

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



20050003 07/19/2011 2 04 PM

Form

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2010

Open to Public Inspection

A	For the 2010 c	alendar year, or tax year beginning , and ending	<u> </u>		
В	Check if applicable	C Name of organization	D	Emplo	yer identification number
	Address change	SEE DAI DOO SOCIETY			
	Name change *	Doing Business As		99-	0081530
	Initial return	Number and street (or P O box if mail is not delivered to street address)  Room/suite	E		none number
$\Box$	Terminated	1300 PALI HIGHWAY		808	-533-4756
		City or town, state or country, and ZIP + 4			450 444
$\equiv$	Amended return	HONOLULU HI 96813	G	Gross rece	expts \$ 470,414
	Application pending	F Name and address of principal officer  H(a) Is the	s a group	return for a	affiliates? Yes X No
		H(b) Are	all affile	ates inclu	ded? Yes No
					ist (see instructions)
_	Tax-exempt sta		·		,
j	Website: ▶		un exen	notion nu	mher •
_	Form of organization				M State of legal domicile
		ummary			W Otato or logal controllo
		escribe the organization's mission or most significant activities		•	
æ		Schedule O			
Ž					
& Governance					
Š.	2 Check t	his box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net	accato	•	
Ğ		of voting members of the governing body (Part VI, line 1a)	assett	ຶ  <sub>3</sub>	81
Š		of independent voting members of the governing body (Part VI, line 1b)		4	81
įį	1	mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	4
Activities	1	mber of volunteers (estimate if necessary)		6	
⋖		related business revenue from Part VIII, column (C), line 12		7a	
		elated business taxable income from Form 990-T, line 34		7b	0
			r Year	1,5	Current Year
e	8 Contrib	utions and grants (Part VIII, line 1h)	1,	195	367
Ž	9 Progran	service revenue (Part VIII, line 2g)			<del></del>
O Røyepijue	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	20,	074	105,352
	11 Other re			582	203,328
6.5				851	309,047
9		and similar amounts paid (Part IX, column (A), lines 1-3)		Î	
AUG	14 Benefits	paid to or for Riembers (Part IX, column (A) Sine 4)			
8	15 Salaries	, other compensation, employee benefits (Parilix, column (A), lines 5-10)	53,	323	42,204
Repses	16a Profess	onal fundraising fees (Part IX, column (A), lifte 11e)			
***	b Total fu	ndraising expenses((Part (N, Ediumn (P), line 25) ▶			
Ą	17 Other e	openses (Part IX, column (A), lines-14e-14d, 1/1f-24f)	68,	322	69,035
SCA限	18 Totale		<u>.21,</u>	645	111,239
<u> </u>	19 Revenu			206	197,808
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Beginning o		_	End of Year
Asse Bala	20 Total as			776	3,490,637
Net Assets or Fund Balances	21 Total lia	bilities (Part X, line 26)		174	55,227
	11 1 11 11		37,	602	3,435,410
		ignature Block			
tru	nder penaities of ue. correct. and o	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be omplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	st of my	/ knowled	ge and belief, it is
		1/1/2006	•	<del>.</del>	
Sig	.n   🗗	Supplying at affine 1/1		<del></del>	0
He		Signature of officer III and Un - Malus II I I I	514	Date	- 5/8///
116		Language III		- esy	<del></del>
_	Print/T	1123102	107	Check	V . DTIN
Paid	.				
	DOMAL		_		nployed P00449397
	Only Firm's	1939-A SOUTH KING ST	Firm	's EIN 🕨	99-0155979
	· 1	address HONOLULU, HI 96826			808-947-1227
May		ss this return with the preparer shown above? (see instructions)	Phor	ne no	
		eduction Act Notice, see the separate instructions.			Yes No Form <b>990</b> (2010)
DAA	·	and the state of the separate management.			Form 330 (2010)

Purit II Statement of Program Service Accomplishments Check If Schedule O Contains a response to any question in this Part III   I surely describe the organization's mission  See Signature of the organization undertake any significant program services during the year which were not listed on the price of the organization classe conducting, or make significant changes in how it conducts, any program services in the organization classe conducting, or make significant changes in how it conducts, any program services. If "Yes," describe these remaps on Schedule O  Dothe organization classe conducting, or make significant changes in how it conducts, any program services. If yes, "I revers," describe these changes on Schedule O  Schedule of the organization classe conducting, or make significant changes in how it conducts, any program services by expenses Section 50(c)(b) and 501(c)(b) organization and section 4947(a)(f) trusts are required to report the amount of grants and allocations to other, the total expenses, and revenue. If any, for each program service reported  4a. (Code ) (Expenses \$ 14,268 moluting grants of \$ ) (Revenue \$ )  PROGRAMS, ACTIVITIES, CLASSES  4b. (Code ) (Expenses \$ 13,312 moluting grants of \$ ) (Revenue \$ )  Activities of the program services (Describe in Schedule O) (Code ) (Expenses \$ 1,55,523 moluting grants of \$ ) (Revenue \$ ) (Revenue \$ )	Form 990 (2010) SEE D	AI DOO SO	CIETY		99-0081530	Page 2
See Schedule O  2 Dod the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 390-E2?  2 Dod the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 390-E2?  If Yes, 'Gescribe these here services on Schedule O  3 Dod the organization cease conducting, or make significant changes in how it conducts, any program services by expenses. Section  If Yes, 'Gescribe these changes on Schedule O  4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(6)(4) significants and self-legitly flurests are required to report the amount of grants and sillocations to orters, the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	Part III Statemen	t of Program S	ervice Accom			
See Schedule 0   2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 990-E27  If Yes Secrete these new services on Schedule 0  3. Did the organization cases conducting, or make significant changes in how it conducts, any program services?  If Yes Secrete these changes on Schedule 0  1. Describe the exampt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(s) and 501(c)(s) organizations and section 4947(a)(t) trusts are required to report the amount of grants and ellocations to others, the total expenses, and review, if any, for each program service reported  4a. (Code ) (Expenses \$ 14, 268 including grants of \$ ) (Revenue \$ )  4b. (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  4c. (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  4c. (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  4d. (Code ) (Expenses \$ 13,533 including grants of \$ ) (Revenue \$ )				nse to any question	in this Part III	X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If Yes a compared to the services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services on schedule O  4 Describe the extension shanges on Schedule O  5 Describe the extension prior of Schedule O  6 Describe the extension and section 4947(a)(1) fluids are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  6 (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  7 PROGRAMS, ACTIVITIES, CLASSES  6 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  8 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  9 (Revenue \$ )  10 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  11 (Code ) (Expenses \$ 13,523 including grants of \$ ) (Revenue \$ )						
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  4 Describe the exempt purpose archivements for each of the organizations three largest program services by expenses. Section 501(c)(c) angianzations and section 497(a)(f) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  PROGRAMS, ACTIVITIES, CLASSES   4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  Activities and the conduction of the company of the company of the company of the conduction of the company of the compan	DC0 D0044					
prior Form 990 or 990-EZP If Y'es, 'Expenses S	•					
poor Form 990 or 990-EZP If Y'Ref, 'Recomble these new senores on Schedule O  Did the organization cease conducting, or make significant changes in how 4 conducts, any program services?						
trives, "describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes, "describe these changes on Schedule O  1 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and attocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  PROGRAMS, ACTIVITIES, CLASSES  4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  SCHOLARSHIPS  4c (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	<del>-</del>		cant program serv	ices during the year which	were not listed on the	Van V Na
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services (Pescribe these changes on Schedule O 4 Describe these changes on Schedule O 5 Dic(S) and 501(c)(s) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	•		Sahadula O			Tes _A No
services?  If "Yes Gescribe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section Sof(c)(3) and 50f(c)(4) organizations and section 4947(a)(1) frusts are required to report the amount of grants and allocations to others. the total expenses, and revenue, if any, for each program service reported or the amount of grants and allocations to others. The total expenses, and revenue, if any, for each program service reported or the amount of grants and allocations to others. The total expenses, and revenue, if any, for each program service reported or the amount of grants and allocations to others. The total expenses are required to report the amount of grants and allocations to others. The total expenses are required to report the amount of grants and allocations to others. The total expenses is a service reported to require a service are required to report the amount of grants and allocations to others. The total expenses are required to report the amount of grants and allocations to others. The total expenses are required to report the amount of grants and allocations to others. The total expenses are required to report the amount of grants and allocations to others. The total expenses are required to report the amount of grants of \$\frac{1}{2}\$ (Revenue \$\frac{1}{2}\$)				changes in how it conduct	s any program	
If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section \$10(c)(3) and \$01(c)(4) organizations and section 4547(a)(1) trusts are required to report the amount of grants and effocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  PROGRAMS, ACTIVITIES, CLASSES  4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  Classes  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4c (Code ) (Expenses \$ 1,5523 including grants of \$ ) (Revenue \$ )	<del>-</del>	acc conducting, or	make significant	onangoo iii now k oonabol	o, any program	Yes X No
Solic(3) and Solic(4) organizations and section 4947(4)) frusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  PROGRAMS, ACTIVITIES, CLASSES  4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  SCHOLARSHIPS  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSILETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	If "Yes," describe these	e changes on Sche	dule O			
db (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  46 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  46 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  46 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  47 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  48 (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )	4 Describe the exempt p	urpose achievemer	nts for each of the	organization's three large	st program services by expenses. Section	
4a (Code ) (Expenses \$ 14,268 including grants of \$ ) (Revenue \$ )  4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  SCHOLARSHIPS  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )					port the amount of grants and allocations to	
4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ SCHOLARSHIPS  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	others, the total expen	ses, and revenue, r	f any, for each pro	gram service reported		
4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ SCHOLARSHIPS  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	4a (Codo ) (Ev		14 268	including grants of C	) (Payanua \$	
4b (Code ) (Expenses \$ 13,312 including grants of \$ ) (Revenue \$ )  SCHOLARSHIPS  4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )				including grants or \$	) (Revenue \$	,
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	INCOLUMND, IIC	111111111111111111111111111111111111111	CHIDOLO			
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	4b (Code ) (E)	menses \$	13,312	including grants of \$	) (Revenue \$	,
4c (Code ) (Expenses \$ 4,968 including grants of \$ ) (Revenue \$ )  NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		morading grants or \$	) (Nevende 4	,
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
NEWSLETTER  4d Other program services (Describe in Schedule O) (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	4c (Code ) (E)	openses \$	4,968	including grants of \$	) (Revenue \$	,
4d Other program services (Describe in Schedule O )  (Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,200	morading grants or \$	) (Nevende <b>4</b>	•
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	•					
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )						
(Expenses \$ 15,523 including grants of \$ ) (Revenue \$ )	4d Other program service	s (Describe in Sch	edule O )			
			•	of \$	) (Revenue \$	)

# **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		i	
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			<b>.</b>
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		<u> X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		<b>.</b>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	•	44.4		х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	^
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	, , , , , , , , , , , , , , , , , , , ,	445		х
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	120		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a_		
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	· · · · · · · · · · · · · · · · · · ·	14a		x
b		174		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			l
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		
	If "Yes," complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

<u>Form</u>	990 (2010) SEE DAI DOO SOCIETY	99-0081530		P	age 4
P	rt IV Checklist of Required Schedules (continued)				
				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to govern		-4		v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Par		21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individ	uals in the United States	22		x
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	action of the	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensorganization's current and former officers, directors, trustees, key employees, and hig				
	employees? If "Yes," complete Schedule J	nest compensated	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount	unt of more than			
<b>_</b>	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "				
	through 24d and complete Schedule K. If "No," go to line 25		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pe	eriod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any	-			
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an ex	cess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25 <u>a</u>		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqu	ialified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior	Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I		25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly				
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," of		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee,				
	substantial contributor, or a grant selection committee member, or to a person related	to such an individual?		\	v
28	If "Yes," complete Schedule L, Part III	on (and Sahadula I	27		Х
20	Was the organization a party to a business transaction with one of the following parties	s (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Sch	edule I. Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "	·	20a		
~	Schedule L, Part IV	res, complete	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a f	family member thereof)	202		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedu		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," c	· · · · · · · · · · · · · · · · · · ·	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar a	· ·			
	conservation contributions? If "Yes," complete Schedule M	·	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," of	complete Schedule N,			
	Part I		31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net a	ssets? If "Yes,"			
	complete Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization	ation under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete S	Schedule R, Parts II, III,			
25	IV, and V, line 1		34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)	)'	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedul	lo D			
	Part V, line 2				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exen				
	related organization? If "Yes," complete Schedule R, Part V, line 2	THE TOTAL ORIGINATION	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is no	ot a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," comple	<u>-</u>		İ	
	Part VI	•	37	l	x

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

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

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 0 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)? X 4a If "Yes," enter the name of the foreign country h See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2010) SEE DAI DOO SOCIETY

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.

	Check if Schedule O contains a response to any question in this Part VI	_				_!П_
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	81			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	81			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					ĺ
	any other officer, director, trustee, or key employee?			2	ľ	x
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following.					l
а	The governing body?			8a	x	ĺ
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the I	nterna	al Rever	nue Cod	e.)	
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such					
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c		1
13	Does the organization have a written whistleblower policy?			13		х
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					ĺ
а	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					ĺ
	with a taxable entity during the year?			16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			102		_ <del></del> -
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					ĺ
	organization's exempt status with respect to such arrangements?			16b		1
Sec	tion C. Disclosure			1		
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only) a	available			
	for public inspection. Indicate how you make these available. Check all that apply	,,				
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest po	olicy.			
	and financial statements available to the public	- , P,	•			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the				
	organization ▶ DONALD G. KONG, CPA 1939-A S. KING STR					
HC	NOLULU		0	00 04		227

Form 990 (2010) SEE DAI DOO SOCIETY

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

Check if Schedule O contains a response to any question in this Part VII

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 organization's tax year.
- 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion (	() checl		hat ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) DR RILEY G C YUE	:N										
PRESIDENT/DIRECTOR	0.00							0	0	0	
(2) MARSHA AU-MAXWEI	ιL										
VICE PRES/DIRECTOR	0.00							0	0	0	
(3) CHARLENE S T CH	IANG										
ENGLISH SEC/DIRECTOR	0.00							0	0	0	
(4) PATRICK LAM											
CHINESE SEC/DIRECTOR	0.00							0	0	0	
(5) TINA Y T AU			-								
AS'T CHINESE SEC/DIR	0.00							0	0	0	
(6) CAROL L K S LAU											
DIRECTOR	0.00							0	0	0	
(7) JOLEEN J L CHUN	<del></del>										
TREASURER/DIRECTOR	0.00							0	0	0	
(8) WILFRED K M HEE	-										
AS'T TREAS/DIRECTOR	0.00							0	0	0	
(9) D'WAYNE B F WON	3								-		
AUDITOR/DIRECTOR	0.00		<u> </u>					0	0	0	
(10) BALDWIN AU											
DIRECTOR	0.00							0	0	0	
(11) BEN JAMIN W L CH											
DIRECTOR	0.00	<u> </u>						0	0	0	
(12) THERESA L U CHUN											
DIRECTOR	0.00		<u> </u>					0	0	0	
(13) THOMAS K Y LAI											
DIRECTOR	0.00	<u> </u>						0	0	0	
(14) BETTY K LEONG											
DIRECTOR	0.00	<u> </u>				$\sqcup$		0	0	0	
(15) GREGORY W L LEON											
DIRECTOR	0.00	$\perp$				Ш		0	0	0	
(16) WILLIAM H K LUM											
DIRECTOR	0.00							0	0	0	

Part VII

(A) Name and Title	(B) Average	Posi	ition (	-	C) k all t	hat a	ppły)		(E) Reportable		(F) Estima	ated	
٠.	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co c	amoui othe ompen from organiz and rei	er sation the sation lated	
(17) EDWARD K W WONG DIRECTOR	0.00							0	0				0
(18) CLIFTON K Y YIM	0.00	<del> </del>	<del> </del>	$\vdash$	-	<del> </del>							
DIRECTOR	0.00							0	0				0
(19) NORMA ACOPAN													
DIRECTOR	0.00							0	0				0
(20) ALVIN AU													
DIRECTOR	0.00		ļ				_	0	0	ļ			
(21) DANIEL AU										ĺ			_
AS'T AUDITOR/DIRECTO	0.00	ļ	ļ	_				0	0	<b></b>			
(22) JAMES AU	0.00						1			ĺ			,
DIRECTOR (23) MIRCHANDANI AU	0.00						├	0	0	<b></b>			
DIRECTOR	0.00						ł	0	o				_
(24) RAYMOND AU	0.00			-		-	-	-	. 0	<del></del>			
DIRECTOR	0.00							0	o	ĺ			C
(25) RICHARD AU	0.00		$\vdash$				$\vdash$						
DIRECTOR	0.00							0	o				C
(26) JEANETTE CHANG													
DIRECTOR	0.00							<u> </u>	0				C
(27) BENJAMIN CHAR													
DIRECTOR	0.00			_		ļ	<u> </u>	0	0				С
(28) CHILTON CHEE							1	1		ĺ			_
DIRECTOR	0.00	L	<u> </u>	l			<u> </u>	0	0	<b></b>			
1b Sub-total	4- 4- D43/III O									<b></b>			
c Total from continuation shee	ts to Part VII, S	ectio	on A							<b></b>			
d Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not l	ımıto	d to	thos		tod s	bov	) who recoved more than	\$100,000 in				
reportable compensation from			_	11105	G 112	ieu a	aDUV	e) who received more than	\$100,000 in				
Toponasio dempendation from	the organization											Yes	No
3 Did the organization list any fo	rmer officer, dir	ecto	r or t	ruste	e, k	ey eı	mplo	oyee, or highest compensati	ted	1		1.55	
employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h inc	lividu	ıal				3	ļ	X
4 For any individual listed on line organization and related organ													
individual	iizations greater	triai	ТФТ	0,00	,0,1		:S, C	complete Schedule 3 for \$0	CII		4	1	x
5 Did any person listed on line 1									· individual				
for services rendered to the or		es,"	com	plete	e Sc	hedu	ıle J	for such person		لـــــــــــــــــــــــــــــــــــــ	5		X
Section B. Independent Contractor									U 0400 000 - f				
<ol> <li>Complete this table for your five compensation from the organization.</li> </ol>	⁄e nignest comp zation	ensa	tea i	naep	oeno	ent d	conti	ractors that received more	than \$100,000 of				
	(A) business address							Descrip	(B) tion of services			(C) ompensa	tion
Trumo dile	Dusiness Budiess						1	Descrip	tion of services		~	Jilipelişa	шоп
							1						
											L		
							╁				<b></b>		
							╁						
2 Total number of independent of	contractors (incli	ıdıno	hut	not	limit	ed to	tho	se listed above) who		+			
received more than \$100,000								TO HOLOG GDOVO/ WHO	0				
DAA					=				· · · · · · · · · · · · · · · · · · ·		Forr	n 990	(2010

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

Form 990 (2010) SEE DAI DOO SOCIETY

Part VII Section A. Officers	Directors, Trus	tees	s, Ke	y En	nplo	yees	s, an	d Highest Compensated	Employees (continued)			
(A)	(B)	Con	t.o. /	•	C)	hat a	nnl:A	(D)	(E) Reportable		(F) mated	
Name and Title	Average hours per	⊢				hata <sub>l</sub>		compensation	compensation from	amo	ount of	
	week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	mg g	Former	from the	related organizations		ther ensation	
٠.	hours for	ecto	l to	4	mp	est c	P P	organization	(W-2/1099-MISC)		m the	
	related organizations	٤ ا	<u>ia </u>		oye	3	1	(W-2/1099-MISC)			related	
•	ın Schedule	stee	) ste		"	ens				organ	izations	
	0)		#			Highest compensated employee						
(17) RANDALL CHEE		<del>                                     </del>	<u> </u>		<del>                                     </del>	<del>  -</del>						
DIRECTOR	0.00	}						0	0			C
(18) BETTY CHING												
DIRECTOR	0.00			L				0	0			0
(19) DONALD CHING								_				_
DIRECTOR	0.00			ļ	<b> </b>	<u> </u>	-	0	0			0
(20) ERNEST CHING DIRECTOR	0.00							0	o			o
(21) ROBERT CHING	0.00		_		_		$\vdash$					
AS'T ENGLISH SEC/DIR	0.00							0	o			0
(22) THOMAS CHING												
DIRECTOR	0.00							0	0			
(23) AILEEN CHUN												
DIRECTOR	0.00			L.	<u> </u>		_	0	0			0
(24) CHERILYN CHUN				1								
DIRECTOR CHIP	0.00	-	├—	-		<u> </u>	-	0	0			
(25) DARREN CHUN DIRECTOR	0.00							0	o			c
(26) EDWARD CHUN	0.00				$\vdash$	-	$\vdash$	<del></del>				
DIRECTOR	0.00							0	0			(
(27) COLIN K J CHING												
DIRECTOR	0.00	L.			L_			0	0			
(28) KEVIN CHUN												_
DIRECTOR	0.00	<u> </u>		<u> </u>	<u> </u>	<u> </u>	Ļ	0	0	<b> </b>		
1b Sub-total		47										
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A					<del></del>				
2 Total number of individuals (in	cluding but not l	ımıte	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in	L		_
reportable compensation from	-							-,	4.00,000 iii			
											Yes	No
3 Did the organization list any fo	rmer officer, dire	ecto	r or t	ruste	e, k	ey er	mplo	oyee, or highest compensa	ted			
employee on line 1a? If "Yes,"  4 For any individual listed on line								on and other compensation	from the	3		+
organization and related organ												
individual					_4					4	+	┼-
5 Did any person listed on line 1 for services rendered to the or									Individual	5	1	İ
Section B. Independent Contracto												
1 Complete this table for your five	e highest comp	ensa	ted	nde	end	ent d	cont	ractors that received more	than \$100,000 of			
compensation from the organi	(A) business address						_		(B)		(C) Compens	
Name and	business address						╁	Descrip	tion of services		Compens	sation
							1					
				•				· ·				
							lacksquare					
						-	╁					
				-			1					
					_							
2 Total number of independent of								se listed above) who				
received more than \$100,000	in compensation	ITOF	וו נחפ	org	anız	ation				<u> </u>	orm <b>99</b>	0 (2010

Part VII

Form 990 (2010) SEE DAI DOO SOCIETY

(A) Name and Title	(B) Average	Posi	tion (	(C checi		hat a	(viaa	(D) Reportable	(E) Reportable	ş	(F) Estima		
``.	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co or a	amoui othe mpen from rganiz nd rel ganiza	er sation the ation ated	
(17) NICHOLAS CHUN	0.00								0				^
DIRECTOR (18) JASON CHUN	0.00	$\vdash$	$\vdash$		<del> </del>			0		<u>-</u> _			0
DIRECTOR	0.00							o	0				0
(19) ANNA CHUNG TAM													
DIRECTOR	0.00	<u> </u>						0	0				0
(20) WESLEY FONG													_
DIRECTOR	0.00				-	-		0	0				0
(21) JOLINE GOO DIRECTOR	0.00					1		o	o				0
(22) WALTER HEE	0.00	-		<del> </del>	-		$\vdash$	0					
DIRECTOR	0.00						İ	o	0				0
(23) NOBLE ING						· · · ·						•	
DIRECTOR	0.00							0	0				C
(24) AARPM DEVERE LA													
DIRECTOR	0.00	<u> </u>	ļ					0	0	_			0
(25) LEONARD KAM DIRECTOR	0.00								0				0
(26) RAMONA KONG	0.00		<del> </del>	┝				0	0				
DIRECTOR	0.00							o	o				0
(27) CHERILYN LAI													
DIRECTOR	0.00							0	0				0
(28) LINDA LAU								_	_				_
DIRECTOR	0.00	L	<u> </u>	<u> </u>			Ļ	0	0				
1b Sub-total c Total from continuation shee	to to Dort VII. S	<del>t</del> i-											
d Total (add lines 1b and 1c)	is to Part VII, 5	ecuc	ΜА										
2 Total number of individuals (in	cluding but not I	mite	d to	thos	e lıs	ted a	bov	e) who received more than	\$100,000 in				
reportable compensation from	-							•					
												Yes	No
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ecto	ort	ruste	e, k	ey e	mpk	byee, or highest compensation	ted	İ	3		
4 For any individual listed on line								on and other compensation	from the	F			
organization and related organ													
individual  5 Did any person listed on line 1	a receive or acc	rue d	omi	nens	atior	n fror	n an	ıv unrelated organization or	ndividual	F	4	<del> </del> -	
for services rendered to the or											5	<u> </u>	
Section B. Independent Contracto	-												
<ol> <li>Complete this table for your five compensation from the organization.</li> </ol>		ensa	ted i	ndep	pend	lent (	cont	ractors that received more	than \$100,000 of				
*	(A) business address						Γ		(B) tion of services			(C) empensa	
Name and	ousiness audiess							Descrip	tion of services			mpensa	UOII
		_											
									-				
	-						_						
			•	-			$\vdash$						
						-	ľ		-				
2 Total number of independent of		_						se listed above) who					
received more than \$100,000	in compensation	tron	n the	org	anız	ation	<u> </u>		<del></del>	<u> </u>	Forr	990	(2010

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

Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
(A)	(B)				C)			(D)	(E)		(F)	امما	
Name and Title	Average hours per	_				that a		Reportable compensation	Reportable compensation from	ł	Estimat amount		
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	emp	Former	from	related		other		
٠.	(describe hours for		<u>\$</u>	ब्	en En	lest	ള	the organization	organizations (W-2/1099-MISC)	"	ompensa from th		
	related	[학교	mal		ջ	åg	l	(W-2/1099-MISC)	,		organiza		
• •	organizations in Schedule	l ste	Ę		ee	npe					and rela organizat		
	0)	ď	ê			Highest compensated employee		1		ĺ			
(17) BRENDA LEONG	<del></del>		├-		├	ă.			-	$\vdash$		_	
DIRECTOR	0.00							0	o	1			0
(18) SHIRLEY MA CHOI	KWAN AU		-	├-	┢	<del>                                     </del>	┢	<del> </del>					
DIRECTOR	0.00				l			0	o	1			0
(19) RAYMONG LEUNG	0.00	-	-	┝╌	├	╁	┢			_			<del>_</del>
DIRECTOR	0.00							0	0				0
(20) DORMAN LUM	0.00		_	┢	╁	├	┢	<del></del>	<u> </u>				<u>~</u>
DIRECTOR	0.00				j			0	0				0
(21) DOROTHY LUM	0.00		-	├─	$\vdash$	$\vdash$	-	<del>                                     </del>		<del></del>			_ <del>_</del>
DIRECTOR	0.00							0	0				0
(22) MABEL LUM	0.00	_	├-		-	$\vdash$	_	<del>                                     </del>		<del>                                     </del>			
DIRECTOR	0.00							0	0				0
(23) NORMA LUM	0.00	-	-		-	╁	_	· · · · · · · · · · · · · · · · · · ·		<del> </del>			<del>_</del>
DIRECTOR	0.00			}			<b> </b>	0	o				0
(24) WILBERT LUM	0.00	<b>-</b>			$\vdash$	╁	┢						
DIRECTOR	0.00							0	0				0
(25) WENDY MOW	0.00			$\vdash$	<del> </del>	-							
DIRECTOR	0.00							_	0				0
(26) YUK CHAN NUUHIWA		-	-	├	╁	1		0	0	<del>                                     </del>			0
DIRECTOR	0.00							0	0				0
(27) FAYE SOLIDUM	0.00	<u> </u>	-	├	-	<del> </del>		<u> </u>		<del> </del>		-	
DIRECTOR	0.00							0	0				0
(28) THEODORE TOM	0.00	-		$\vdash$	├	╁		<u> </u>		<del> </del>			
DIRECTOR	0.00		ļ	}			İ	0	0				0
1b Sub-total	0.00		<u> </u>	<u> </u>	Ь.		▶			<del> </del>			
c Total from continuation shee	sto to Dart VII C	aatid	. n. A										
d Total (add lines 1b and 1c)	sis to rait vii, S	CCIIC	<i>א</i> ווע										
2 Total number of individuals (in	icluding but not l	ımıte		thos	a lie	tod s	hov	(e) who received more than	\$100,000 in				
reportable compensation from			u lo	11103	oc no	icu a	ıbov	e) who received more than	1 \$ 100,000 III				
reportable compensation from	the organization										$ \top$	Yes	No
3 Did the organization list any fo	rmer officer, dire	ecto	r or t	ruste	ee k	ev ei	mple	ovee or highest compensa	ted	1	$\Box$	103	-110-
employee on line 1a? If "Yes,"	complete Sched	alut	J for	suç	h ind	dividu	ıal	-			3		
4 For any individual listed on line													
organization and related organ	nizations greater	thar	\$15	50,00	)07 I	f "Ye	s," (	complete Schedule J for su	ch		1.1	1	
individual  5 Did any person listed on line 1	a receive or acc	ruo /		nene	atio	n fran	n a.	w uprolated erganization of	r individual		4		
for services rendered to the or									ringividuai		5	İ	
Section B. Independent Contracte		,		.,55				107 GGGH POIGON					
1 Complete this table for your fiv		ensa	ted	ınde	pend	lent o	cont	ractors that received more	than \$100,000 of				
compensation from the organi	zation										г	(0)	
Name and	(A) business address							Descrip	(B) otion of services		Cor	(C) npensat	ion
			_				╁				├──		
							l			١			
					_		T	<del></del>					
				_			$\vdash$						
2 Total number of independent of	· · · · · · · · · · · · · · · · · · ·	_						se listed above) who					
received more than \$100,000 DAA	ın compensation	fron	n the	org	anız	ation	<b>&gt;</b>					990	(2010)
<del></del>											Loim	JJU	(ZU1U)

Form 990 (2010) SEE DAI DOO SOCIETY 99-0081530 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (F) (A) (B) Reportable Name and Title Average Position (check all that apply) Reportable Estimated compensation from hours per compensation amount of or director Officer Institutional trustee related other week from ighest compensated mployee organizations compensation (describe the / employee (W-2/1099-MISC) from the organization hours for (W-2/1099-MISC) organization related trustee and related organizations organizations in Schedule O) (17) HING YEE TOM 0 0 0.00 DIRECTOR (18) TAM SHIU WEN 0.00 0 0 DIRECTOR (19) BENJAMIN WONG 0 0 0.00 DIRECTOR (20) BLOSSOM WONG DIRECTOR 0.00 0 0 0 (21) CYRIL WONG 0 0 DIRECTOR 0.00 (22) EDWARD S D WONG 0 DIRECTOR 0.00 0 (23) EDWARD W O WONG DIRECTOR 0.00 0 0 (24) HARRY WONG DIRECTOR 0.00 0 0 (25) KATHLEEN WONG-SHIMABUKURO 0 DIRECTOR 0.00 0 (26) WILSON WONG DIRECTOR 0.00 0 0 (27) JESSICA YAMAMOTO-LEONG 0 0 DIRECTOR 0.00 (28) MILTON YEE DIRECTOR 0.00 0 0 1b Sub-total Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address (B) Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

rough part (W-2109-MISC)  rough matter of the part (W-2109-MISC)  rough part (W-2109-MISC)  rou	Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	у Ег	mplo	yees	, an	d Highest Compensated	Employees (continued)	
Try JOHN YIM  DIRRCTOR  O. OO  ORACTOR  ORACTOR  O. OO  ORACTOR  O	· •	Average hours per	<u> </u>		(chec	k all t	,		Reportable compensation	Reportable compensation from	Estimated amount of
DIRECTOR    0,00   0   0   0   0   0   0   0   0	٠.	(describe hours for related organizations in Schedule	dividual trustee director	stitutional trustee	ficer	y employee	ghest compensated nployee	ımer	the organization	organizations	compensation from the organization
DIRECTOR 9, JOHN H L YOUNG DIRECTOR 0,00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIRECTOR	0.00							_0	0	
DIRECTOR 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIRECTOR	0.00							0	0	
DIRRETOR  0.00  0  0  0  0  0  0  0  0  0  0  0	DIRECTOR	0.00	<u> </u>		_				0	0	
DIRECTOR    0	DIRECTOR	0.00							0	0	
23)  24)  25)  26)  27)  28)  1b Sub-total  2 Total from continuation sheets to Part VII, Section A  2 Total from continuation sheets to Part VII, Section A  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization III reportable compensation from the organization III reportable compensation and related organization in line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 ft resp. "complete Schedule J for such individual Section of the organization and related organization of the organization organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization organization of the organization of the organization of the organ	DIRECTOR	0.00							0	0	
24)  25)  26)  27)  28)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list and supplies Schedule J for such individual  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual or services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Complete Schedule J for such person  5 Description of services  Complete Schedule J for such person											
25)  28)  10 Sub-total  11 Total from continuation sheets to Part VII, Section A  12 Total from continuation sheets to Part VII, Section A  13 Total (add lines 1b and 1c)  14 Total (add lines 1b and 1c)  15 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    15 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  15 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  15 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  16 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?  17 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?  18 Description of services  19 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  20 Description of services  21 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.	23)										
26)  27)  28)  10 Sub-total  c Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation is any former officer, director or frustee, key employee, or highest compensated employee on line 1a; or limited to line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of services of the properties of the properties of services of the properties of services of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the pro	24)										
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization and bishess address  Compensation from the organization and bishess address  Compensation from the organization fr	25)										
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  (B)  (C)  (Complete Complete Schedule J for such person section or individual for services individual section by the highest compensated independent contractors that received more than \$100,000 of compensation from the organization or individual section of services individual section or individ	26)										
1b Sub-total c Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) Name and bisiness address  Compensation from the organization  (C) Name and bisiness address	27)										
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (a)  Name and business address  Description of services  Compensation from the organization of services  Description of services	28)										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation ►  Yes  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)  Name and business address  Description of services  Compen	c Total from continuation shee	ets to Part VII, S	ectio	on A				<b>&gt; &gt; &gt;</b>			
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual business address in the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization or individual for services rendered to the organization or individual services services rendered to the organization or individual services rendered to the organization or individual services services rendered to the organization or individual services services rendered to the organization or individual services rendered to the organization or individual services services rendered to the organization or individual services services rendered to the organization or individual services services rendered to the organization or individual services services rendered to the organization or individual services services rendered to the organization or individual services services rendered to the organization or individual services rendered to the organization or individual services rendered to the organization or individual services rendered to the organization or individual services rendered to the organization or individual services rendered to the organization or individual services rendered to the organization or i	2 Total number of individuals (in	-		d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of services  Compensation from the organization  (B)  Name and business address  Description of services	<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any individual listed on line organization and related organization and related organizational</li> <li>5 Did any person listed on line 1</li> </ul>	ormer officer, did complete Sche e 1a, is the sum nizations greated a receive or acc	recto dule of re thar	J for port \$15 com	suc able 50,00	com com 00? I	dividu ipens f "Ye	ial satio s," c n an	n and other compensation complete Schedule J for su	from the ch	4
Compensation from the organization  (A) Name and business address Description of services Compen	Section B. Independent Contracto	ors									5
	compensation from the organi	zation	ensa	ted	ınde	pend	lent o	contr			(C)
2 Total number of independent contractors (including but not limited to those listed above) who	Name and	business address							Descrip	tion of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who											
2 Total number of independent contractors (including but not limited to those listed above) who											
2 Total number of independent contractors (including but not limited to those listed above) who				_					<del></del>		
received more than \$100,000 in compensation from the organization ▶									se listed above) who		

	rt V		nent of Reve		<u> </u>	<u> </u>	<del></del>	<u> </u>	<del></del>	rage 3
re	if ( V	m Stater	nent of Reve	ilue_	···		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated can	npaigns	1a			.,			
EŽ	ь	Membership d		1b	-	367				
ΒĔ	Č	Fundraising ev		1c						
₹ F	٦	Related organ		1d						
S,E		Government grants		1e						
S.S.	•	All other contribution	•	<del>''</del>						
EE	•		not included above	<sub>1f</sub>						
음력	_	Managah agatahuta	ns included in lines 1a		<b>\$</b>					
요	9	Total. Add line		-11 (	Þ	•	367			
Program Service Revenue  ☐ Contributions, gifts, grants anounts	<del>!'</del>	Total. Add life	55 1a11			Busn. Code	307			
E I	2a					Bush. Code				
ا في	Za L					+				
8	b					<b>—</b>				<del>                                     </del>
ا چَ	C					<b>-</b>				
ဖွ	d					<del></del>				<del></del>
틸	e	•				<del></del>				
ၟႄၙ႞	f	-	am service reve	nue				i		
픠		Total. Add line			<del> </del>					
	3		come (including	dividen	ids, intere	est,				
		and other simi	·				105,352			105,352
	4		nvestment of tax	(-exem	pt bond p	roceeds 🕨 📙				
	5	Royalties	۲			<u> </u>				
			(i) Real		(II) F	Personal				
	6a	Gross Rents		,695						
	b	Less rental exps         161,367           Rental inc or (loss)         203,328								
	С	Rental inc or (loss)	203	,328						
	d	Net rental inco	me or (loss)			<b>•</b>	203,328			203,328
	/a	Gross amount from sales of assets	(ı) Securitie	S	(11)	Other				
		other than inventory								
	b	Less cost or other				l				
		basis & sales exps								
	С	Gain or (loss)								
ļ	d	Net gain or (lo	ss)			<b>•</b>				
ø	8a	Gross income fro	om fundraising eve	ents						
Ž.		(not including \$								
ě		of contributions r	reported on line 1c	)						
Other Revenu		See Part IV, line	18	a						
ţ.	b	Less direct ex	rpenses	ь						
0	С	Net income or	(loss) from fund	draising	events	<b>•</b>				
	9a	Gross income fro	om gaming activitie	es [	_				71	
		See Part IV, line	19	a		,				
	b	Less direct ex	penses	ь						
	С	Net income or	(loss) from gan	ning act	tivities	<b>•</b>				
Į			f inventory, less					, , ,,	· · ·	· · · · · · · · · · · · · · · · · · ·
		returns and all	•	a		i				
İ	ь	Less cost of g		ь		-	1			
i		_	(loss) from sale		/entory			:		
Ì			ellaneous Revenue		rentory	Busn. Code				
ŀ	11a						1	:		
	b					<del>                                     </del>	<u></u>			
	_					<del>                                     </del>				
	ت ا	All other serves				<del></del>				<del> </del>
1	d	All other reven								
1							300 045	^		200 500
	12	rotal revenue	. See instruction	15		<u> </u>	309,047	0		0 308,680

## Part IX Statement of Functional Expenses

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

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

	All other organizations must		are not required to complete	e columns (B), (C), and (D)	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		· · · · · · · · · · · · · · · · · · ·		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				***************************************
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<del></del>			······································
5	Compensation of current officers, directors,	<del></del>			
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	37,931		37,931	
8	Pension plan contributions (include section 401(k)	3.,,331		31,731	
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,273		4,273	<del> </del>
11	Fees for services (non-employees)	2,2,0		1,2,3	
а	Management				
b	Legal				
C	Accounting	7,567		7,567	
d	Lobbying	•			
е	Professional fundraising services. See Part IV, line 17	<del>-</del>			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	18,181	15,523	2,658	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	, , , , , , , , , , , , , , , , , , , ,			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f, If				
	line 24f amount exceeds 10% of line 25, column				
_	(A) amount, list line 24f expenses on Schedule O.)	34 060	44 655		
a	PROGRAMS, ACTIVITIES, CLA	14,268	14,268		<del> </del>
b	SCHOLARSHIPS NEWSLETTER	13,312	13,312		
C d	GIFTS & PROMOTION	4,968	4,968	3 005	
_	CONTRIBUTIONS	3,925		3,925	
e f	All other expenses	2,503 4,311		2,503	
25	Total functional expenses. Add lines 1 through 24f	111,239	48,071	4,311	0
<u>25</u> 26	Joint costs. Check here	111,239	40,0/1	63,168	
-•	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column		ĺ		
	(B) joint costs from a combined educational campaign and fundraising solicitation				
_					

****	art )						Fage II
					(A) Beginning of year		(B) End of year
	1	Cash—non₌interest bearing			300	1	300
	2	Savings and temporary cash investments			3,083,422	2	3,287,233
	3	Pledges and grants receivable, net		3_			
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees Comp	olete Part II of				
		Schedule L				5_	
	6	Receivables from other disqualified persons (as defined	under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B),					
		employers and sponsoring organizations of section 501(					
S		employees' beneficiary organizations (see instructions)				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			8		
1	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or					
	1	other basis Complete Part VI of Schedule D	10a	746,297			
	ь	Less accumulated depreciation	10b	543,327	209,920	10c	202,970
	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	ľ		13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			134	15	134
_	16	Total assets. Add lines 1 through 15 (must equal line 34	•)		3,293,776	16	3,490,637
	17	Accounts payable and accrued expenses	į	859	17	1,010	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
Liabilities	21	Escrow or custodial account liability Complete Part IV or			21		
<u> </u>	22	Payables to current and former officers, directors, trustee					
ap		employees, highest compensated employees, and disqu	alified persons				
ן ב		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa	irties			24	
	25	Other liabilities Complete Part X of Schedule D			55,315	25	54,217
-	26	Total liabilities. Add lines 17 through 25			56,174	26	55,227
es		Organizations that follow SFAS 117, check here ▶ X	and complete				
=		lines 27 through 29, and lines 33 and 34.					
aga	27	Unrestricted net assets			2,922,547	27	3,120,355
<u>m</u>	28	Temporarily restricted net assets			28		
<u>=</u>	29	Permanently restricted net assets	315,055	29	315,055		
ᆲ		Organizations that do not follow SFAS 117, check her					
6		complete lines 30 through 34.					
\$		Capital stock or trust principal, or current funds		Ĺ		30	
ŝ	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other funds			32	
<u>ਛ</u>	33	Total net assets or fund balances		Ĺ	3,237,602		3,435,410
_	34	Total liabilities and net assets/fund balances			3,293,776	34	3,490,637

om	990 (2010) SEE DAI DOO SOCIETY	99-0081530			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any	question in this Part XI				ЛL
1	Total revenue (must equal Part VIII, column (A), line 12)		1_1_	3(	09,0	047
2	Total expenses (must equal Part IX, column (A), line 25)		2	1:	11,2	239
3	Revenue less expenses Subtract line 2 from line 1		3	19	97,8	808
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	3,23	37,6	602
5	Other changes in net assets or fund balances (explain in Schedule O)		5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (mu	st equal Part X, line 33,	- "			
	column (B))		6	3,43	35,4	410
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any	question in this Part XII				┚
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other				
	If the organization changed its method of accounting from a prior year or o	hecked "Other," explain in				
	Schedule O				.	
2a	Were the organization's financial statements compiled or reviewed by an i	ndependent accountant?		2a		X
b	Were the organization's financial statements audited by an independent a	ccountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assu	imes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection	n of an independent accountant?		2c		
	If the organization changed either its oversight process or selection proces	ss during the tax year, explain in				, , , ,
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial	al statements for the year were				
	issued on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated an	d separate basis				
3а	As a result of a federal award, was the organization required to undergo a	n audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the o	rganization did not undergo the				
	required audit or audits, evoluin why in Schedule O and describe any sten	s taken to underge such audits		26		

Form **990** (2010)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Nam	Name of the organization			Employer identification number		
_s	EE DAI DOO SOCIETY			081530		
Pa	Organizations Maintaining Donor Advised Fundamental Organization answered "Yes" to Form 990, Part	nds or Other Similar Funds or Active line 6.	count	s. Complete if the	е	
		(a) Donor advised funds	(b)	Funds and other accounts	s	
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised				
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes	No	
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used				
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose				
	conferring impermissible private benefit?			Yes	No	
P <sub>i</sub>	ert II Conservation Easements. Complete if the organization	anization answered "Yes" to Form	<u>990, I</u>	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)				
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	rtant lar	nd area		
	Protection of natural habitat	Preservation of a certified historic s	tructure	)		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conserva	ation			
	easement on the last day of the tax year		p			
				Held at the End of the	Tax Year	
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure inc	uded ın (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, extax year ▶	tinguished, or terminated by the organization	n during	g the		
4	Number of states where property subject to conservation easement is	anatad N				
5	Does the organization have a written policy regarding the periodic mon					
5	violations, and enforcement of the conservation easements it holds?	noring, inspection, handling or		Yes	No	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcement	and concentation excements during the year				
Ü	Training and volunteer riburs devoted to monitoring, inspecting, and emote	ong conservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)			<b>—</b>	
	(i) and section 170(h)(4)(B)(ii)?			Yes	∐ No	
9	In Part XIV, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the			de a		
	organization's accounting for conservation easements	organization's infancial statements that des	CHDes (	ine		
Pi	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		milar	Assets.	<u>, y-none</u>	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), n	<del></del>	ance el	heet		
,,	works of art, historical treasures, or other similar assets held for public	•				
	public service, provide, in Part XIV, the text of the footnote to its finance					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		e sheel	<b>,</b>		
-	works of art, historical treasures, or other similar assets held for public					
	public service, provide the following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1		•	<b>.</b> \$		
	(ii) Assets included in Form 990, Part X		•	· \$		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, provide	de the	*		
_	following amounts required to be reported under SFAS 116 (ASC 958)					
а	Revenues included in Form 990, Part VIII, line 1	g to more name	•	· \$		
b	Assets included in Form 990, Part X		, •	\$		

Sche	dule D (Form 990) 2010 SEE DAI DO	OO SOCIETY			99-008 <u>1</u> 5	30	Page 2		
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)								
а	Public exhibition	d Loai	n or exchange program	ns					
b	Scholarly research	e Othe	•						
С	Preservation for future generations	-							
4	Provide a description of the organization's colle	ections and explain how	w they further the organ	nızatıon's e	exempt purpose	ın Part			
	XIV		,						
5	During the year, did the organization solicit or r	receive donations of an	t. historical treasures.	or other sir	milar				
	assets to be sold to raise funds rather than to be						Yes No		
Pa	rt IV Escrow and Custodial Arrai	ngements. Compl	ete if the organiza		swered "Yes	" to Form 9			
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee, custodiar	or other intermediary	for contributions or oth	ner assets	not				
	included on Form 990, Part X?						Yes No		
b	If "Yes," explain the arrangement in Part XIV at	nd complete the follow	ing table			· · · · · · · · · · · · · · · · · · ·	<del></del>		
							Amount		
С	Beginning balance					1c	<del> </del>		
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								
	Did the organization include an amount on For	m 990, Part X, line 217	•				Yes No		
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comple	te if organization	answered "Yes" t	o Form	<u>990, Part IV</u>	, line 10.			
	,	(a) Current year	(b) Pnor year	(c) Two y	ears back (d)	Three years back	(e) Four years back		
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and						•		
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of the year e	end balance held as							
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	ion of the organization	that are held and adm	inistered fo	or the				
	organization by						Yes No		
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations is	isted as required on So	chedule R?				3b		
	Describe in Part XIV the intended uses of the o								
Pa	rt VI Land, Buildings, and Equip	ment. See Form 9	990, Part X, line 1	0.					
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accumula	ted	(d) Book value		
		(investment)	(other)		depreciatio	n			
1a	Land		140	,000			140,000		
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other	-		,297	543	,327	62,970		
Total.	. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X. o				<b>•</b>	202,970		

99_	ሰሰ	Ω1	<b>5</b> 2	$\mathbf{\cap}$

Schedule D (F	orm 990) 2010 SEE DAI DOO SOCIETY		99-0081530	Page <b>3</b>
Part VII	Investments—Other Securities. See Form 990	, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial o	derivatives		· · · · · · · · · · · · · · · · · · ·	
	ld equity interests			
(3) Other	•			
(A)			<u>-</u>	
(B)				
(C)				· · ·
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				,, , , , , , , , , , , , , , , , ,
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 990			<del></del>
	(a) Description of investment type	( <b>b</b> ) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				<del></del>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<del></del>
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) tine 13 )			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
(1)				
(2)			-	
(3)				
(4)				
(5)		<del> </del>		
(6)				<del>.</del>
(7)				
(8)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities. See Form 990, Part X, line 25	<del></del>		
1.	(a) Description of liability	(b) Amount		
	income taxes	(5) /		
	ITY DEPOSITS PAYABLE	54,217		
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				
(11)				
<del></del>	(b) must equal Form 990, Part X, col (B) line 25 )	54,217		
	C 740) Footnote In Part XIV, provide the text of the footnote to		i statements that reports the	

Sche	dule D (Form 990) 2010 SEE DAI DOO SOCIETY	_ 99-008153	0	Page 4		
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements						
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	·	10			
Pa	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn			
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					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b	) )			
C	Recoveries of prior year grants	2c	]			
d	Other (Describe in Part XIV)	2d	]			
е	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 1:		"			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]			
b	Other (Describe in Part XIV)	4b	]			
C	Add lines 4a and 4b		4c			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5			
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per l	Return			
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		l i			
а	Donated services and use of facilities		1 1			
þ	Prior year adjustments	2b	1 1			
C	Other losses	2c	1 1			
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d		2е			
3	Subtract line 2e from line 1	f I	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	investment expenses not included on Form 990, Part VIII, line 7b	4a	1			
þ	Other (Describe in Part XIV)	4b	1			
C	Add lines 4a and 4b		4c			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	· · · · · · · · · · · · · · · · · · ·	5			
Pa	et XIV Supplemental Information					

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information (continued)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

SEE DAI DOO SOCIETY

Employer identification number 99-0081530

Form 990 - Organization's Mission or Most Significant Activities
TO PROMOTE THE WELFARE OF NATIVES OF SEE AND DAI DISTRICTS
IN KWANGTUNG PROVEINCE, CHINA AND THEIR OFFSPRING AND TO
ENCOURAGE BENEVOLENT WORK AND GOOD FELLOWSHIP AMONG THE
MEMBERS AND TO RENDER MUTUAL ASSISTANCE IN CASE OF NEED.

Form 990, Part III, Line 4d - All Other Achievements CONTRIBUTIONS

GENERAL MEMBERSHIP, OFFICER & DIRECTORS MEETINGS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

# Form **4562**

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

► See separate instructions. Name(s) shown on return

Attach to your tax return.

	SEE DAI	DOO SOCII	ETY					99-	008	1530
	ess or activity to which this form relates									
-	300 PALI HIGHWAY									·
Pa	art I Election To Expen									
	Note: If you have a		ty, complete P	art V I	before you	ı con	nplete P	art I.		500 000
1	Maximum amount (see instruction	•							1	500,000
2	Total cost of section 179 property								2	2 000 000
3	Threshold cost of section 179 prop	=			ions)				3	2,000,000
4	Reduction in limitation Subtract lin								4	
5_	Dollar limitation for tax year Subtract lin		or less, enter -U- II ma		g separately, s t (business use			lasted seet	5	· · · · · · · · · · · · · · · · · · ·
6	(a) Description	1 or property		(b) Cos	( (Dusiness use	Only)	(C) E	lected cost		
					<del></del>					
7	Listed property Enter the amount	from line 20				7				
8	Total elected cost of section 179 p		te in column (c) lin	sec 6 an	ا ما 7				8	
9	Tentative deduction. Enter the sm	*		ies o an	iu i				9	
10	Carryover of disallowed deduction		-						10	
11	Business income limitation Enter	· · · · · · · · · · · · · · · · · · ·		e than :	zero) er line f	5 (600	instruction	\c\	11	
12	Section 179 expense deduction A					7 (366	matruction	13)	12	
13	Carryover of disallowed deduction	· ·			e 11 ▶ 1	13	· ·		- 12	
	: Do not use Part II or Part III below						!			
***********	art II Special Depreciati				on (Do no	t inc	lude liste	ed prope	ertv.)	(See instructions)
14	Special depreciation allowance for							эш р. ор	,.,	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
	during the tax year (see instruction		p						14	
15	Property subject to section 168(f)(	•							15	
16	Other depreciation (including ACR	•							16	
Pa	art III MACRS Depreciat		ude listed prop	ertv.)	(See instr	uctio	ns.)			
			Secti							
17	MACRS deductions for assets plan	ced in service in tax	years beginning be	efore 20	10				17	6,950
18	If you are electing to group any assets p	laced in service during	the tax year into one o	or more g	eneral asset a	ccounts	, check here	e ▶ 🔲		
	Section B—A	Assets Placed in Se	rvice During 2010	Tax Ye	ar Using the	Gene	ral Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investment) only-see instruction	ent use	(d) Recovery period	(e) C	onvention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
c	7-year property							_		
<u>d</u>	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		MM	S/L		
	property				27 5 yrs		MM	S/L		
i	Nonresidential real				39 yrs		MM	S/L		
	property	<u> </u>	<u>.</u>				MM	S/L		
	Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System									
	Class life	Į						S/L		
	b 12-year 12 yrs S/L									
	40-year	<u> </u>	<u> </u>	<del>-</del>	40 yrs		MM	S/L		<u></u>
	art IV Summary (See ins						_			
21	Listed property Enter amount from					<b>.</b> . –			21	<u> </u>
22	Total. Add amounts from line 12, I						iter here			6 050
22	and on the appropriate lines of you	-	•		e instructions I	3			22	6,950
23	For assets shown above and place	~	ne current year, er	nter the						
	portion of the basis attributable to	Section ZoJA costs				23	<u></u>			L