010. If the organic	zation did not	check the box	on line 13, an	d line 14 is 33		
b	box and stop here. The organization qua 331x% support test – 2009. If the organ check this box and stop here. The organ	nization did no	ot check a bo	x on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test—2t 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circi	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. I as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—2i 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	009. If the organical tion meets the meets the "fact	anization did n e "facts-and-c s-and-circums	ot check a bo: ircumstances" stances" test. 1	x on line 13, 19 test, check t The organization	6a, 16b, or 17a his box and st on qualifies as	, and line t <b>op here</b> . a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedu	te A (Form 990 or 990-EZ) 2010						Page 3
Part							
	(Complete only if you checked the						der Part II.
<u> </u>	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	ll.)	
	on A. Public Support	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	dar year (or fiscal year beginning in)		11.136	11.212	(u) 2009	11, 191	43,368
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6.813		17 000	·		
2	Gross receipts from admissions, merchandise	46,663	19,139	26.024	<del>-</del> -	36.818	129.184
	sold or services performed, or facilities		1		ļ		
	furnished in any activity that is related to the organization's tax-exempt purpose	35,153	25,128	31,056		104,233	195,570
3	Gross receipts from activities that are not an	72,137	121118	717.50	-	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	unrelated trade or business under section 513			i		'	
4	Tax revenues levied for the	ļ					
7	organization's benefit and either paid						
	to or expended on its behalf	1		1			:
5	The value of services or facilities					· · · · ·	
	furnished by a governmental unit to the						
	organization without charge	j					
6	Total. Add lines 1 through 5	88,519	\$6,003	14,292	81,993	152,241	453,114
	Amounts included on lines 1, 2, and 3	8 4 1 3 1 1		1,7,2,12		<u></u>	137711
	received from disqualified persons .	İ	ì	į i			}
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		ľ				
	or 1% of the amount on line 13 for the year		<u> </u>				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						Ĺ
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	88,519	16,003	14,292	81, 993	152,241	453,114
10a	Gross income from interest, dividends,						ł
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	;					
	acquired after June 30, 1975						
	Add lines 10a and 10b				-		
11	Net income from unrelated business	ł	ŀ	1			
	activities not included in line 10b, whether or not the business is regularly carried on	1					;
40							
12	Other income. Do not include gain or loss from the sale of capital assets	l .		1			ĺ
	(Explain in Part IV.)	1		]			
13	Total support. (Add lines 9, 10c, 11,						<del></del>
13	and 12.)	88.514	1/2 202	14,292	81 942	102 241	453 114
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppo			-			
15	Public support percentage for 2010 (line			3. column (fl)		15	%
16	Public support percentage from 2009 Sc					16	%
	on D. Computation of Investment In			··			
17	Investment income percentage for 2010			y line 13. colur	nn (f))	17	%
18	Investment income percentage from 200					18	<del></del>
19a	331/3% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests-2009. If the organic	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than	331/3%, and

line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions