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Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

A F	or the 2	2014 calendar year, or tax year beginning	and	ending		
B c	heck if pplicable	C Name of organization ASIAN AMERICAN-PACIFIC	ISLANDERS IN		D Employer identifi	cation number
	Address change	PHILANTHROPY INC.				
	Name change	Doing business as			94-3	150064
	initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suit		
	Final return/	2201 BROADWAY		210	(510	
_	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,951,092.
	Amender	OAKHAND, CA 34012			H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer COR.	A MIRIKITANI		for subordinates	
		SAME AS C ABOVE			H(b) Are all subordinates in	
1.1	ax-exen	ipt states and its its interest in the state of the states are in		or 52	If "No," attach a	list (see instructions)
		► WWW.AAPIP.ORG			H(c) Group exemptio	
		, , , , , , , , , , , , , , , , , , , ,	sociation Other	L Yea	r of formation. 1991	State of legal domicile: CA
Pa		Summary				
ė	1 B	riefly describe the organization's mission or most	significant activities: NATI	ONAL	MEMBERSHIP A	ND
Governance	. –	HILANTHROPIC ADVOCACY OR				
Ë	2 C	heck this box 🕨 📖 if the organization discoi	ntinued its operations or dispo	osed of mo	re than 25% of its net as	ssets.
Š	3 N	umber of voting members of the governing body	(Part VI, line 1a)		3	11
<u>م</u>	4 N	umber of independent voting members of the go	verning body (Part VI, line 1b)		4	9
es	5 T	otal number of individuals employed in calendar y	ear 2014 (Part V, line 2a)		5	17
Activities &	6 T	otal number of volunteers (estimate if necessary)			6	0
Cti	7 a T∈	otal unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
_	b N	et unrelated business taxable income from Form	990-T, line 34		7 <u>b</u>	0.
				L	Prior Year	Current Year
•	8 C	ontributions and grants (Part VIII, line 1h)		L	1,108,667.	1,945,567.
Z.	9 P	rogram service revenue (Part VIII, line 2g)	0.	0.		
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4		1,518.	92.	
E	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		0.	5,095.
	12 T	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		1,110,185.	1,950,754.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	·	144,992.	159,286.
	14 B	enefits paid to or for members (Part IX, column (A	۱), line 4)		0.	0.
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		<u>-</u> 7⊘976,604.	941,014.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A),	ine 11e) [문문]	0 0 964		0.
ğ	ьт	otal fundraising expenses (Part IX, column (D), lin	e 25) 🕨 🛴 💮	3 % 20f	<u> </u>	
ũ	17 C	ther expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)	- 1525 January	1,085,916.	630,191.
	18 T	otal expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)		2,207,512.	1,730,491.
	1	evenue less expenses Subtract line 18 from line			1, 097,327.	220,263.
its or					Beginning of Current Year	End of Year
sets alan	20 T	otal assets (Part X, line 16)			1,388,836.	1,559,267.
ABS	21 T	otal liabilities (Part X, line 26)			121,661.	71,829.
Net Asset Fund Balar	22 N	let assets or fund balances. Subtract line 21 from	line 20		1,267,175.	1,487,438.
	art II	Signature Block				
		ies of perjury, I declare that I have examined this return.				ny knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than office	er) is based on all information of v	which prepai	er has any knowledge.	
		Ceflendaen.			8/20/	15
Sig	n	Signature of officer			Date	
Hei	re		DENT AND EXECUT	CIVE D	IRECTOR	
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai		ARTHUR LOUIE	177 Jon	me_	S. 17. 75 if self-emplo	
Pre		Firm's name LOUIE & WONG LLF			Fırm's EIN ▶	91-2007579
Use		Firm's address 425 WASHINGTON S	T #300			
			A 94111		Phone no. 41	15-981-9999
Ma	v the IR	S discuss this return with the preparer shown ab-				X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		50064 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	NATIONAL MEMBERSHIP AND PHILANTHROPIC ADVOCACY ORGANIZATION I	
	TO ADVANCING PHILANTHROPY AND ASIAN AMERICAN PACIFIC ISLANDED	((AAPI)
	COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	L Yes LAL No
3	If "Yes," describe these new services on Schedule O	Yes X No
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	L Tes LaL No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy aynansas
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	
	revenue if any for each program service reported	ar experience, and
4a	TO 2 CO 4	1,240,456.
-	PHILANTHROPIC ADVOCACY:	· /
	A. AAPIP'S PHILANTHROPIC ADVOCACY WORK CONDUCTED NATIONAL AND	REGIONAL
	RESEARCH ON PHILANTHROPIC INVESTMENTS TO AAPI COMMUNITIES RE	/EALING
	PERSISTENT DISPARITIES IN THE LEVEL OF INVESTMENTS.	
	B. AAPIP ENGAGED IN A PLANNING PROCESS WITH THE WHITE HOUSE	
	ON ASIAN AMERICANS AND PACIFIC ISLANDERS TO EXPLORE PUBLIC PI	
	PARTNERSHIP OPPORTUNITIES TO COLLABORATIVELY INVEST IN, BUIL	D, AND
	STRENGTHEN AAPIP COMMUNITIES.	
	050 (00	750 111
4b		350,111.
	CAPACITY BUILDING: A. AAPIP'S CIVIC ENGAGEMENT FUND PROVIDED CAPACITY BUILDING	A NID
	TECHNICAL ASSISTANCE TO 18 NONPROFIT ORGANIZATIONS SERVING T	
	MIDDLE EASTERN, MUSLIM, AND SOUTH ASIAN COMMUNITIES IN THE S. FRANCISCO BAY AREA TO BUILD THEIR ORGANIZATIONAL CAPACITY.	
	TRANCISCO BAT AREA TO BUILD THEIR ONGANIBATIONAL CATACITI.	
	B. AAPIP'S QUEER JUSTICE FUND BRIDGE PROGRAM PROVIDED GRANTS	AND
	CAPACITY BUILDING TO AAPI LGBTQ COMMUNITY-BASED ORGANIZATION	
	CHILOTTI BOLDDING TO MILL LODIX COLLEGE TO THE COLL	
		
4c	(Code) (Expenses \$ 295,066. including grants of \$ 106,611.) (Revenue \$	355,000.)
	COMMUNITY PHILANTHROPY:	
	A. AAPIP'S COMMUNITY PHILANTHROPY CAMPAIGN PROVIDED MATCHING	
	TECHNICAL ASSISTANCE TO ASIAN AMERICAN/PACIFIC ISLANDER COMM	
	SOCIAL JUSTICE EFFORTS AND TO BUILD ORGANIZATIONAL CAPACITY	ACROSS THE
	COUNTRY.	
		
	Other and a service (Passible in Cabellilla Ca	
4d		,
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,139,440.	
<u>4e</u>	Total program service expenses P	Form 990 (2014)

Yes No

		YOTHI	WINDLICE	M-LWCTLTC
Form 990 (THROPY	INC.
Part IV	Checklist of F	Required S	chedules	
	-			

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
	i di kacamatan da k	2	X	
	Is the organization required to complete Schedule B, Schedule of Contributors			
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>x</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		Х
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		<u>X</u>
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>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	116		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		}	}
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<u> </u>	$\frac{\Lambda}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
Ü	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		İ	
	or more? 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Forn	990	(2014)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١
	Part IX, column (A), line 2? If *Yes,* complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	[[
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	[[37
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	240		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Č	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		= 10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	[[
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1 1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1 1		ł
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	}]
	instructions for applicable filing thresholds, conditions, and exceptions)			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_
00	contributions? If "Yes," complete Schedule M	30	i	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}	}	}
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		}
	Part V, line 1	34	X	\ \
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			į .
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	├	├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200	[X
27	If "Yes " complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	 ^
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	 	†
~ 0	Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2014

Form **990** (2014)

	990 (2014) PHILANTHROPY INC.	94-3150	064	P	age 5
Par					
	Check if Schedule O contains a response or note to any line in this Part V				نيا
	•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 31	•		ł
	<u></u>	1ь 0			ŀ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming	-		
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,	1.7			
		2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	5?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-		,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	· · · · · · · · · · · · · · · · · · ·	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au				1,,
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	<u>4a</u>	ļ	X
b	If "Yes," enter the name of the foreign country			, `	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Access	counts (FBAR)	<u> </u>	ľ -	_ ت
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	5a	 	X
ь		ion?	5b	 -	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit	_	[х
	any contributions that were not tax deductible as charitable contributions?		6a	 	1-
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or giπs	61	ł	ł
_	were not tax deductible?		6b	 -	
7	Organizations that may receive deductible contributions under section 170(c).	ass arounded to the newer?	- -]	x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the payor?	7a	├	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	regulard	7b	├	 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	70	İ	x
	to file Form 8282?	7d	7c	 :	1
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	1	
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-		7f	 	
t	If the organization received a contribution of qualified intellectual property, did the organization file For		7g	 	┼
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			 	
O	sponsoring organization have excess business holdings at any time during the year?	,o	8	1	
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	 	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a)
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	1-	1
10	Section 501(c)(7) organizations. Enter			1	1.
a	1 1 1 1	10a	1.	{	1
b	,	10b	1	-	
11	Section 501(c)(12) organizations. Enter	-	1	}	
а	· · · · · · · · · · · · · · · · · · ·	11a	})	
b	Gross income from other sources (Do not net amounts due or paid to other sources against]	1]. '
	·	11b	Ì	ŀ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a	1	
b	and the second s	12b	\int_{-}^{-}		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Ŀ_		1
	Is the organization licensed to issue qualified health plans in more than one state?		12a	Ĺ	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				1
	organization is licensed to issue qualified health plans	13b	1	{	ĺ
		13c		 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
	15 "Vee " has a filed a Form 700 to report these payments? If "No." provide an explanation in Schedule	0	1 14h	. 1	i i

Form	990	(20	(4)

PHILANTHROPY INC.

94-3150064

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				X					
<u>Sec</u>	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	11	- (
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of	with any other	1 (- {						
	officer, director, trustee, or key employee?		2		_X_					
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision	1 1							
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		Х					
6	Did the organization have members or stockholders?		6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint one or								
	more members of the governing body?		7a	X	<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckholders, or			}					
	persons other than the governing body?		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:			ļ					
a	The governing body?		8a	_X	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react	ned at the			ì					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code)	·							
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters, affiliates,	-		ļ					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		İ	Ì	`					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	X	<u> </u>					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe	- (ł					
	in Schedule O how this was done		12c	X	ļ					
13	Did the organization have a written whistleblower policy?		13	Х	<u> </u>					
14	Did the organization have a written document retention and destruction policy?		14	X	<u> </u>					
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?									
а	The organization's CEO, Executive Director, or top management official		15a	X	_					
b	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 arrangem	ent with a	ĺ	l						
	taxable entity during the year?		16a	L	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ts participation		1	}					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's	ļ		1					
	exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►CA, MN, MY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	Section 501(c)(3)s or	nly) availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Cher (explain in	· · · · · · · · · · · · · · · · · · ·								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest policy	, and finar	ncial						
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records 🕨 _								
	JANIS BREWER - (510) 463-3155 2201 BROADWAY, SUITE 210, OAKLAND, CA 94612									
	2201 BROADWAY, SUITE 210, OAKLAND, CA 94612									

94-3150064

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Гогл: 990 Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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 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

Check this box if neither the organizat	ion nor any related	orga	ınıza	tion	con	nper	ısat		director, or trustee	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	heck r	ition more than one rson is both an			Reportable	Reportable	Estimated
	hours per week	box,	, unle: cer an	ss per d a di	rson i irecto	ıs boti ır/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ē						the	organizations	compensation
	hours for	dırec				9		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	Itrus	al tr		oyee	omp			:	and related
	below	Mdua	nstitutional trustee	Officer	ешь	Highest compensated employee	ig.			organizations
	(list any hours for related organizations below line)	3	<u>=</u>	ਲੈ	Key	ᄩ	Fer	ļ		
(1) C. JOHN DUONG	2.00									
DIRECTOR		Х	<u> </u>	Х		_	_	0.	0.	0.
(2) LILLIAN BEADSIE WOO	4.00		1	 	ł		i	1	1	
BOARD CHAIR		Х		Х	<u> </u>			0.	0.	0.
(3) PREETI KULKARNI	4.00						1			
TREASURER		X	<u> </u>	Х		<u> </u>		0.	0.	0.
(4) RYAN YAMAMOTO	4.00	<u>ا ـ</u> ــ			1		Ì			
VICE CHAIR		X	_	X	L.		_	0.	0.	0.
(5) N. NINA AHMAD, PHD	2.00	ļ	}]			İ		1	
DIRECTOR		X	↓	<u> </u>	<u> </u>	ļ	_	0.	0.	0.
(6) KYUNG YOON	2.00	l	İ	1	i		1			
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ᆫ	0.	0.	0.
(7) ALICE ITO	2.00				1		ļ			
DIRECTOR		X	_	<u> </u>	<u> </u>	_	<u> </u>	0.	0.	0.
(8) JACKIE LIAO	2.00]					ļ			
DIRECTOR		X	L	<u> </u>	<u> </u>	<u> </u>	├	0.	0.	0.
(9) JUNE NORONHA	2.00	┨	ł	ł		ł	ł	1	1	
DIRECTOR		X	↓_	<u> </u>	<u> </u>	↓_	<u> </u>	0.	0.	0.
(10) SUK RHEE	2.00	↓								
DIRECTOR		Х	↓_	1_	<u> </u>	↓	▙	0.	0.	0.
(11) LIANE WONG	4.00	۱		1						
SECRETARY		Х	ـــــ	ــ	 _	↓_	╙	0.	0.	0.
(12) PEGGY SAIKA	40.00	┨			1		1	101 000		
EXECUTIVE DIRECTOR		X	╄	X	┞	↓_	<u> </u>	101,000.	0.	0.
(13) CYTTHIA CHOI	40.00	۱			1		1	00 000		1
DEPUTY DIRECTOR		X	↓_	Х	 	 	-	80,000.	<u> </u>	G.
	<u> </u>	4					İ			
		╀	+	┼-	┼	+-	\vdash	 	ļ	
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		4		1			1			1
		+	+	-	┼-	+-	+-		 	
	<u> </u>	-		1	1	1				
							⊥_	<u> </u>		000

PHILANTHROPY INC.

Parl	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	ane	d Hı	ghe	st C	ompensated Employe	es (continued)				
•	(A)	(B) (C) (D) (E)						(F						
	Name and title	Average	(do not check more than one		ļ	Estimated		d						
		hours per week	box	, unle:	ss pe	rson	is boti x/trus	h an	compensation	compensation	۱		ount o	of
		(list any						<u> </u>	from the	from related organizations			other oensat	tion
		hours for	r direc				eq		organization	(W-2/1099 MIS			m the	
		related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			-	nızatı	
		organizations below	al tru	onalt		ployee	Comp						relate	
		line)	divid	stitut	Officer	Key employee	ighes! mptoy	Former			l	orgai	nızatıc	ns
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		<u> </u>						}			ļ			
		<u> </u>	<u></u>	1	L_	<u> </u>	<u>L</u> .	<u> </u>	181,000.		0.			0.
	Sub-total Total from continuation sheets to Part V	Il Coction A							101,000.		0.			0.
	Total (add lines 1b and 1c)	ii, Section A							181,000.		Ō.			0.
2	Total number of individuals (including but i	not limited to th	nose	e fiste	ed a	bov	e) w	ho r		0,000 of reportable	 e	·		
_	compensation from the organization									·				_ 1
													Yes	No
3	Did the organization list any former officer			e, ke	еу е	mple	oyee	, or	highest compensated of	mployee on		· · · }	`	
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s	•								the organization				37
_	and related organizations greater than \$15									Link and		4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor							reiai	ted organization or indiv	vidual for services		5	ı	Х
Sec	tion B. Independent Contractors	npiete Scheou	ie J	101 3	ucii	per	3011							
1	Complete this table for your five highest co	ompensated in	dep	end	ent (cont	tract	ors	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization Report compensation for	•											_	
	(A)								(B)			(0		
	Name and busines	s address	N	ON:	E				Description of	services	C	ompe	nsatio	<u>n</u>
										1				
														
										ł				
-						_								
						_								
									L				_	
2	Total number of independent contractors \$100,000 of compensation from the organ		not 1	limite	ed to	o the	ose I O	iste	d above) who received i	more than				

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Form 990 (2014)

Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) CI (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 315,375. b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 11 1,630,192 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 945,567 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 430. 430. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) \triangleright 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis 338. and sales expenses -338. c Gain or (loss) -338. -338. ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and Lilewances b Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a OTHER INCOME 900099 5,095. 5,095. d All other revenue 5,095. e. Total, Add lines 11a-11d 950,754. 0. 0. Total revenue See instructions

PHILANTHROPY
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon			(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	159,286.	159,286.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				,
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	ł			
6	trustees, and key employees Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and	ļ		j	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	767,528.	521,151.	246,377.	
8	Pension plan accruals and contributions (include	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		==, ==, =	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	173,486.	117,797.	55,689.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	225 252	00 010	100 500	
	column (A) amount, list line 11g expenses on Sch 0)	297,358.	98,819.	198,539.	
12	Advertising and promotion	4 705	3 105	1 510	
13	Office expenses	4,705.	3,195.	1,510.	
14	Information technology				
15	Royalties	72,089.	48,949.	23,140.	
16	Occupancy	172,631.	133,954.	38,677.	
17	Travel	1/2,031.	133,334.	30,077.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	·····			
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,044.	7,499.	3,545.	····
23	Insurance	3,575.	2,427.	1,148.	
24	Other expenses Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а		34,518.	23,437.		
ະ	DUDS, PEUS & SUBSCRIPTI	14,294.	9,706.	4,588.	
С		11,757.	7,983.	3,774.	
d	PRINTING AND PUBLICATIO	5,480.	3,721.	1,759.	·
	All other expenses	2,740.	1,516.	1,224.	
25_	Total functional expenses. Add lines 1 through 24e	1,730,491.	1,139,440.	591,051.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			{	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u> </u>	- 000

94-3150064 Page 11 Form 990 (2014)
Part X Balance Sheet PHILANTHROPY INC. Check if Schedule O contains a response or note to any line in this Part X

<u> </u>		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	740,717.	1	807,687.
l	2	Savings and temporary cash investments	151,028.	2	0.
	3	Pledges and grants receivable, net	455,000.	3	720,095.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			· · · · · · · · · · · · · · · · · · ·
	-	trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L	1	5	
	6	Loans and other receivables from other disqualified persons (as defined under	er -		
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi	l l		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L	·	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,969.	9	6,397.
		Land, buildings, and equipment cost or other			7,33,1
	100	basis Complete Part VI of Schedule D 10a 100, 85	1 .		
	ь.	Less accumulated depreciation 10b 85,86	$\frac{25}{0.}$ 25,122.	10c	14,991.
			23,1220	11	11/3310
	11 12	Investments - publicly traded securities		12	10,097.
	13	Investments - other securities See Part IV, line 11		13	10,057.
		Investments · program-related See Part IV, line 11		14	
	14	Intangible assets Other assets See Bort IV line 11		15	
	15	Other assets See Part IV, line 11	1,388,836.	16	1,559,267.
	16 17	Total assets Add lines 1 through 15 (must equal line 34)	116,806.	17	71,829.
	18	Accounts payable and accrued expenses	4,855.	18	0.
	19	Grants payable Deferred revenue	1,033.	19	<u> </u>
	20			20	
	21	Tax-exempt bond liabilities		21	
"	22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees,			
Liabilities	22	key employees, highest compensated employees, and disqualified persons			
ild		Complete Part II of Schedule L		22	ł
<u>:</u>	22	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties	 	24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17 24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities Add lines 17 through 25	121,661.	26	71,829.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X an		20	1
w		complete lines 27 through 29, and lines 33 and 34.	" .	İ	
Ç	27	Unrestricted net assets	332,018.	27	677,692.
alau	28	Temporarily restricted net assets	935,157.		809,746.
B	29	Permanently restricted net assets	333,137.	29	005,710.
S S	29	Organizations that do not follow SFAS 117 (ASC 958), check here	7 	25	
Œ.			_ }		ļ
S,	20	and complete lines 30 through 34.		20	
38	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Š	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	1,267,175.		1,487,438.
	34	Total liabilities and net assets/fund balances	1,388,836.		1,559,267.
	1 04	Total habilities and thei assets/fully balatives		1 37	, , , , _

Form **990** (2014)

ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY INC.

Form	990 (2014) PHILANTHROPY INC.	94-	3150064	Pac	ae 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,95		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,73	$0,\overline{4}$	<u>91.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,26	<u>7,1</u>	<u>75.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,48	7,4	<u> 38.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			,——-	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		^	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1		İ
	separate basis, consolidated basis, or both			-	,
	Separate basis Consolidated basis Both consolidated and separate basis			· 	· '
b	, ,		2b_	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	. [.,"- ,4
	consolidated basis, or both				Ì
	X Separate basis Consolidated basis Both consolidated and separate basis				13. · ·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		 	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci				ľ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Au			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured au	ı		l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	L

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Attach to Form 990 or Form 990-EZ.

4947(a)(1) nonexempt charitable trust. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 Employer identification number ASIAN AMERICAN-PACIFIC ISLANDERS IN

Inspection

OMB No. 1545-0047

PHILANTHROPY INC. 94-3150064 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) Я An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (III) Type of organization listed in your (described on lines 19 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)

Schedule A (Form 990 or 990 EZ) 2014 PHILANTHROPY INC.

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Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

L,-	(Complete only if you checked	d the box on line 5	7 or 8 of Part Lo	r if the organization	n failed to qualify i	inder Part III. If the	organization
	fails to qualify under the tests			_	anda to quanty t		- o. garnzation
Sec	tion A. Public Support	, p.ou					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	18) 2010	(0) 2011	(0)2012	(4) 2013	16/2014	(i) Total
•	membership fees received (Do not						
	include any "unusual grants ")	893,497.	2431596.	2329593.	1109167.	1945567.	8709420.
	Tax revenues levied for the organ-	333,237.	22323301	20230301		19133071	0,031201
~	ization's benefit and either paid to						
	or expended on its behalf						
2	,	 					
3	The value of services or facilities furnished by a governmental unit to				1		
	the organization without charge						
		893,497.	2431596.	2329593.	1109167.	1945567.	8709420.
	Total. Add lines 1 through 3	055,457.	24313300	4343333	1105107.	1343307.	0703420.
5	The portion of total contributions	1					
	by each person (other than a	!		•			
	governmental unit or publicly	į į				1	
	supported organization) included	1					
	on line 1 that exceeds 2% of the	j ,					
	amount shown on line 11,						
_	column (f)	ļ					8709420.
	Public support. Subtract line 5 from line 4						0703420.
		()0010	1110044	(:) 2010	(4) 0010	(-) 0014	(0 T to 1
	ndar year (or fiscal year beginning in)	(a) 2010 893, 497.	(b) 2011 2431596.	(c) 2012 2329593.	(d) 2013 1109167.	(e) 2014 1945567.	(f) Total 8709420.
	Amounts from line 4	033,431.	2431330.	2323333.	1109107.	1943307.	6703420.
8	Gross income from interest,	1]		
	dividends, payments received on	<u>'</u>	'				
	securities loans, rents, royalties	27 200	20 720	10 146	2,835.	430.	70 440
	and income from similar sources	27,308.	29,729.	10,146.	4,633.	430.	70,448.
9	Net income from unrelated business		Ì		Ì		
	activities, whether or not the]	<u> </u>				
	business is regularly carried on						
10	Other income Do not include gain						j
	or loss from the sale of capital					E 00E	F 00F
	assets (Explain in Part VI)					5,095.	
	Total support. Add lines 7 through 10	<u> </u>	L	L	<u> </u>	 	8784963.
	Gross receipts from related activities	•				12	-338.
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
	organization, check this box and sto	p here					
	ction C. Computation of Pub					1	00 14
	Public support percentage for 2014	, , ,	•	column (f))		14	99.14 %
	Public support percentage from 201:		•			15	98.05 %
16a	a 33 1/3% support test - 2014. If the				14 is 33 1/3% or i	more, check this b	ox and
	stop here The organization qualifies		_				ightharpoons X
t	33 1/3% support test - 2013. If the	organization did ni	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes						
	ಕ್ಕಾರ if the organization meets the "fa					irt VI how the orga	nization
	meets the "facts-and-circumstances"						▶ L
ì	o 10% -facts-and-circumstances tes						
	more, and if the organization meets	the "facts-and-circi	umstances" test, c	heck this box and	l stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-cu	rcumstances" test	The organization	qualifies as a publ	licly supported ora	anization	▶

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

Schedule ^ (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to
gualify under the tests listed below places complete Dort II \

Section A. Public Support	Jelow, please com	piete i art ii j				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		_				
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	,					·
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		<u> </u>	ļ <u>.</u>	 	ļ	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						{
(less section 511 taxes) from businesses	3					ļ
acquired after June 30, 1975	ļ					
c Add lines 10a and 10b			ļ <u>.</u>			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3					
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12			1.4 (2)		501/-)/2\	
14 First five years. If the Form 990 is f	or the organization	r's tirst, second, th	ira, tourth, or titth	tax year as a sect	ion 50 i (c)(3) organi	zation,
check this box and stop here	blic Support D	orooptogo				<u> </u>
Section C. Computation of Pul			column (5)		15	0/
15 Public support percentage for 2014	•	· ·	column (i))		16	% %
16 Public support percentage from 26 Section D. Computation of Inv					1:01	
					17	%
17 Investment income percentage for 318 Investment income percentage from	•		15, column (I))	•	18	%
18 Investment income percentage from 19a 33 1/3% support tests - 2014. If the			con line 14, and h	ne 15 is more than	<u> </u>	
more than 33 1/3%, check this box						▶□
b 33 1/3% support tests - 2013. If the						and
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organiza						▶□
				_		

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part y!.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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990 or 9	90-EZ	2014

Sched	dule A (Form 990 or 990 EZ; 2014 PHILANTHROPY INC. 94-	315006	4 Pa	ige 5
Par	t IV Supporting Organizations (continued)			
•	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	,		
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		[]	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		}	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or)	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	[[]	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ſ		
	supervised, or controlled the supporting organization	2	1	
Sec	tion C. Type II Supporting Organizations		.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	į		
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ	}	
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations		<u> </u>	
000	tion b. Type in dupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ſ 	163	140
'	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1		.
		ľ	}	ľ
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	 '	┼	├──
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ļ	}	}
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		Ì	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	┼	├
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ł	1
	significant voice in the organization's investment policies and in directing the use of the organization's	Į	}	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
<u> </u>	supported organizations played in this regard	3	<u></u>	L
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction	ns):		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instruction		T
2	Activities Test Answer (a) and (b) below.		Yes	No
а			}	ļ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	- [{	[
	how the organization was responsive to those supported organizations, and how the organization determined	- 1	1	ł
	that these activities constituted substantially all of its activities	2a	 	<u> </u>
p	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	}		}
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	1
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	}	}	
а	the same of the sa	Ì	1	1
	trustees of each of the supported organizations? Provide details in Part VI	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

Sche	dule A (Form 990 or 990 EZ) 2014 PHILANTHROPY INC.			94-3150064 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		İ
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1.		
	instructions for short tax year or assets held for part of year)	j		'
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			,
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	1	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8_		
Sec	tion C - Distributable Amount			Current Year
_1	Adjusted net income for pnor year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, ,	
4	Enter greater of line 2 or line 3	4	`	
5	Income tax imposed in prior year	5		4-
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			,

Check here if the current year is the organization's first as a non functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990 EZ) 2014 PHILANTHROPY INC. 94-3150064 Page 7 Fart V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (111) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 а b c d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount I Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D. line 7 a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3) and 4c 8 Breakdown of line 7 а b d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

ASIAN AMERICAN-PACIFIC ISLANDERS IN 94-3150064 Page 8 Schedule A Form 990 or 990-EZ) 2014 PHILANTHROPY INC. Part V! Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Inspection

Name of the organization

ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY INC.

Employer identification number 94-3150064

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
.	organization answered "Yes" to Form 990, Part IV, line	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	eferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	,	
	Preservation of land for public use (e.g., recreation or e	<u></u>	• •
	Protection of natural habitat	Preservation of a certified	d historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Hald at the Fad addle Tan Varia
	T M		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	nicture included in (a)	2b 2c
C	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired	, ,	20
ď	listed in the National Register	aller 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	pleased extinguished or terminated by the or	
3	year	siedsed, extinguished, or terminated by the or	garmzation daming the tax
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ng the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (Al		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (Al	• •	•
	the naures, or other similar assets held for public exhibition, e	education, or research in temperatice of public	refrice, provide the following amounts
	relating to these items (i) Payanus included in Form 990 Part VIII line 1		• •
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical tre	eacures, or other similar assets for financial of	an provide
~	the following amounts required to be reported under SFAS:		uni, provido
а		The place does relating to those terms	▶ \$
	Assets included in Form 990. Part X		► \$

Sched	Nuie D (Form 390) 2014 PHILANT	HROPY INC.						94-31	50064	Page 2
Par	IIII Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or	Other	Simil	ar Asse	ts /continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that a	are a sig	nıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	c	, 🗀 i	oan or excl	hange program	าร				
b	Scholarly research	e		Other	3.3					
С	Preservation for future generations	_								
	Provide a description of the organization's co	ollections and explai	n how th	ev further ti	he organization	ı's exem	nt nurna	nse in Parl	XIII	
	During the year, did the organization solicit o							73C 1111 GI1	. 7311	
	to be sold to raise funds rather than to be ma					Sillinal c	133013		Yes	☐ No
Par						'an" to E		Dort IV		140
1 41	reported an amount on Form 990, Pai		ete ii tile	organizatio	ii answered 1	es to re	onn 9 90	, Part IV, I	ine 9, or	
										
	Is the organization an agent, trustee, custods	ian or other intermed	diary for o	contribution	is or other asse	ets not ir	ncluded	_	3	<u></u>
	on Form 990, Part X?							L.	J Yes	L No
b	if "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able						
							<u> </u>		Amount	
¢	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_ 1f _			
2a	Did the organization include an amount on Fi	orm 990, Part X, line	21, for e	scrow or co	ustodial accou	nt liabilit	y?		Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided in Pa	art XIII				
Par										
L		(a) Current year	1	rior year	(c) Two years			ears back	(e) Four	years back
1a	Beginning of year balance		1		<u> </u>	^	·			
	Contributions		 				·			
	Net investment earnings, gains, and losses		 							
c	· ·		 		 					
	Grants or scholarships		 		 	- -				
е	Other expenditures for facilities		1							
	and programs		 		 	-+				
Ť	Administrative expenses		 						 	
9	End of year balance	L	<u> </u>		<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balan		g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organi	zation tha	at are held a	and administer	ed for th	e organı	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's end	lowment	funds						
Par	t VI Land, Buildings, and Equipm	nent.								
·	Complete if the organization answere	ed "Yes" to Form 99	0, Part IV	/, line 11a S	See Form 990,	Part X, II	ne 10			
	Description of property	(a) Cost or			t or other		cumulat	ed	(d) Book	value
		basis (invest		1 ' '	(other)	• •	reciation			•
12	Land	<u> </u>				<u>-</u>				
		 		 						
	Buildings			 				-+		
	Leasehold improvements			11	10,851		85,8	60.	1.	1,391.
d	Equipment			 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		33,0			. ,
	Other	Same COO De	+ V -al-	ma (B) /:==	1001				1/	1.991.

_	_	_		_		•			_			_		_	_	
τ	5	Н	т	T	. 7	, 7	TT	١IJ	D	r	۱D	v	Τ:	NT/	•	

Complete it the organization ancwored "Yee"	to Form 990 Bart IV line	11h San Form 000 1	Part Y line 12	
Complete if the organization answered "Yes" a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
Financial derivatives	(0) 000	1 (0),		or your market takes
Closely-held equity interests		 		
Other		 		
(A)				
(B)				
(C)		 		
(D)	 			
(E)	 	 		
(F)				
(G)		 		
(H)	 	 		
tal. (Col (b) must equal Form 990, Part X, col. (B) line 12)	 	 		
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 F	Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)		 		
(2)	 	 		
(3)	 	 		
(4)	 	 	 	
(5)	 	T		
(6)	 			
(7)	 		·	
(8)				
(9)				
ntai. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	" to Form 990, Part IV, line	e 11d See Form 990,	Part X, line 15	
) Description		 	(b) Book value
(1)	<u> </u>			
(2)				
(3)				
(4)				
(5)				
				
(6)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)	ne 15)			
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15)			
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		e 11e or 11f See Forn	▶ 1 990, Part X, line 25	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes		e 11e or 11f See Forn (b) Book value	n 990, Part X, line 25	5
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability			n 990, Part X, line 25	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes			n 990, Part X, line 25	5
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2)			990, Part X, line 25	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3)			n 990, Part X, line 25	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4)			990, Part X, line 25	5
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			n 990, Part X, line 25	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			n 990, Part X, line 25	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			n 990, Part X, line 25	
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			990, Part X, line 25	
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	" to Form 990, Part IV, lin		990, Part X, line 25	
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	" to Form 990, Part IV, lin	(b) Book value		

	dule D (Form 980) 2014 PHII, ANTHROPY INC.		94-3150064 Pa	10° 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1 1,950,7	54.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 1,950,7	54·
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 XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 1,950,7	54.
Pai	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Exp	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line		·	
1	Total expenses and losses per audited financial statements		1 1,730,4	91.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
b	Other losses	2c		
c C		2d		
d	Other (Describe in Part XIII)	[20]		٥
e	Add lines 2a through 2d		2e 3 1,730,4	<u>a1</u>
3	Subtract line 2e from line 1		3 1,730,4	71.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		^
С			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 1,730,4	91.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		o, Part V, line 4, Part X, line 2, Part XI,	
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
		.,		
				

OMB No 1545-0047 2014 Inspection ASTAN AMERICAN-PACIFIC ISLANDERS IN Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. PHILANTHROPY INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Open to Public

Employer identification number 94-3150064

Ng. X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? Part

: IV, line 21, for any		(h) Purpose of grant
izations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any		(c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of valuation (book,
anization answered "		(c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description (book, (g) Description (book, (g) Description (book, (g) Description (book, (g) Description (book, (g) Description (book, (g) Description (g) Descri
. Complete if the org	pepea	(e) Amount of
ic Governments.	tional space is ne	(d) Amount of
zations and Domest	be duplicated if additional space is needed	(c) IRC section (d) Amount of (e) Amount of (f) Method of valuation (book,
Domestic Organi	rt II car	Z.
Part II Grants and Other Assistance to Domestic Organiz	recipient that received more than \$5,000. Part II can	1 (a) Name and address of organization
art		1 (a

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d) and organization (d) EIN (d) IRC section (d) and organization (d) EIN (d) IRC section (d) Amount of (d)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PL SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	25,000.	0			PROGRAM GRANT
MS. FOUNDATION FOR WOMEN 12 METROTECH CENTER, 26TH FLOOR BROOKLYN, NY 11201	23-7252609	501(C)(3)	12,500.	0	,		PROGRAM GRANT
ASIAN AMERICANS ADVANCIN; JUSTICE - LA - 1145 WILSHIRE BLVD., 2ND FLOOR - LOS ANGELES, CA 00017	95-3854152	501(C)(3)	17,000.	0.			PROGRAM GRANT
KAMA'AHA EDUCATION INITIATIVE 500 KALANIANA?OLE AVENUE HILO, HI 96720	43-2029008	501(C)(3)	8,940.	.0			PROGRAM GRANT
THE BOSTON FOUNDATION 75 ARLINGTON STREET BOSTON, MA 02115	04-2104021	501(C)(3)	7,315.	0			PROGRAM GRANT
COMMUNITY INITIATIVES 354 PINE ST # 700 SAN FRANCISCO, CA 94104	94-3255070	501(C)(3)	7,000.	0		<u> </u>	PROGRAM GRANT

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2014)

94-3150064

Schedule I (Form 990) (2014)
PHILANTHROPY INC.
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

	(h) Ni imhar of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
(a) Type of grant of assistance	recipients		cash assistance	(book, FMV, appraisal, other)	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, IIr	l ne 2, Part III, column	(b), and any other a	ddrtional information	
ROCEDURE OF MON	FUNDS IS	CONDUCTED	OVER SITE	VISITS	
EXAMINING THE INTERIM AND	AL NARRAT	IVE AND FI	FINAL NARRATIVE AND FINANCIAL REPORTS	PORTS	
PROVIDED BY THE GRANTEES.					
		3.0			Schedule I (Form 990) (2014)
4423102 10-15-14		4 C			

SCHEDULE O

Internal Revenue Service

432211 08-27-14

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Inspection Employer identification number

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
ASIAN AMERICAN-PACIFIC ISLANDERS IN Emplo PHILANTHROPY INC.

94-3150064

Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVANCING PHILANTHROPY AND ASIAN AMERICAN PACIFIC ISLANDER (AAPI) COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS SHALL HAVE THE RIGHT TO VOTE, AS SET FORTH IN THE BYLAWS, ON THE ELECTION OF DIRECTORS, THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, ON ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS, AND ON ANY ELECTION TO DISSOLVE THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER. THEREAFTER THE DRAFT FORM 990 IS PRESENTED TO ALL BOARD MEMBERS FOUR WEEKS IN ADVANCE OF FILING AND EACH DIRECTOR ON BOARD WILL REVIEW AND CONSIDER THE DRAFT APPROXIMATELY FOUR WEEKS IN ADVANCE OF FILING. WITHIN ONE WEEK OF RECEIPT OF THE DRAFT FORM 990, DIRECTORS SHALL SUBMIT THEIR COMMENTS AND CONCERNS, IF ANY, THE PRESIDENT, WHO MAY ADDRESS THE COMMENTS AND CONCERNS, CONSULTING WITH AAPIP'S LEGAL COUNSEL AND THE ACCOUNTING FIRM PREPARING THE FORM, NECESSARY. DIRECTORS SHALL IDENTIFY AND SUBMIT ANY CRITICAL CONCERNS TO THE PRESIDENT AND THE BOARD CHAIR. CRITICAL CONCERNS SHALL BE RESOLVED JOINTLY BY THE PRESIDENT AND CHAIR OR BY THE EXECUTIVE COMMITTEE OF THE BOARD, AND RESOLUTION OF SUCH CONCERNS SHALL BE COMMUNICATED WITH THE DIRECTOR RAISING THE CONCERN AND THE BOARD, IF DEEMED NECESSARY BY THE PRESIDENT AND CHAIR. A COPY OF THE FILED FORM 990 SHALL BE DISTRIBUTED TO THE ENTIRE BOARD APPROXIMATELY ONE WEEK AFTER FILING, TOGETHER WITH A NOTE IDENTIFYING ANY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 33

Schedule O (Form 990 or 990 EZ) (2014) Name of the organization ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY INC.	Employer identification number 94-3150064
MATERIAL AND SUBSTANTIAL CHANGES FROM THE DRAFT VERSIONS	
EARLIER.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH OFFICER, DIRECTOR AND KEY EMPLOYEE SHALL ANNUALLY CO	MPLETE THE
DISCLOSURE FORM AND TIMELY UPDATE THE PRESIDENT AND CHAIR	OF ANY CHANGES
DURING THE CURRENT YEAR.	
FORM 990, PART VI, SECTION B, LINE 15:	
1. THE AUTHORIZED BODY TO DECIDE ON THE MATTER SHALL NOT	INCLUDE ANY
INDIVIDUAL WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO	THE COMPENSATION
ARRANGEMENT. 2. PRIOR TO MAKING ITS DECISION ON THE TOTAL	COMPENSATION
PACKAGE, THE AUTHORIZED BODY SHALL OBTAIN AND RELY UPON A	APPROPRIATE DATA AS
TO COMPARABILITY. 3. THE AUTHORIZED BODY SHALL ADEQUATELY	AND TIMELY
DOCUMENT THE BASIS FOR ITS DETERMINATION THAT THE AUTHOR	IZED TOTAL
COMPENSATION FOR THE EXECUTIVE IS JUST AND REASONABLE COL	NCURRENTLY WITH
MAKING SUCH DETERMINATION. THIS MAY BE ACCOMPLISHED IN PA	ART BY INCLUDING
WITH THE MINUTES THE COMPARABILITY DATA OBTAINED AND REL	IED UPON BY THE
AUTHORIZED BODY AT THE MEETING IN WHICH THE DETERMINATION	N WAS MADE.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FI	NANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	-
CONSULTANTS:	

PROGRAM SERVICE EXPENSES

98,819.

198,539.

Name of the organization ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY INC.	Employer identification number 94-3150064
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	297,358.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	297,358.
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection 2014

OMB No 1545-0047

▶ Attach to Form 990.

Employer identification number 94-3150064 Direct controlling End-of-year assets **e** ► SIAN AMERICAN-PACIFIC ISLANDERS IN Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity FHILANTHROPY INC. Name, address, and EiN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Partl

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

organizations outling the tax year							
	(4)	(0)	(9	(e)	(j)	Section 59	2(b)(13)
(a) Name address and EIN	Primary activity	Legal domicile (state or	•	Public charity	Direc	controlled	(c. V.c.)
	•	foreign country)	section	status (it section	entiny	erriity	
of related organization				501(c)(3))		Yes	۶ ا
BUILDING RESPONSIVE INFRASTRUCTURE TO							
11	SEE SCHEDULE R PART VII			: :	4		×
SUTTER STREET SAN FHANCISCO CA 94108	FOR EXPLANATION	CALIFORNIA	501(C)(3)	, antu	PAFIE		
		! -					
				•			
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Schedule R (Form 990) 2014

94-3150064 . Page 2

ASIAN AMERICAN-PACIFIC ISLANDERS IN

Schedule R (Form 990) 2014 PHILANTHROPY INC.

Identification of Rel 1ºed Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Code V-UBI General or Percentage amount in box partner? 20 of Schedule K-1 (Form 1065) Yes No Schedule R (Form 990) 2:014 Yes Section S12(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership € Share of end-of-year assets Ξ <u>6</u> Yes Disproportionale affocations? Ξ Share of total income Share of end-of-year assets <u>(6</u> Type of entity (C corp., S corp. or trust) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) 37 <u>ပ</u> Direct controlling entity ਉ Primary activity (C)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 432162 08-14-14 Part IV

"SIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY INC.

Schedule R (Form 990) 2014 PHILANTHROPY IN

Part V Transactions With '*elated Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any ertity is listed in Parts II, III, or IV of this schedule				Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	I in Parts II:IV?	
a Receipt of (i) interest, (ii) Annurties, (iii) royalties, or (iv) rent from a controlled entity	St			Ta X
b Gift, grant, or capital contribution to related organization(s)				db X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees (5 or for related organization(s)				Y, □ pt
e Loans or toan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				¥ ×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
 Exchange of assets with related organization(s) 				- X
j Lease of facilities, equipment, or other assets to related organization(s)				1, X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
o Sharing of paid employses with related organization(s)				10 X
p Reimbursement paid to related organization(s) for expenses				1 _p
r Other transfer of cash or property to related organization(s)				¥
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
432163 08-14-14	38	i	Schedu	Schedule R (Form 990) 2314

Page 4 94-3150064

ASIAN AMERICAN-PACIFIC ISLANDERS IN

PHILANTHROPY INC.

Part VI Unrelated Organiz: tions Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2014

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization over instructions regarding choices of the property of the	(a)	(c)	(p)	(e)	£	(6)	(h)	ε	s	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	amount in box 20 managing ownership of Schedille K-1 partner?	General o managing partner?	Percen, age ownership
Simple		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes	
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								Schedule	R (For	Schedule R (Form 990) 2014

ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY INC. 94-3150064 Page 5 Schedule R (Form 990) 2014 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) SCHEDULE R PART II COLUMN (B) ASSESSMENT AND PLANNING ACTIVITIES FOR ENTITY ORIGINALLY FORMED TO SPIN-OFF FROM AAPIP NATIONAL GENDER AND EQUITY CAMPAIGN.

ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY INC.

94-3150064

Schedule (Form 990) PHILANTHROPY INC. Part II Continuation of Grants and Organizations in the United States (Schedule (Form 990), Part II	OPY INC. Assistance to Go	wernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		94-3150064 . Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL SERVICES FOR GROUPS 905 E. 8TH STREET LOS ANGELES, CA 90021	95-1716914	501(C)(3)	7,000.	0.			PROGRAM GRANT
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD PHOENIX, AZ 85016	86-0348306	501(C)(3)	5,000.	0.			PROGRAM GRANT
							Schedule I (Form 990)

432241 05-01-14

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No 1040-1709

 If you ar 						
	e filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			▶ X
 If you ar 	e filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of	this form)		
Do not cor	nplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868	
Electronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for	a corporation
required to	file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to reques	st an extension
of time to f	ile any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	ransfers A	ssociated W	/ith Certain
Personal B	enefit Contracts, which must be sent to the IRS in paper	er format	(see instructions) For more details of	n the elect	tronic filing o	of this form,
visit www.i	rs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded)		
A corporat	ion required to file Form 990-T and requesting an auton	natic 6-mc	inth extension check this box and	complete		
Part I only						ightharpoons
All other co	orporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an extens	sion of time	
to file incoi	me tax returns			Enter file	r's identifyii	ng number
Type or	Name of exempt organization or other filer, see instruc	ctions		Employer	identification	n number (EIN) or
print	ASIAN AMERICAN-PACIFIC ISLA	NDER	S IN			
	PHILANTHROPY INC.				94-31	50064
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions	Social sec	unty numbe	er (SSN)
filing your return See	2201 BROADWAY, NO. 210					•
instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions			
	OAKLAND, CA 94612	•				
المحمودة		-,				
Enter the f	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Application		Return	Application			Return
	···	l	Is For			'
Is For	or Form 000 F7	Code				Code
	or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			
Form 990		02 03	Form 4720 (other than individual)			08
	J UDGIVIGUALI	03	Tom 4720 (other than individual)			
Form 4720		ا م	Form 5227			
Form 990-	PF	04_	Form 5227			10
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Form 8868 (Rev. 1-2014)					Р	age 2
If you are filing for an Additional (Not Automatic) 3-Month E	Extension, c	omplete only Part II and check this	box		► X]
Note. Only complete Part II if you have already been granted an	automatic (3 month extension on a previously fil	ed Form 8	368		
 If you are filing for an Automatic 3-Month Extension, compl 						
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the origina	al (no co	pies ne	∍eded).	
	_	Enter filer's	identifying	<u>ı numbe</u>	r, see instruct	ions
Type or Name of exempt organization or other filer, see insti	ructions		Employer	dentifica	ition number (E	IN) or
print ASIAN AMERICAN-PACIFIC ISLA	ANDERS	IN				
File by the PHILANTHROPY INC.	···			<u>94-3</u>	150064	
due date for Number, street, and room or suite no If a PO box,	, see instruc	tions	Social sec	unity no	aber (CSN)	
return See 2201 BROADWAY, NO. 210						
City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions				
OAKLAND, CA 94612						
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Enter the Return code for the return that this application is for (file a separa	te application for each return)			0	1
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Application	Return	l ''				turn
Is For	Code	Is For	-			ode
Form 990 or Form 990-EZ Form 990-BL	01	Form 1041 A			- ,	
	03	Form 1041-A Form 4720 (other than individual)				08 09
Form 4720 (Individual) Form 990-PF	03	Form 5227				10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870				12
STOP! Do not complete Part II if you were not already grant		<u> </u>	nously file	d Form (<u> </u>
JANIS BREWER	icu air autoi	natic o month extension on a prev	iousiy ilic	21 01111 0	200.	
• The books are in the care of ▶ 2201 BROADWAY	SULT	E 210 - OAKLAND, C	A 946	12		
Telephone No ► (510) 463-3155	7 0011	Fax No ▶				
If the organization does not have an office or place of busing	ess in the U	***************************************			- ▶ □	٦
If this is for a Group Return, enter the organization's four dig			f this is for	the who	le group, chec!	k this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐						
4 I request an additional 3-month extension of time until						
5 For calendar year 2014 , or other tax year beginning		, and endin	q			
6 If the tax year entered in line 5 is for less than 12 months	. check reas		Final r	eturn		
Change in accounting period	•					
7 State in detail why you need the extension						
AN EXTENSION TO FILE IS REQU	ESTED	SO THAT THE ORGANI	ZATIO	N MA	Y HAVE	
SUFFICIENT TIME TO ACCUMULAT						
FILE A COMPLETE AND ACCURATE	TAX R	ETURN.				
				 		
				r		
8a If this application is for Forms 990-BL, 990-PF, 990-T, 47	20, or 6069,	, enter the tentative tax, less any	ļ			
nonrefundable credits. See instructions			8a	\$		<u>0.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 60						
tax payments made Include any prior year overpayment	t allowed as	a credit and any amount paid	<u> </u>	}		_
previously with Form 8868			8b	\$		0.
c Balance due. Subtract line 8b from line 8a Include your		ith this form, if required, by using		ĺ		_
EFTPS (Electronic Federal Tax Payment System) See in			8c	\$		<u>0.</u>
•		st be completed for Part II	-			
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare th	cluding accom	npanying schedules and statements, and t				
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Signature Ittle	<u> </u>	101313	Date			