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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Α	For the	2014 ca	endar year, or tax year		7/1/2014	, and er	nding	6/3	0/2015	
В	Check if a	pplicable	C Name of organization	Asian Pacific Amer	ican Network of C)regon		D Employer	identificat	on number
<u></u>	Address c	hange	Doing business as			<u> </u>				
$\overline{}$	Nama abr		Number and street (or P	O box if mail is not delivered	ed to street address)	Room/suite	l l	<u>80-0252850</u>		<u></u>
_	Name cha	inge	PO Box 6552			J		E Telephone	number	
	Initial retu	rn	City or town		State	ZIP code		(971) 340-4	861	
	Final return	/terminated	Portland		OR	97208		(0)		
=			Foreign country name	Foreign provinc	e/state/county	Foreign postal	code			920.440
	Amended	return			· · · · · · · · · · · · · · · · · · ·	-		G Gross rec	eipts \$	820,140
	Applicatio	n pending	F Name and address of pri	ncipal officer			H(a) Is th	s a group return	for subordina	tes? Yes X No
			Joseph Santos-Lyons	PO Box 6552, Portla	and, OR 97208		H(b) Are	all subordinate	es included	Yes No
	ax-exem	nt etetue	X 501(c)(3) 501(or 527	If "	No," attach a lu	st (see inst	ructions)
				() (() () () () ()	11107 4047(0)(1	701 327				
			w apano org	<u> </u>				oup exemption		
K	orm of o	rganization	X Corporation	Trust Association _	Other ►	L Yea	r of forma	tion 2008	M Stat	e of legal domicile OR
F	art l		mmary							
	1		lescribe the organization					statewide o	ommunit	y organization
ည		working	to ensure Asian & Pac	ofic Islanders are fully	y engaged in the e	economic and	i social			
Activities & Governance	ł	decision	s that affect them We	do this through (conf	t Sched O)					
Ve	2	Check t	his box ▶ 🔲 if the c	organization discontin	ued its operations	or disposed	of more	e than 25%	of its net	assets
ဖိ	3		of voting members of						3	15
ග්	4		of independent voting			VI, line 1b)			4	15
Hes	5		mber of individuals em						5	17
₹	6	Total nu	mber of volunteers (es	stimate if necessary)					6	400
Ac	7a		related business rever		lumn (C), line 12				7a	0
	Ь		elated business taxabl						7b	0
	Ţ							Prior Year		Current Year
0	8	Contrib	utions and grants (Part	VIII, line 1h).	•		<u> </u>	43	1,165	583,204
Ę	9	Progran	n service revenue (Pai	t VIII, line 2g)				14	0,970	234,327
Revenue	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							72	0
œ	11								1,443	2,609
	12		renue—add lines 8 throu			ne 12)			3,650	820,140
	13	Grants	and similar amounts p	aid (Part IX, column (A), lines 1–3)				2,370	40,915
	14		s paid to or for membe				Ļ		0	0
S	15	Salaries	, other compensation, e	mployee benefits (Part	IX, column (A), line	es 5–10)		26	8,006	477,424
Expenses	16a		ional fundraising fees						0	1,445
Ž.	. b		ndraising expenses (P			72,557	V. 02. 1			receivant de
Ŵ	17		xpenses (Part IX, colu						9,076	298 <u>,</u> 668
	18		penses Add lines 13-			e 25)		46	9,452	818,452
_	19	Revenu	ie less expenses. Sub				ļ		4,198	1,688
ŏ	8 8 9			10	DEC 012		Begini	ning of Curren		End of Year
380	20		ssets (Part X, line 16)	ေ	DEC OF S	1015 K	ļ		3,921	385,843
Net Assets or	[21		ibilities (Part X, line 26						0,476	70,710
			sets or fund balances	Subtract line 21 from	line 20	O	L	31	3,445	315,133
نا	art II	Si	gnature Block ry, I declare that I have exam	and the seture enduding o	seemseewaa sebadule	C 000 61818770 016	and to t	ha hast of my l	nowledge	
Un	der penali I belief it	ties of perju	ry, i declare that i have exam rect, and complete. Declaration	on of preparer (other than of	fficer) is based on all in	s and statements formation of whic	h prepare	er has any knov	vledge	
		10 4 25, 55		1						
	gn		Signative of office			<u></u>	-	Date		,
H	ere		MANOR	51/				l)	IUI 17	
			Type or print name and title	· V						
_		Pri	nt/Type prevarer's name		arer's signature		Da			PTIN
P	aid				ally (1) as				Check X	
	repare	Kathryn Donaldson 11/12/2015				self-employ	red P01318306			
	se Onl	l y Fir	m's name			 		Firm's EIN	<u> </u>	
		Fır	m's address ▶ 1924 SE	35th Ave, Portland, C	R 97214			Phone no		
М	av the I	RS discu	ss this return with the	preparer shown abov	e? (see instruction	ns)				X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

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Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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,	5		х
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	[X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		**	,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4=	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

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Checklist of Required Schedules (continued)

22 23 24a b	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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	21 22 23 24a 24b 24c 24d	X	x x
22 23 24a b c	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	22 23 24a 24b		<u>x</u>
23 24a b c	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	23 24a 24b		<u>x</u>
24a b c	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24a 24b 24c		
24a b c	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24a 24b 24c		
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b c	24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24b 24c		_ <u>x</u>
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	12401		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	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	1 1	l	
	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 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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member 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,	6 %	,	, , , , , , , , , , , , , , , , , , ,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{\lambda}{X}$
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	125		^
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	1		
	Part I	31		Х
	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 Part V, line 1	34	L	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete 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	30		v
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 3/		_^_
JO	19? Note. All Form 990 filers are required to complete Schedule O	38	х	1
	10. Note: 7 th 1 offit 500 meta are required to complete deficació o			(2014)

Par	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 15	,		$\overline{}$
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		*,	-
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			_
	gaming (gambling) winnings to prize winners?	1c	X	<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)? .	4a		_x_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			l
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		_x_
C	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	,		ĺ
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	* 1		٤
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ئونەلىم. ئونەلىم	مو يگا
	and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		ĺ
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	LX_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			á
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 -
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			ĺ
a		, ×	, , , , , , , , , , , , , , , , , , ,	l
b		1		l
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	,	, 1	1
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	``.		l
b	against amounts due or received from them)	ľ	, 1	l
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		<u> </u>
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,		l
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	<u> </u>
а	Note. See the instructions for additional information the organization must report on Schedule O	. Ja		
b	Enter the amount of reserves the organization is required to maintain by the states in which	,		1
IJ	the organization is licensed to issue qualified health plans	1		ı
С	Enter the amount of reserves on hand	1	·	ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		 ^

Form 990 (2014) Part VI

Asian Pacific American Network of Oregon

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

Sect	on 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 15	2 . 🔏	124	
	If there are material differences in voting rights among members of the governing body, or		3, 5,7	, cas : # #	ă v
	if the governing body delegated broad authority to an executive committee or similar		// *	** **	*
	committee, explain in Schedule O			^ / /1	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15	식 ^	Long and	\$5.00 m
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	inip with			13,_1
_	any other officer, director, trustee, or key employee?	(l) (2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets /	5	 -	X
6	Did the organization have members or stockholders?	annoint	10	-	×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	арропп	70		"
•	one or more members of the governing body?		7a	 	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	·	75]	
	stockholders, or persons other than the governing body?	n during	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n duning	1.50		
_	the year by the following The governing body?		8a	X	1-1-1
a	The governing body? Each committee with authority to act on behalf of the governing body?		8b	x	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached		 ^-	\vdash
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Caoned	9		×
Soci	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue		 	
Jeci	ion b. Foncies (This dection b requests information about policies not required by the	momar roveride	<u> </u>	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	chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	·	jav'	42 1	s* ,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	1		
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro		1.4.3	1, 25	8.73
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			المستدار
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		أو ما د	و با الرود	*, * ;
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement		[: <u>-</u>	
	with a taxable entity during the year?		16a	 	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the		.*		. * .
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard		ي المنافقة	
	the organization's exempt status with respect to such arrangements?		16b	L	<u> </u>
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed OR Section 6404 requires on exponentian to make its Forms 1023 (or 1024 if applicable), 990, and 99	O T (Section 504/5)	2\0.00		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-1 (3eClion 50 I(C)(ojs uni	y /	
	available for public inspection. Indicate how you made these available. Check all that apply Own website	kplain in Schedule O			
10	Own website Another's website X Upon request Other (e. Describe in Schedule O whether (and if so, how) the organization made its governing documents,			nd	
19	financial statements available to the public during the tax year	commer or interest po	iicy, ai	·u	
20	State the name, address, and telephone number of the person who possesses the organization's	books and records	•		
-0	Jacob Conton Lyona	(971) 340-486	1		
	2788 SE 82nd Ave. Suite 203. Portland. OR 97266	17.070 700			

Form 990 (2014) Part VII

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 with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee ______ (c)

· · · · · · · · · · · · · · · · · ·										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unle	Pos heck ess pe	erson firect	e than on the tor/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Gauri Rajbaidya	60		1							
Chair & Board member	0.0	ol x	1	X				l 0	0	0
(2) Huy Ong	60	0	T							
Past Chair & Board member	0.0	o x	1	X	ĺ			0	0	0
(3) Jessie Domingo Salu	60	0			Τ					
Secretary & Board member	0.0	ō x		X		1		0	0	0
(4) Raahi Reddy	60	0								
Vice-Chair & Board member	0.0	o x		X		{	ĺ	0	0	l 0
(5) Thach Nguyen	60	0		\Box						
Treasurer & Board member	_ 00	0 X		X		,		0	0	0
(6) Andrea Miller	30	0								
Board member	00	0 X				L		0	0	o
(7) Anita Yap	30	0								
Board member	00	0 X	1_	1		<u> </u>		0	0	
(8) Jean Yamamoto	30	0			Π					
Board member	0.0	0 X			<u>.</u>	<u> </u>		0	0	0
(9) Mary Lı	3 0	0								
Board member	0.0	0 X				<u> </u>		0		0
(10) Mike Pichay	3 0	0			ł					
Board member	00	0 <u>X</u>				1		0	0	0
(11) Pattı Sakuraı	3 0	0	1	1	ł		}			
Board member	00	0 X	┸				L.,	0	0	0
(12) Paulina Perman	3 0	<u>o</u>	1							
Board member	0.0	0 X			L			C	0	0
(13) Sandy Tsuneyoshi		1								
Board member	00		\perp	L	\perp		<u> </u>	c	0	0
(14) Theodora Ko Thompson	3 0	<u>o</u>								
Board member	00	<u>o x</u>	1_		丄	<u></u>		c	0	0
						_			-	Form 990 (2014)

	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than o	an ee)	(D) Reportable compensation	(E) Reportable compensatio	n [am	(F) timated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga and	other pensation om the inization related nization	n i
	Toeutu Faaleava	3 00	J											
(16)	d member Joseph Santos Lyons utive Director	0 00 40 00 0 00	X		x				51,215		0		3,	0 611
(17)														
(18)														
(19)														
(20)										-				
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A	<u> </u>	-		-	<u> </u>	>	51,215 0		0	_	3	,611 0
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but not li	mitad to those lie	etod (abou	(0)	who	reco	>	51,215		0		3	,611
	reportable compensation from the organization				0	WIIO			Timore triair \$ 100				·	
3	Did the organization list any former officer, dire				loye	ee, d	or hig	hes	t compensated			3	Yes	No S X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable cor	mpen	satı					•			4	C-18	X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "Y									vidual		5	4	X
	tion B. Independent Contractors									2400000				
1	Complete this table for your five highest comp- compensation from the organization. Report of year											tax		
	(A) Name and business add	dress							(B) Description of se	rvices	C	(C) Compen		
								╂-						
								1						(
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	o the	ose	liste	ed abo) who received		Ä.		14	

Asian Pacific American Network of Oregon

Statement of Revenue Part VIII

	•	Check if Schedule O contains	a response or	note to any line ii	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
25 25	1a	Federated campaigns	1:					
an ti	b	Membership dues	11	0	_		j	
اغ يُ	С	Fundraising events	10	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	10	0 1	_	ļ] ' ' .	,
S, E	е	Government grants (contribution	s) <u>1</u> 0	66,622		*	خ د	4 × 5 /2
it S	f	All other contributions, gifts, gran	its, and		}		* ;	
를 취		similar amounts not included abo	ove 1	516,582			*	
nd (g	Noncash contributions included in 1	nes 1a-1f \$	500	4.82			
ပြ	_h_	Total. Add lines 1a-1f		>	583,204			
10				Business Code				24 (474 A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
-ej	2a	Contracts on Healthcare Access/	Equity	900099	150,150	150,150		
8	b				43,474	43,474]	
9	С	Other Program Contracts	900099	35,820	35,820			
Se.	d	Shared Use of Office & Copier by	y Exempt Or	900099	4,883	4,883		
Ē	е				0			
Program Service Revenue	f	All other program service revenu	е		0			
P.	g	Total. Add lines 2a-2f		•	234,327	- (\$\) \(\) A * \(\)		
	3	Investment income (including divother similar amounts)	ridends, interes	t, and ▶	0			
	4	Income from investment of tax-exempt bond proce		ceeds	0			
	5	Royalties		•	0			
		•	(ı) Real	(ii) Personal				1777.021.00
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)		0 0				
	d	Net rental income or (loss)		>] 0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other			7.5	iji. r
		assets other than inventory		0 0				
	b	Less cost or other basis						
		and sales expenses		o <u>o</u>				7 20 0
	С	Gain or (loss)		0 0				
	d	Net gain or (loss)	_		0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	•					
Jē.		See Part IV, line 18	a b					
8	b	Less direct expenses Net income or (loss) from fundra		' L)			Mar
	9a	Gross income from gaming activ						
		See Part IV, line 19	а		⊣ . ```		, V	
	b	Less direct expenses	t	0	Landar and recommended		نگسب می نشد. سا	\$ <u> </u>
	С	Net income or (loss) from gamin	g activities		0		ļ	
	10a	Gross sales of inventory, less			}	·	;	
		returns and allowances	a		╡	3	`	, , ,
	b	Less cost of goods sold	t t	0		n agreement and the agreement agreement and an additional and an additional and an additional and an additional and additional additional and additional additional and additional	terro anno en esta especial anticolor anno especial anticolor anticolor anno especial anticolor	
	<u> </u>	Net income or (loss) from sales	of inventory	<u> </u>	0			
		Miscellaneous Revenue		Business Code			<u> </u>	
	11a	Prior period adj			2,609		 	2,609
	b				0	 	 -	
	С				0		<u> </u>	
	d	All other revenue			0	<u> </u>		
	е	Total. Add lines 11a-11d		>	2,609			
	112	Total revenue. See instructions		•	820 140	1 234 327	'I ^	ി മറേ

Par					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all			omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	irt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	40,915	40,915		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign		ļ	*	
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	61,048	50,365	5,596	5,087
6	Compensation not included above, to disqualified		ł	ì	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	207.040	45.504	
7	Other salaries and wages	350,346	297,918	15,581	36,847
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	28,672	24.500	4 4 4 7	2.020
9	Other employee benefits		24,586	1,147	2,939
10	Payroll taxes	37,358	31,632	1,910	3,816
11	Fees for services (non-employees)		I	:	
a	Management .	0			
b	Legal	30,802		30,802	
C	Accounting Lobbying	24,000	24,000	30,002	
d	Professional fundraising services See Part IV, line 17	1,445	24,000		1,445
e f	Investment management fees	1,443	·		
	Other (If line 11g amount exceeds 10% of line 25, column	-			
g	(A) amount, list line 11g expenses on Schedule O)	17,279	13,571	3,708	
12	Advertising and promotion	9,300	8,480	264	556
13	Office expenses	64,111	56,503	3,157	4,451
14	Information technology .	14,117	11,482	882	1,753
15	Royalties	0			
16	Occupancy	22,002	19,221	1,106	1,675
17	Travel	14,794	12,701	365	1,728
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	_		
19	Conferences, conventions, and meetings	45,363	32,603	888	11,872
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,482	3,077	118	287
23	Insurance	3,572	616	2,878	78
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)				<u> </u>
а	Jade District Contractors & Consultants	47,577	47,577		
b	Membership Dues, Business Fees, Misc	2,269	1,648	598	23
C		0			
d	All all and an arrangement of the second of	0			
e	All other expenses	010.453	070 000	20.000	70.5
25	Total functional expenses. Add lines 1 through 24e	818,452	676,895	69,000	72,557
26	Joint costs. Complete this line only if the	1	ĺ		1
	organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				
	IONOTHING OUT 30-2 (MOU 300-120)	1	1	1	i e

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

Form 990 (2014). Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 300,077 1 255,740 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 200 200 33,325 3 3 Pledges and grants receivable, net 67,016 4 Accounts receivable, net 25,596 4 30.543 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 0 7 Notes and loans receivable, net 0 8 Inventories for sale or use 4,723 9 Prepaid expenses and deferred charges 9 11,184 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 24,643 10a 10b Less accumulated depreciation 3.483 0 10c 21,160 b 0 11 11 Investments—publicly traded securities 0 0 0 12 Investments—other securities See Part IV, line 11 12 0 13 0 13 Investments—program-related See Part IV, line 11 0 14 14 0 Intangible assets 15 Other assets See Part IV, line 11 0 15 363,921 16 385,843 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 34,925 48,704 18 Grants payable 18 15,551 19 19 Deferred revenue 22,006 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 50,476 26 70,710 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 183,332 27 139,090 28 Temporarily restricted net assets 130,113 28 176,043 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

315,133

385,843

32

33

34

313,445

363,921

Reconciliation of Net Assets Check if Schedule O Contains a response or note to any line in this Part XI	Form 9	90 (2014). Asian Pacific American Network of Oregon	80-0252850	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses (Subtract line 2 from line 1 3 1,688 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Proro penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	Part	XI Reconciliation of Net Assets		
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 3 from line 3 from 2 from		Check if Schedule O contains a response or note to any line in this Part XI		<u>. L.</u>
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	1	Total revenue (must equal Part VIII, column (A), line 12)		820,140
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	3			
Donated services and use of facilities 7 Investment expenses 8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Satisfied Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		313,445
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 315,133 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	5	- , , , ,		
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	6	Donated services and use of facilities		———
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	7	Investment expenses		
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Interport XIIII and Act and Complete the such audits and separate basis and separate basis and separate basis are additionally and additionally and any separate basis are additionally and additionally and additionally and any separate basis are additionally and additionall	8			
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	10			
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990			10	315,133
Accounting method used to prepare the Form 990	Part			
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	22	×
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	2b	X
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3a X Sb	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	the Single Audit Act and OMB Circular A-133?		x
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	١	
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Taille	UI U	ie Organization				- 1	Employer identification	ii iidiibei			
Asıa	n Pa	acific American Network of Orego					80-02	52850			
Par	t I	Reason for Public Chari	ty Status (All org	anizations must cor	nplete th	is part) :	See instructions				
The	orga	anization is not a private foundati	•	_	-	-					
1	Ш	A church, convention of churche	es, or association of	churches described in	section	170(b)(1)(A)(i).				
2	Ш	A school described in section 1	70(b)(1)(A)(ii) . (Atta	ach Schedule E)							
3		A hospital or a cooperative hosp	oital service organiz	ation described in sec t	tion 170(t)(1)(A)(iii).				
4		A medical research organization	operated in conjur	nction with a hospital de	escribed ii	section	170(b)(1)(A)(iii) . En	ter the			
		hospital's name, city, and state									
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	d by a gov	vernmental unit desc	cribed in			
6		A federal, state, or local governi	ment or government	tal unit described in se	ction 170	(b)(1)(A)(v).				
7	Χ		on organization that normally receives a substantial part of its support from a governmental unit or from the general public lescribed in section 170(b)(1)(A)(vi). (Complete Part II)								
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part I	i)						
9		An organization that normally re receipts from activities related to support from gross investment is acquired by the organization after	eceives (1) more the o its exempt function its exempt function its exempt function.	an 33 1/3% of its suppons—subject to certain ed business taxable inc	ort from co exceptions come (less	s, and (2) s section 5	no more than 33 1/3	3% of its			
10		An organization organized and	operated exclusively	y to test for public safe	ty See se	ction 509	(a)(4).				
11		An organization organized and of one or more publicly support	ed organizations de	scribed in section 509	(a)(1) or s	ection 50	9(a)(2). See section	n 509(a)(3).			
		Check the box in lines 11a throi	•	• • • • • • • • • • • • • • • • • • • •			•	•			
а		Type I. A supporting organization (sorganization You must com-) the power to regu	larly appoint or elect a							
b	, !	Type II. A supporting organiz control or management of the organization(s) You must c	ation supervised or e supporting organi	controlled in connection cation vested in the sa							
c		Type III functionally integral its supported organization(s)	ited. A supporting c	organization operated i	n connect	on with, a	nd functionally integ	rated with,			
c	1	Type III non-functionally in						anization(s)			
	,	that is not functionally integra	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att				
		requirement (see instruction	,								
е	,	Check this box if the organiz functionally integrated, or Ty					Type I, Type II, Typ	e III			
f		Enter the number of supported	•	ny integrated supportin	ig Organiz	allon		0			
c	ı	Provide the following information	•	ed organization(s)							
	(1)	Name of supported organization	(n) EIN	(III) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(VI) Amount of			
				(described on lines 1–9 above or IRC section	listed in you docur	-	support (see instructions)	other support (see instructions)			
				(see instructions))	4004		med dedono,	mondononay			
					Yes	No_					
(A)											
(B)											
(C)			· _ · · · · · · · · · · · · · · · · · ·								
(D)											
(E)											
					516661	STATE OF STATE		 			
Tota	ıl				A Pin		0	o			

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

<u> </u>	Part III If the organization fail	s to qualify und	der the tests lis	ted below, plea	se complete Pa	art III.)	
	ion A. Public Support	(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")	159,725	162,816	404,991	431,165	583,204	1,741,901
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1				0
	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	159,725	162,816	404,991	431,165	583,204	<u>1,741,901</u>
	The portion of total contributions by each person (other than a governmental unit	v	2		٠	* .	
	or publicly supported organization)						
	included on line 1 that exceeds 2%		,	`	*	191	
	of the amount shown on line 11,	,		ij			174,664
_	column (f)		•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		1,567,237
	Public support. Subtract line 5 from line 4			<u></u>	l		1,507,257
_	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	Amounts from line 4	159,725	162,816	404,991	431,165	583,204	1,741,901
7 8	Gross income from interest, dividends,	100,720	102,010	10 1,00 1			11. 3.110.3.
0	payments received on securities loans,				Ì		
	rents, royalties and income from similar					ľ	
	sources			91	72		163
9	Net income from unrelated business		·				
	activities, whether or not the business is regularly carried on			570			570
10	Other income Do not include gain or				ı		
	loss from the sale of capital assets				4 440	2 600	4.050
	(Explain in Part VI)				1,443	2,609	4,052 1,746,686
11	Total support. Add lines 7 through 10			*		12	421,551
12	Gross receipts from related activities, etc (s		sacand thurst fourt	h or fifth toy your a	o a costion 501(c)		421,001
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's lirst, s	second, triird, louit	ii, Oi iiitii tax year a	is a section sor(c)	(3)	▶ [
	tion C. Computation of Public Su			······································		14	89 73%
14	Public support percentage for 2014 (line 6, c Public support percentage from 2013 Sched			.17)		15	79 36%
15	33 1/3% support test—2014. If the organiz			3 and line 14 is 33	1/3% or more, che		
	and stop here. The organization qualifies at 33 1/3% support test—2013. If the organiz	s a publicly support	ted organization				► X
	box and stop here. The organization qualifier	es as a publicly sup	oported organization	on			>
	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization mee Part VI how the organization meets the "fact organization	ts the "facts-and-ci s-and-circumstanc	rcumstances" test es" test The orga	check this box and chization qualifies as	d stop here. Expla a publicly support	ın ın ed	.
b	10%-facts-and-circumstances test—201: 15 is 10% or more, and if the organization in Part VI how the organization meets the "fact supported organization	neets the "facts-and ts-and-circumstand	d-circumstances" t es" test The orga	est, check this box nization qualifies as	and stop here . E s a publicly	line xplain in	>
18	Private foundation. If the organization did instructions	not check a box or	ı lıne 13, 16a, 16b,	, 17a, or 17b, check	this box and see		▶[

Page 3

	Support Schedule					O 41	E001-14	
	C. manage Cabadula	+ / \	1 PM ~ M 1 T ^ \$ 1 ^ M C	` \^c^rii	noa in	SOCTION	SIIUI 211	-/1
154:14 E N E	annoon acneume	IUI O	HUAIIIZALIUIIS	o Desciii	veu m	SECTION	JUJIAN	,

(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 qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support								
	ndar 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")						0		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose						0		
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513						0		
4	Tax revenues levied for the organization's				1				
	benefit and either paid to or expended on								
	its behalf						0		
5	The value of services or facilities		İ		1	•			
	furnished by a governmental unit to the						0		
	organization without charge						0		
6	Total. Add lines 1 through 5	0	0	0	0	0	0		
7a	Amounts included on lines 1, 2, and 3						0		
	received from disqualified persons						0		
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that					ļ			
	exceed the greater of \$5,000 or 1% of the						0		
	amount on line 13 for the year	0	0	0	0	0	0		
	Add lines 7a and 7b		. 0						
8	Public support (Subtract line 7c from	,		*		•	0		
8	line 6)	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	<u> </u>				
	tion B. Total Support Indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
_	-	(a) 2010 0	0	0	0	0	0		
9	Amounts from line 6								
10a									
	payments received on securities loans,						0		
h	rents, royalties and income from similar sources Unrelated business taxable income (less								
D	section 511 taxes) from businesses	I							
	acquired after June 30, 1975						0		
_	Add lines 10a and 10b	0	0	0	0	0	0		
11	Net income from unrelated business								
••	activities not included in line 10b, whether								
	or not the business is regularly carried on						0		
12	Other income Do not include gain or								
	loss from the sale of capital assets		1						
	(Explain in Part VI)						0		
13	Total support. (Add lines 9, 10c, 11,								
	and 12)	0	0			_0	0		
14	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	_		
	organization, check this box and stop here						▶		
Sec	ction C. Computation of Public Su	pport Percent	age						
15	Public support percentage for 2014 (line 8, c	olumn (f) divided t	y line 13, column	(f))		15	0 00%		
16	Public support percentage from 2013 Sched				·	16	0 00%		
Se	ction D. Computation of Investmen					···			
17	Investment income percentage for 2014 (line	e 10c, column (f) d	ivided by line 13, o	olumn (f))		17	0 00%		
18	Investment income percentage from 2013 S					18 0 00%			
19a	33 1/3% support tests—2014. If the organ					and line 17 is	<u>, </u>		
	not more than 33 1/3%, check this box and					22 4/20/	▶		
b	33 1/3% support tests—2013. If the organ						_		
	THE TAIR DOT MOTE than 43 1/3% check this	. nox and stop ner	e. The Otoanization	r quanties as a nur	meis ennoniteu ota	anikaliUli			

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

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?
- 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 VI**.
- **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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Schedule		offic American Network of Oregon	80-0252850		Pa	<u>age 5</u>
Part I	V Supporting Organizations	(continued)		—т	V T	NI :-
		A Laboratory of the following page 20	Г		Yes	No
11	Has the organization accepted a gift or	contribution from any of the following persons?		1	* 1	1
а		rols, either alone or together with persons described in (b) and (c)	<u> -</u>	11a		
L	below, the governing body of a support A family member of a person described		<u> </u>	11b		
b	A 25% controlled entity of a person des	scribed in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa		11c		
	on B. Type I Supporting Organiza					
<u>Jec II</u>	on B. Type I capporting engants				Yes	No
1	Did the directors, trustees, or members	ship of one or more supported organizations have the power to				
•	regularly appoint or elect at least a mai	ority of the organization's directors or trustees at all times during the	ne			
	tax year? If "No," describe in Part VI he	ow the supported organization(s) effectively operated, supervised,	or		.	
	controlled the organization's activities	If the organization had more than one supported organization,		1		
	describe how the powers to appoint an	d/or remove directors or trustees were allocated among the suppo	rted			
	organizations and what conditions or re	estrictions, if any, applied to such powers during the tax year	-	1		
2	Did the organization operate for the be	nefit of any supported organization other than the supported				
	organization(s) that operated, supervis	ed, or controlled the supporting organization? If "Yes," explain in F	'art			
		out the purposes of the supported organization(s) that operated,	İ			
	supervised, or controlled the supportin			2		
Secti	on C. Type II Supporting Organiz	zations			Yes	No
_		handless on triptogo during the tax year also a majority of the direct	ore [163	140
1	vvere a majority of the organization's o	lirectors or trustees during the tax year also a majority of the direct is supported organization(s)? If "No," describe in Part VI how conti	rol			
	or trustees of each of the supporting organization	inization was vested in the same persons that controlled or manag	ed			
	the supported organization(s)	mization was vested in the same persons that controlled or manag	1	1		
Secti	ion D. All Type III Supporting Org	anizations				
0001	on brown by be meanly as a				Yes	No
1	Did the organization provide to each o	f its supported organizations, by the last day of the fifth month of the	ne i	× . '	Nig.	* **
	organization's tax year, (1) a written no	otice describing the type and amount of support provided during the	e prior tax	,		İ
	year, (2) a copy of the Form 990 that v	vas most recently filed as of the date of notification, and (3) copies	of the	<u>.</u>	-33.5	
	organization's governing documents in	n effect on the date of notification, to the extent not previously provi	ıded?	_1_		
2	Were any of the organization's officers	directors, or trustees either (i) appointed or elected by the suppointed by the suppoi	rted		,	'
	organization(s) or (ii) serving on the go	overning body of a supported organization? If "No," explain in Part	VI how	-×-	المكافدة	
	the organization maintained a close ar	nd continuous working relationship with the supported organization	(S)	2	<u> </u>	-
3	By reason of the relationship describe	d in (2) did the organization's supported organizations have a		ı	1.	
	significant voice in the organization's i	nvestment policies and in directing the use of the organization's		~ i i		· .
		e tax year? If "Yes," describe in Part VI the role the organization's		3	- × ×	
<u>C4</u>	supported organizations played in this ion E. Type III Functionally-Integ	roted Supporting Organizations			ــــــــــــــــــــــــــــــــــــــ	L
	ion E. Type in Functionary-integ	t the organization used to satisfy the Integral Part Test during the y	ear (see instru	ction	15)	
1	The organization satisfied the Activ		car (occ mea-		,	
а						
b		ach of its supported organizations Complete line 3 below		~ ~ * ~ . .	-t	
С	The organization supported a gove	ernmental entity Describe in Part VI how you supported a governm	ent entity (see ir	isiru	cuons	
2	Activities Test Answer (a) and (b) be	elow.	,		Yes	No
а	Did substantially all of the organization	n's activities during the tax year directly further the exempt purpose	es of	ĺ		
	the supported organization(s) to which	n the organization was responsive? If "Yes," then in Part VI identi i	f y	,		
	those supported organizations and	d explain how these activities directly furthered their exempt purpo	oses, ,	l	ľ	
		to those supported organizations, and how the organization determined	ninea			
	that these activities constituted substa	antially all of its activities		2a	<u> </u>	╁
b	Did the activities described in (a) cons	stitute activities that, but for the organization's involvement, one or	I the		1	1
	or the organization's supported organi	ization(s) would have been engaged in? If "Yes," explain in Part V	, ui c	1		
		n that its supported organization(s) would have engaged in these		2b		-
_	activities but for the organization's inv				†	
3	Parent of Supported Organizations A	o regularly appoint or elect a majority of the officers, directors, or				
а	trustees of each of the supported order	anizations? Provide details in Part VI.		3a		1
b	Did the organization exercise a subst	antial degree of direction over the policies, programs, and activities	s of each			T
	of its supported organizations? If "Yes	s," describe in Part VI the role played by the organization in this re	gard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		tructions. All
other Type III non-functionally integrated supporting organizations must con	mplet	e Sections A through E	
Section 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	0	0
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		l j	
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		, , ,	, , ,
instructions for short tax year or assets held for part of year)]	```	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	"	* * * * * *	- 2. *
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	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0[0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount		,) "Y	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	* * * * * * * * * * * * * * * * * * * *	0
2 Enter 85% of line 1	2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* * * * * * * * * * * * * * * * * * *	0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		* * * * * * * * * * * * * * * * * * * *	
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly-inte	egrated Type III supporting	
instructions)		-	•

7	Excess distributions carryover to 2015. Add lines 3	,	*
	and 4c	 l	
8	Breakdown of line 7	· ·	
а			, , , , , , , , , , , , , , , , , , , ,
b		> x	
С			
d	Excess from 2013		

and 4b from line 1 (if amount greater than zero, see

instructions)

e Excess from 2014

	orm 990 or 990-EZ) 2014	Asian Pacific Americ	can Network of Oregon	80-0252850 Page 8
Part VI	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 pa	rt for any additional information (S	ee instructions)
		, <u>cop.</u>		
				••••••

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

1 22

Employer identification number

 $\frac{\frac{\text{OMB No} \ 1545-0047}{2014}}{2014}$

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Asıa	n Pacific American Netwoi	k of Oregon			80-0252850
	t I-A Complete if t	he organization is exempt und	er section 501(c) or is a section 5	27 organization.
1		he organization's direct and indirect p			
2	Political expenditures			•	\$
3	Volunteer hours				
Pa		he organization is exempt und		c)(3).	
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49) 55 ▶	· \$
2	Enter the amount of any	excise tax incurred by organization m	anagers under sed	ction 4955	· \$
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	•	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Pa		the organization is exempt und			501(c)(3).
1	Enter the amount directly	expended by the filing organization f	or section 527 exe		
	activities			•	· \$
2		iling organization's funds contributed	to other organizati	ons	•
_	for section 527 exempt fu			400 DOI	• •
3	•	penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,	• \$ 0
	line 17b	file Form 4420 DOL for this woor?		•	Yes No
4		n file Form 1120-POL for this year? ses and employer identification numb	or (EIN) of all sect	ion 527 political organi	
5	enter the names, address	ents For each organization listed, en	ter the amount par	d from the filing organi	zations to which the filling
	the amount of political co	entributions received that were prompt	tly and directly deli	vered to a separate po	litical organization, such
	as a separate segregate	d fund or a political action committee	(PAC) If additiona	I space is needed, prov	ride information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(5) / (50)	(0, 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
(1)					
(2)					
(3)				•	
(4)					
(5)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2014

00.	2000 2 (1 01111 222 21 21 21					- agc =
Р	art II-A Complete if the organization under section 501(h)).	on is exempt (under section 50	01(c)(3) and filed	l Form 5768 (ele	ction
A	Check ▶ ☐ If the filing organization to name, address, EIN, exp	enses, and sh	are of excess lob	bying expenditur	es)	up member's
В	Check ▶ if the filing organization of	checked box A	and "limited cont	rol" provisions ap	ply.	
	Limits on Lob (The term "expenditures" r	bying Expendit	ures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pu	iblic opinion (gras	ss roots lobbying)		8.023	0
b	Total lobbying expenditures to influence a	legislative hody (direct lobbying)		34,674	0
	Total lobbying expenditures (add lines 1a		G., GGC , GGG , , ,		42,697	0
C		and rb)		•	775,755	0
d	Other exempt purpose expenditures	1- ond 1d\			818,452	0
е	Total exempt purpose expenditures (add li		المحط مد حامامه مستحد	L	010,402	
Ť	Lobbying nontaxable amount Enter the ar	nount from the io	llowing table in both	[1]	4.47.760	_
	columns				147,768	0
	If the amount on line 1e, column (a) or (b) is		g nontaxable amou	int is:	,	*
	Not over \$500,000		mount on line 1e		x	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess		8	*
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of	over \$1,500,000	, , ,	4 1 8 8 9
	Over \$17,000,000	\$1,000,000				3 > > > * * * * * * * * * * * * * * * *
g	Grassroots nontaxable amount (enter 25%				36,942	0
h	Subtract line 1g from line 1a If zero or les				0	0
i	Subtract line 1f from line 1c If zero or less				0	0
j	If there is an amount other than zero on ei	ther line 1h or line	e 1ı, dıd the organız	zation file Form 472	0 reporting	
	section 4911 tax for this year?					Yes No
	(Some organizations that made a	section 501(h) e	Period Under sec lection do not hav tructions for lines	e to complete all	of the five columns	below.
				·		
_	Lobby	ing Expenditure	es During 4-Year A	veraging Period		г
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	44,794	57,992	93,890	147,768	344,444
b	Lobbying ceiling amount (150% of line 2a, column(e))	, ,	***	* * * * * * * * * * * * * * * * * * * *	\$ - · · ·	516,666
	Total lobbying expenditures	2,910	5,116	3,830	42,697	54,553
d		11,199	14,498	23,473	36,942	86,112
_e	Grassroots ceiling amount (150% of line 2d, column (e))			` .	, *	129,168
1	Grassroots lobbying expenditures	1,655	1,451	2,614	8,023	13,743

rar	Complete if the organization is exempt under section 501(c)(3) and ha (election under section 501(h)).	3 NO				<u>, </u>	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed descri	ntion	(6	a)		(b)	
	e lobbying activity	<i>p</i>	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	•				٠,,	
	legislation, including any attempt to influence public opinion on a legislative matter or		,		5	•	
	referendum, through the use of				, ,		
а	Volunteers?				· *		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						×
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?			-			
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	_			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
i	Total Add lines 1c through 1i						C
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				. 4.		. 4
b	If "Yes," enter the amount of any tax incurred under section 4912			,			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		•	<u> </u>			
d	1511 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501	(c)(5)	, or s	ection	ł	
	501(c)(6).		_			,	
					_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	<u> </u>	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	<u> </u>	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year				3	<u> </u>	L
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No,"	OR (I	b) Pa	rt III-A	, line	3, is
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			į,			
	political expenses for which the section 527(f) tax was paid).						
а	·			2a			
b				2b	ļ		
•	Total	100		2c	-		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di				ł		 -
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible	ie.		-:3*:			
	lobbying and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5	 		
	t IV Supplemental Information		_	1			
Provi	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	d group	o list),	Part II-	-A, lines	1 and	
	ee instructions), and Part II-B, line 1. Also, complete this part for any additional information						
,	·						
		-			-		-
		-					-
-			- -				- -
·							

Asiar	n Pacific American Network of Oregon porm 990 or 990-EZ) 2014	80-0252850
		Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

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.

2014 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
Asiar	Pacific American Network of Oregon		80-0252850
Par		or Advised Funds or Other Sim	ilar Funds or Accounts.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV,	line 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 do	nor advisors in writing that the assets	held in donor advised
_	funds are the organization's property, subjec		
6	Did the organization inform all grantees, don		
	used only for charitable purposes and not for		
	purpose conferring impermissible private bei		Yes No
Par			
Fai	Complete if the organization answ	vered "Ves" to Form 990 Part IV	line 7
	Purpose(s) of conservation easements held		
1	Preservation of land for public use (e.g., rec		rvation of a historically important land area
		· <u></u>	- · · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	Prese	rvation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation con	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation eas		2b
С	Number of conservation easements on a cer		2c
d	Number of conservation easements included		
	historic structure listed in the National Regis		2d
3	Number of conservation easements modified	l, transferred, released, extinguished,	or terminated by the organization
	during the tax year		
4	Number of states where property subject to		
5	Does the organization have a written policy in		
	violations, and enforcement of the conservat		Yes No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conserv	valion easements during the year
_	Amount of expenses incurred in monitoring,	unanceting, and enforcing conceniation	n cocoments during the year
7		inspecting, and emorcing conservation	n easements during the year
0	Does each conservation easement reported	on line 2(d) above satisfy the requirer	nents of section
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on the 2(d) above satisfy the requirer	Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its r	· ·
•	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation	_	
Par		ections of Art, Historical Treas	ures, or Other Similar Assets.
	Complete if the organization answ		
4-	If the organization elected, as permitted und		
1a	works of art, historical treasures, or other sir		
	of public service, provide, in Part XIII, the tex		
L	If the organization elected, as permitted und		
b	works of art, historical treasures, or other sir		
	of public service, provide the following amou		occupied in the control of the contr
	(i) Revenue included in Form 990, Part VIII,		▶ \$
	(ii) Assets included in Form 990, Part X	III C	• Ψ
2	If the organization received or held works of	art historical treasures or other simil	ar assets for financial gain, provide the
_	following amounts required to be reported up		
а	Revenue included in Form 990, Part VIII, lin	-	► \$
a b	Assets included in Form 990, Part X		> \$
	, 100013 moladod m. 1 omi 000, 1 dr. 11		

	rican Network of Ore			80-02528	
Organizations Maintaining					s (continued)
Using the organization's acquisition, a		records, check	any of the following t	hat are a significant	
use of its collection items (check all the	iat apply)	. 🗀 .			
Public exhibition			oan or exchange prog	rams	
Scholarly research		e C	ther		
Preservation for future generat					
Provide a description of the organizate Part XIII	ion's collections and	explain how th	ey further the organız	ation's exempt purpos	e in
During the year, did the organization assets to be sold to raise funds rather					Yes No
Complete if the organization 990, Part X, line 21		to Form 990,	Part IV, line 9, or r	eported an amount	on Form
Is the organization an agent, trustee, included on Form 990, Part X?				assets not	Yes No
If "Yes," explain the arrangement in P	art Am and complete	s the lollowing	able	Ar	mount
Beginning balance				1c	
Additions during the year			Ī	1d	
Distributions during the year				1e	
Ending balance				1f	0
Did the organization include an amou	nt on Form 990, Par	t X, line 21, for	escrow or custodial a	ccount liability?	Yes X No
If "Yes," explain the arrangement in P	art XIII Check here	if the explanation	on has been provided	ın Part XIII	
V Endowment Funds.		4a Farm 000	Don't IV June 40		
Complete if the organizatio	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
Beginning of year balance	(a) Current year	(b) Filor year	(c) Two years back	(u) Three years buck	(c) i oui years back
Contributions					
Net investment earnings, gains,					
and losses					
Grants or scholarships					
Other expenditures for facilities					

Endowment Funds. Part V

Schedule D (Form 990) 2014

3

b

C

Part IV

C

d

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
a	End of year balance	0	0	ol o	0	0

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

а	Board	desigr	nated o	or quasi	-endowment	•	%
_				_	_	0.4	

Permanent endowment

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

unrelated organizations

related organizations

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Land, Buildings, and Equipment. Part VI

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	22,764	3,169	19,595
d	Equipment	0	1,879	314	1,565
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part X,	column (B), line 10c)	•	21,160

Schedule D (Form 990) 2014 Asian Pacific American	Network of Oregon		80-0252850	Page 3
Part VII Investments—Other Securit	ties.			-
Complete if the organization a	answered "Yes" to Form 99	0, Part IV, line 11b See Form	ı 990, Part X, lır	<u>12 12 </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n		_
(1) Financial derivatives	0			
(2) Closely-held equity interests	0			
(3) Other				
(A)		_		
(B)				
(C)				
(D)	-			
(E)	- +			
(F)	-			
(G) (H)				
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0			. , .
Part VIII Investments—Program Rela	ated.		<u> </u>	
Complete if the organization a	answered "Yes" to Form 99	0, Part IV, line 11c See Form	1 990, Part X, lir	ne 13
(a) Description of investment	(b) Book value	(c) Method of va	luation	
(4)	· · · · · · · · · · · · · · · · · · ·	Cost or end-of-year r	narket value	
(1)				
(2)				
(3)				
(4)				
(5)			····	
(6)				
(7)				
(8)				
	>) s \$ · · · ·	3 3 .	, ×
Part IX Other Assets.				
Complete if the organization a	answered "Yes" to Form 99	00, Part IV, line 11d See Forn	n 990, Part X, lir	ne 15.
	(a) Description		(b) Book valu	
(1)				
(2)				
(3)				
(4)				
(5)			 -	
_(6)				
				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.)	•		
Part X Other Liabilities.	567 (2)			
Complete if the organization	answered "Yes" to Form 99	00. Part IV. line 11e or 11f Se	e Form 990, Pa	ırt X,
line 25		,	_	
1. (a) Description of liability	(b) Book value			
(1) Federal income taxes	C			
(2)				
(3)		4		
(4)	<u> </u>	4		
(5)	 	4		
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		4		

⁰ Total (Column (b) must equal Form 990, Part X, ∞I (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form	990) 2014	Asian Pacific American Network of Oregon	80-0252850	Page 5
Part XIII	Supple	emental Information (continued)	• •	
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SCHEDULE 1 (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	Onen to Dublic
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number	80-0252850

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× Yes

General Information on Grants and Assistance Asian Pacific American Network of Oregon Part I

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Part II

•				4000 90 1000 4 100	200 30 tribun 6 (0)	(f) Method of valuation	o contourse()	(h) Purpose of grant
_	I (a) Name and address or organization or government	(a)	(c) INC Section if applicable	(a) Amount of cash	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(E) \$	(1) Urban League of Portland	93-0305590	501(0)(3)	12 000	C			advocacy grant
2 6	ALISA Organia	200000	(6)(6)					advocacy grant
62	700 Marion St NE Salem, OR 97301	61-1590160	501(c)(3)	12,000	0			
(E) 6	(3) Center for Intercultural Organizing 700 N Killingsworth St Portland, OR 97	74-3098100	501(c)(3)	12,000	0			advocacy grant
4								
(9)								
(9)								
(3)								
(8)								
6								
<u>(5</u>								
£								
(12)								
7	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and go	overnment organiza	itions listed in the line 1	table table		•	3
က	Enter total number of other organizations listed in the line 1 tabl	rganizations liste	d in the line 1 table				^	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Page 2

Asian Pacinc American Metw Schedule I (Form 990) (2014)

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part I Line 2 MONITORING GRANT FUNDS The 3 \$12,000 grants were given to groups that we were working with in coalition. We have signed (e) Method of valuation (book, FMV, appraisal, other) MOUs for each grantee. They sent us periodic status updates on activities, and then submitted a final report at the end of the grant non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV Part III period 2 S

SCHEDULE O (Form 990 or 990-EZ)

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.

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

the Treasury

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

80-0252850 Asian Pacific American Network of Oregon Form 990, Part I, Line 1 We do this through an integrated community outreach, leadership development, policy research and civic engagement program Form 990, Part VI, Section B, Line 11b 990 REVIEW The first draft is reviewed by the Finance Committee Any needed changes are made. Once the Finance Committee gives its approval, the final draft of the 990 is submitted to the Board before filing with the IRS to make sure that there are no final corrections Form 990, Part VI, Section B, Line 12c CONFLICT OF INTEREST POLICY MONITORING The conflict of interest policy covers directors, officers and employees of APANO Determinations of whether a conflict exists and the review of actual conflicts are made at the board and board committee level. After disclosure of the Financial Interest and all material facts, and after any discussion with the Interested Person, he or she shall leave the governing board or committee meeting while the determination of a Conflict of Interest is discussed and voted upon The remaining board or committee members shall decide if a Conflict of Interest exists If a Conflict is found to exist, the governing board or committee shall exercise due diligence in determining whether a more advantageous transaction without a conflict can be obtained, or absent that, whether the transaction is in APANO's best interest, and whether it is fair and reasonable This shall be decided by a majority vote of disinterested directors. The meeting minutes of the governing board or committee shall record the names of the interested persons, the nature of the conflict, the action taken to determine if a conflict was present, and the board or committee decsion as to whether a conflict existed, as well as, the names of the persona present for discussion, the content of the discussion, the alternatives considered and any votes taken in connection with the proceedings Form 990, Part VI, Section B, Line 15a EXECUTIVE COMPENSATION A review of salaries of Executive Directors in similar size and type organizations is conducted periodicaly—the most recent was conducted in the fall of 2012 as part of the annual budgeting process. The APANO Board has approved a salary range for the position, and, based on the recommendations of the

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Asian Pacific American Network of Oregon	Employer identification number 80-0252850
HR Committee and evaluation, proposes the salary and changes. These are approved as part of	
he Board's annual budgeting process and, as such, are recorded with the other board meeting	
minutes. The entire board is independent	
Form 990, Part VI, Section C, Line 19 DISCLOSURE Financial statements, governing document	s
and policies are available upon request. Each request is handled individually on a	
case-by-case basis	
case-by-case basis	