DLN: 93493129001142

=orm **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

		2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 C Name of organization		D Emplo	yer i	identification number
_	dress ch	CHINESE-AMERICAN PLANNING COUNCIL INC		13-62	202	692
— Na	me chai	Doing Business As nge		E Teleph	one	number
– _{Init}	tıal retui	rn Number and street (or P O box if mail is not delivered to street address)	Room/suite			
– _{Tei}	mınate	150 FLIZABETH STREET	ROOM/ Suite	(212)	94:	1-0920
– _{Am}	iended i	return City or town, state or country, and ZIP + 4		G Gross	receip	ots \$ 20,731,572
_		NEW YORK, NY 10012				
741	plication					
		David Chen	Π(a) Is this a	group return f	or affili	lates? Yes No
		150 Elizabeth Street New york, NY 10012	H(b) Are all	affiliates inc	luded	γ Γyes Γ No
		New york, NT 10012				t (see instructions)
r Ta	x-exem	npt status	H(c) Grou	p exempti	on n	umber 🟲
ıw	ehsit <i>e</i>	e: ► www.cpc-nyc.org				
			Ι		$\overline{}$	
		ganization	L Year of for	mation 196	,5	M State of legal domicile NY
Рa	rt I	Summary				
Governance	7	Briefly describe the organization's mission or most significant activities To improve the quality of life of Chinese-Americans in New York City by providing the goal of economic self-sufficiency and integration in the American mainstream	access to s	services, s	kılls	s and resources towards
<u> </u>	-					
ě	3 -	Check this box ▶┌ if the organization discontinued its operations or disposed of r	nore than 3	5 % of :+=	not :	accate
		Check this box 😝 litthe organization discontinued its operations or disposed of interest of the governing body (Part VI, line 1a)	nore than Z	70 OLIES 	net a	assets 20
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			4	20
Ħ		Total number of individuals employed in calendar year 2010 (Part V., line 2a)			5	924
ੀ ਹ		Total number of volunteers (estimate if necessary)			6	70
∢ .		Total unrelated business revenue from Part VIII, column (C), line 12		t	7a	0
		Net unrelated business taxable income from Form 990-T, line 34		t	7b	
			Prio	r Year	Т	Current Year
	8	Contributions and grants (Part VIII, line 1h)		18,013,7	78	18,358,824
를	9	Program service revenue (Part VIII, line 2g)		1,142,1	40	1,627,165
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		96,6	69	147,130
ά	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		232,4	50	104,181
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		19,485,0	37	20,237,300
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		500,0	\rightarrow	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		300,0	$\stackrel{\circ}{\dashv}$	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			\dashv	
8		10)		14,643,4	83	14,313,443
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		11,5	00	53,300
ਡੌ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,300				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,774,3	57	5,284,766
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		20,929,3	40	19,651,509
	19	Revenue less expenses Subtract line 18 from line 12		-1,444,3	-	585,791
මූජ කින				of Curren ear	rt	End of Year
60 mg	20	Total assets (Part X, line 16)	•	11,745,2	16	10,895,589
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		6,713,4	-	5,596,230
žĒ	22	Net assets or fund balances Subtract line 21 from line 20		5,031,8	\rightarrow	5,299,359
Pai	rt II	Signature Block				· ·
Jnde cnow	r penal	Ities of perjury, I declare that I have examined this return, including accompanying scho and belief, it is true, correct, and complete. Declaration of preparer (other than officer)				
		*****	20	12-05-08		
Sigr		Signature of officer	Da	te		
Her	е	David Chen Exec Director				
		Type or print name and title	,			
		Print/Type preparer's name CAZEMBE BEKTEMBA Preparer's signature CAZEMBE BEKTEMBA Date		Check if selfemployed F		PTIN
Paid	-	Firm's name F TCBA WATSON RICE LLP		p.o,cu F	<u>'</u>	Eurola ETNI &
Prep	arer	Firm's address • 5 PENN PLAZA 15TH FL				Firm's EIN
Use (Only	NEW YORK NY 100011810				Phone no (212) 447-7300

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par		_	Service Accomp response to any qu	lishments lestion in this Part I	II		৮
1	Briefly describe the orga	nızatıon's mı	ssion				
	nprove the quality of life of onomic self-sufficiency an				ccess to services, skills	and resources to	owards the goal
2	Did the organization unde the prior Form 990 or 99			rvices during the ye	ar which were not listed		No
	If "Yes," describe these r	newservices	on Schedule O				
3	Did the organization ceas	se conducting	g, or make significan	t changes in how it o	conducts, any program		No
	If "Yes," describe these o	hanges on S	chedule O				
4		01(c)(4) orga	nizations and section	on 4947(a)(1) trusts	are required to report t	o services, skills and resources towards on were not listed on Yes No styres No styres I No (Revenue \$ 1,122,560) (Revenue \$ 1,122,560) (Revenue \$ 1,124,560) (Revenue \$ 1,145,60) (Revenue \$ 1,145,60) (Revenue \$ 1,45,60)	nts and
4a	(Code) (Expenses \$	5,929,970	ıncludıng grants of \$) (Reven	nue \$ 1,1	22,560)
	Child Care Services - CPC pro also runs a universal pre-kind					oolers as young as six	months old CPC
4b	(Code) (Expenses \$	4,223,969	ıncludıng grants of \$) (Reven	nue \$ 1	21,981)
4c	(Code) (Expenses \$	3,435,955	ıncludıng grants of \$) (Reven	nue \$ 1	67,472)
	Senior Citizens' Services - CP choir groups, traditional Chine ups, immunizations, blood su	ese dances and	ballroom dancing, as we	ll as Tai Chi classes Sen	ior Services also provide acces	s for senior persons s ss to health care inclu	uch as art shows, Iding physical check-
4d	Other program services	(Describe in	n Schedule O)				
	(Expenses \$	3,722,599	including grants o	f\$) (Revenue \$	215,15	2)
4e	Total program service e	xpenses ► \$	17,312,49	3			

art IV	Checklis	st of R	equired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	23	Yes	
24a	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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \bigcirc Yes \bigcap No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 89			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
	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		v	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N G
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			N
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N
	organization solicit any contributions that were not tax deductible?	6b		N (
	Organizations that may receive deductible contributions under section 170(c).			- 14
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
1	Enter the amount of reserves on hand 13c			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νc
	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schodule O	146		N o

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

Se	ction 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			
ь	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
-	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		103	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	163	No
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130		I NO
	These to line 15a of 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Jonathan Brake Lillian Zhao 150 ELIZABETH STREET NEW YORK, NY 10012 (212) 941-0920

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

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, and **current** key employees 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

(A) Name and Title	(B) Average hours		(e tion that a	-		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Wayne Wong Director	2 00	х						0	0	0
(2) Virginia Kee Director	2 00	х						0	0	0
(3) Veronica Tsang 1st Vice Pres	2 00	х		х				0	0	0
(4) Sonia Ga-mei Husson De Sampigny General Counsel	35 00					х		106,770	0	12,003
(5) Pui Chi Cheng Director	1 00	х						0	0	0
(6) Pearl Tam Vice Chair	1 50	х		х				0	0	0
(7) Pauline Tse Vice President	2 00	х		х				0	0	0
(8) Norma Chu Director	1 00	х						0	0	0
(9) Marlon Espeleta Fiscal Director	35 00			х				164,199	0	11,854
(10) Linda Lee Director	1 00	х						0	0	0
(11) Kın Wah Lee Dırector	1 00	х						0	0	0
(12) Josephine Ho Director	1 00	х						0	0	0
(13) Jonathan Brake CFO	35 00			х				0	0	0
(14) Jenny Low Chair	3 00	х		х				0	0	0
(15) Jeffrey K Oing Director	1 00	х						0	0	0
(16) Howard Chin Director	1 00	х						0	0	0
-	I	·								Form 900 (2010)

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

(A) Name and Title	(B) Average hours		tion (that a	che)		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estima amount o	ated fother
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compens from t organizat relat organiza	the ion and ed
(17) Flora Sı Treasurer	3 50	х		х				0	0		0
(18) Edward Ma Secretary	1 50	х		х				0	0		0
(19) Eddie Mo 1st Vice Chair	3 00	х		х				0	0		0
(20) Donald Hong Director	1 50	х						0	0		0
(21) David Chen Exec Director	35 00			х				115,742	47,444		13,052
(22) Daniel Chu Director	1 00	х						0	0		0
(23) Chester Lee President	3 00	х		х				0	0		0
(24) Andy Lun Director	1 50	Х						0	0		0
1b Sub-Total						<u>.</u> .	•				
d Total (add lines 1b and 1c) .						•	>	386,711	47,444		36,909
2 Total number of individuals (inclustation) 100,000 in reportable compens	ıdıng but not lır	nıted to	thos	e lıs) who	,	•		,
										Yes	No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Cohen Allen B ABC Consultants 10 Beryl Court Kendall Park, NJ 08824	Consulting	122,000
The large base of a decrease of the second control of the second c		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

Part \		2010)	10				Pa	age 9
	<u>v1111</u>	Statement of Reven	ıe		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
								512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1 a					
g Dou		Membership dues						
ा अ	С	Fundraising events	. 1 c	808,318				
<u>~</u> <u>=</u> _ =		Related organizations	. 1d	58,353 ———————————————————————————————————				
<u>은</u> 약		Government grants (contributions)	1e	17,406,061				ļ
ë ë		All other contributions, gifts, grants, similar amounts not included above	•	86,092				
듗	g	Noncash contributions included in li	nes 1a-1f \$					
ರಹ	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		18,358,824			
<u>e</u>				Business Code				
Wen	2a b	Other user fees		624100	340,328	340,328		
Program Service Revenue		Day Care Fees		624410	1,286,837	1,286,837		
WE	c							
Š	d							
ran	e f	All other program service rev	vanua.					
્રે								
	_	Total. Add lines 2a-2f			1,627,165			
		Investment income (includin and other similar amounts)			25,898			25,89
		Income from investment of tax-ex-			0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
		Gross Rents Less rental						
	-	expenses Rental income						
		or (loss)						
	d	Net rental income or (loss)	(ı) Securities	(II) O ther	0			
	-	Gross amount from sales of assets other than inventory	493,222	(II) O thei				
	ь	Less cost or other basis and	371,990					
		sales expenses	424.222					
		Gain or (loss) Net gain or (loss)	121,232		121,232			121,23
ds.		Gross income from fundraisii			,			<u> </u>
Other Revenue		(not including \$ 808,318 of contributions reported on See Part IV, line 18	ine 1c)					
her			a	77,952				
ᅙ		Less direct expenses		122,282	-44,330			-44,33
		Net income or (loss) from fur	ctivities See Part IV, line 19 . a	1	44,550			44,55
			·	ь				
	С	Net income or (loss) from ga	ming activities		0			
		Gross sales of inventory, les returns and allowances .	s a					
	Ь	Less cost of goods sold .			_			
					0			
		Net income or (loss) from sa	les of inventory F	Bucinosa Cada				
	С	Miscellaneous Revenue	les of inventory F	Business Code 900099	148,511	148,511		
	С	Miscellaneous Revenue Other income	les of inventory F		148,511	148,511		
	11a	Miscellaneous Revenue Other income	les of inventory F		148,511	148,511		
	11a b	Miscellaneous Revenue Other income	les of inventory		148,511	148,511		
	11a b c	Miscellaneous Revenue Other income						
	11a b c d	Miscellaneous Revenue Other income All other revenue			148,511 148,511			

Part IX Statement of Functional Expenses

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

А	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to o			(D).	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	218,419	68,241	150,178	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	11,598,638	10,809,765	788,873	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	1,365,004	1,188,543	176,461	
10	Payroll taxes	1,131,382	1,004,188	127,194	
а	Fees for services (non-employees) Management	0			
b	Legal	9,043	2,000	7,043	
C	Accounting	88,475		88,475	
d	Lobbying	30,423		30,423	
e	Professional fundraising services See Part IV, line 17	53,300			53,300
f	Investment management fees	0			
g	Other	327,720	209,212	118,508	
12	Advertising and promotion	189,675	171,625	18,050	
13	Office expenses	1,887,391	1,748,207	139,184	
14	Information technology	39,937	909	39,028	
15	Royalties	0			
16	Occupancy	1,858,194	1,471,114	387,080	
17	Travel	108,215	101,840	6,375	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	42,239	41,551	688	
20	Interest	3,177		3,177	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,666	5,666		
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	204,979		204,979	
	line 25, column (A) amount, list line 24f expenses on Schedule O)	212.12	2.2.5		
a	Program services DARTICIDANT EXPENSES	349,125	349,125		
Ь	PARTICIPANT EXPENSES	117,161	117,161		
c d	Bad Debt Expense	23,346	23,346		
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	19,651,509	17,312,493	2,285,716	53,300
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-			· .

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,547,177	1	1,032,006
	2	Savings and temporary cash investments		2	1,864,946
	3	Pledges and grants receivable, net	3,412,469	3	2,401,126
	4	Accounts receivable, net	355,390	4	123,484
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	0
	6	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)			
- \$2		Schedule L		6	0
ssets	7	Notes and loans receivable, net		7	0
₫	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	244,359	9	228,790
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 333,599			
	b	Less accumulated depreciation 10b 310,937	28,328	10c	22,662
	11	Investments—publicly traded securities	1,083,625	11	513,807
	12	Investments—other securities See Part IV, line 11	3,239,372	12	2,944,145
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	834,496	15	1,764,623
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,745,216	16	10,895,589
	17	Accounts payable and accrued expenses .	1,264,763	17	1,488,563
	18	Grants payable		18	
	19	Deferred revenue	1,569,161	19	238,889
	20	Tax-exempt bond liabilities		20	
eS.	21	Escrow or custodial account liability Complete Part IV of Schedule D	2,751,875	21	2,862,553
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,127,611	25	1,006,225
	26	Total liabilities. Add lines 17 through 25	6,713,410	26	5,596,230
Fund Balances		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
аĎ	27	Unrestricted net assets	318,832	27	5,224,022
- B	28	Temporarily restricted net assets	4,712,974	28	3,741
Ξ	29	Permanently restricted net assets		29	71,596
Fur		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
2		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Met	33	Total net assets or fund balances	5,031,806	33	5,299,359
_	34	Total liabilities and net assets/fund balances	11,745,216	34	10,895,589

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20.3	237,30
2	Total expenses (must equal Part IX, column (A), line 25)	2			551,50
3	Revenue less expenses Subtract line 2 from line 1	3		,	585,79
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,0	31,80
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 3	318,23
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,2	299,359
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 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?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O	ın	_	V	
			2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	issued			
	Separate basis Consolidated basis Both consolidated and separated basis				
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?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization

CHINE	SE-AM	ERICAN PLANNING COUNCIL INC								
			13-6202692							
	rt I	Reason for Public Charity Status (All organizations must complete this par		ions						
The	organı:	zation is not a private foundation because it is (For lines 1 through 11, check only one box	•							
1	Г	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g	overnmental unit	describe	d ın					
	_	section 170(b)(1)(A)(iv). (Complete Part II)								
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)								
7	<u>~</u>	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from the	general	public					
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Г	An organization that normally receives (1) more than 331/3% of its support from contribut	ıons, membershi	p fees, ar	nd gros	3 S				
		receipts from activities related to its exempt functions—subject to certain exceptions, and	(2) no more than	331/3%	of					
		its support from gross investment income and unrelated business taxable income (less sec	tion 511 tax) fro	m busine	esses					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I								
10	Г	An organization organized and operated exclusively to test for public safety. See section 50	9(a)(4).							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ons of, or to carry 9(a)(2) See sect 11h		a)(3).	Check				
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•	•					
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	I or Type III sup	porting o	rganız	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?								
		(i) a person who directly or indirectly controls, either alone or together with persons descri	bed ın (ıı)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)						
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Part II 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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	under Part III. II til	e organizacion i	ialis to quality t	inder the tests i	isted below, pi	ease complete	e Part III.)
	ection A. Public Support endar year (or fiscal year beginning						
-	in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	16,870,382	17,755,691	17,934,515	18,013,778	18,358,82	3 88,933,189
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						C
3	The value of services or facilities furnished by a governmental unit to the organization without charge						C
4	Total. Add lines 1 through 3	16,870,382	17,755,691	17,934,515	18,013,778	18,358,82	3 88,933,189
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						0
	amount shown on line 11, column						
6	(f) Public Support. Subtract line 5 from line 4						88,933,189
S	ection B. Total Support						
	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	beginning in) 🟲	` '	, ,				
7	A mounts from line 4	16,870,382	17,755,691	17,934,515	18,013,778	18,358,82	88,933,189
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	214,079	233,976	130,380	96,669	25,89	8 701,002
9	Net income from unrelated business activities, whether or not the business is regularly carried on						C
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,023,004	327,892	286,507	232,450	269,74	3 2,139,596
11	Total support (Add lines 7 through 10)						91,773,787
12	Gross receipts from related activit	ies, etc (See inst	tructions)	<u>'</u>		12	5,600,805
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or f	ıfth tax year as a	501(c)(3) orga	nization,
S	ection C. Computation of Pu						
14	Public Support Percentage for 201	0 (line 6 column	(f) divided by line	11 column (f))		14	96 900 %
15	Public Support Percentage for 200	9 Schedule A, Pa	rt II, lıne 14			15	97 200 %
	33 1/3% support test—2010. If the and stop here. The organization qu	alıfıes as a publıc	ly supported orga	nızatıon			►V
17a	33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	on qualifies as a pi :— 2010. If the org ation meets the "f ets the "facts and	ublicly supported anization did not of acts and circums d circumstances"	organization check a box on lin tances" test, chec test The organiza	e 13, 16a, or 16 ck this box and si ation qualifies as	b and line 14 t op here. Explai a publicly supp	▶
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organiza	nization meets th ation meets the "f	e "facts and cırcu acts and cırcums	mstances" test, o tances" test The	check this box an organization qua	d stop here. lifies as a public	ely ▶/
	instructions		,	, ,	•		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493129001142

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

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

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

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

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

If the		t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (zations Complete Part III			
	me of the organization	N.C.		Employer iden	itification number
CHI	INESE-AMERICAN PLANNING COUNCIL I	NC		13-6202692	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	ivities in Part IV	
2	Political expenditures			.	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1	•	e tax incurred by the organization (\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	0-POL, line 17b	¢
4	Did the filing organization file I	Form 1120-POI for this year?			→
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro I directly delivered	om the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	Not over \$500,000 20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).		- \		/L\	
		(8	a)		(b)	
		Yes	No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			3	30,423
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:				3	30,423
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
ь	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					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	III-A,)(5), o line 3	r se is	ctio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information	•				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier Return Reference Explanation DLN: 93493129001142

Cat No 52283D Schedule D (Form 990) 2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** CHINESE-AMERICAN PLANNING COUNCIL INC 13-6202692

Pa	organizations Maintaining Donor A			or Accounts.	Complet	te if the
	organization answered Tes to Form 9	(a) Donor advised funds	(b) Funds and ot	her accoui	nts
1	Total number at end of year	(a, b one, aantoba tanas	,	,		
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv	L visors in writing that the assets held in don	or advi	sad		
•	funds are the organization's property, subject to the		101 4411	3 C U	☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	ny othe	r purpose	☐ Yes	┌ No
Pai	t II Conservation Easements. Complete	e if the organization answered "Yes" t	<u>o Forn</u>	<u>n 990, Part IV</u>	<u>, lıne 7.</u>	
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recrease Protection of natural habitat Preservation of open space	<u> </u>				a
2	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	lified conservation contribution in the form	ofaco	onservation		
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	s	2b			
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or terminate	ed by th	ie organization d	luring	
4	Number of states where property subject to conserv	vation easement is located 🕨				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	☐ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents di	uring the year 🕨		
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	s during	g the year ► \$ _		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial ments	staten	nents that desc	ıbes	
Par	Complete if the organization answered		or Otl	her Similar <i>I</i>	Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	ch in fu			<u>,</u>
b	If the organization elected, as permitted under SFA thistorical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line	1		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	or finan	cıal gaın, provıd	e the	
а	Revenues included in Form 990, Part VIII, line 1			► \$		
b	Assets included in Form 990, Part X			► \$		

Part		rganizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	easur	es, or O	the	r Similar <i>I</i>	\sse	ts (cc	ntınued)
3		e organization's accession and other neck all that apply)	r records, check any	of th	e foll	owing t	hat are	a significa	ant us	se of its colle	ction	ı	
а	┌ Publ	ıc exhibition		d	Γ	Loan	orexch	ange progr	rams				
b	┌ Scho	plarly research		e	Γ	Other							
c	┌ Pres	ervation for future generations											
4	Provide a Part XIV	a description of the organization's co	ollections and expla	ın hov	v the y	/ furthe	r the or	ganızatıon	ı's ex	empt purpos	e ın		
5	_	ne year, did the organization solicit o b be sold to raise funds rather than t								ılar	Γ,	Yes	┌ No
Par		scrow and Custodial Arrang art IV, line 9, or reported an am						answere	d "Y	es" to Form	990	,	
1a		ganızatıon an agent, trustee, custod on Form 990, Part X?	ıan or other ınterme	diary	for c	ontrıbu	tions or	other ass	ets r	iot	Γ,	Yes	▽ No
b	If"Yes,"	explain the arrangement in Part XIV	and complete the	follow	ıng ta	able		_					
								-			\ mou	nt	
C	Beginnin	g balance							1c				
d	Addition	s during the year							1d				
е	Distribut	tions during the year							1e				
f	Ending b	alance							1 f				
2a	Did the o	rganization include an amount on Fo	orm 990, Part X, line	21?							<u>.</u>	Yes	┌ No
b		explain the arrangement in Part XIV											
Pai	rt V E	ndowment Funds. Complete i											
4	D	6	(a)Current Year	(b)	Prior Y	ear/	(c)Two	Years Back	(d)1	Three Years Bac	k (e)	Four Ye	ears Back
1a		g of year balance	71 506						+				
b	Contribu		71,596						+		+		
с		ent earnings or losses	3,741						+				
d		r scholarships							+		+		
е		penditures for facilities											
f		trative expenses											
g	End of ye	ear balance	75,337										
2	Provide t	ا he estimated percentage of the yeal:	r end balance held a	ıs									
а	Board de	signated or quasi-endowment 🕨	100 000 %										
ь		nt endowment 🕨											
c 3a		dowment 🕨 e endowment funds not in the posses	ssion of the organiza	ation t	hat a	re held	l and ad	lministere	d for i	the			
	organiza											Yes	No
	(i) unrela	ated organizations								3	a(i)		Νo
		ed organizations								3	a(ii)		No
		to 3a(II), are the related organization	•						•		3b		No
4		in Part XIV the intended uses of the					00 0		4.0				
Par	t VI I	nvestments—Land, Buildings	s, and Equipme	nt. S			•	,				I	
		Description of investment) Cost o		(b) Cost or basis (oth		(c) Accumul depreciati		(d) Bo	ook value
1a	Land .			•									
b I	Buildings												
c I	Leasehold	improvements		•				20	3,298	20	3,298		
d I	Equipmen	t		-				9	9,814	7	7,152		22,662
e (Other .							3	0,487	3	0,487		

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		l of valuation
(including name of security)		Cost or end-or-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		l of valuation
.,	(-,	Cost or end-of-	year market value
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
(1) MEMORIAL PLOTS			69,909
(2) DUE FROM AFFILIATES			1,694,714
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)	<u>k</u> l	1,764,623
Part X Other Liabilities. See Form 990, Part X			1,704,023
(a) December of Legislatic			
	(b) A mount		
Federal Income Taxes			
Other Liabilities	1,006,225		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,006,225		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,237,300
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,651,509
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	585,791
4	Net unrealized gains (losses) on investments	4	2,535
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	439,949
8	Other (Describe in Part XIV)	8	-760,722
9	Total adjustments (net) Add lines 4 - 8	9	-318,238
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	267,553
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	20,362,117
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	124,817
3	Subtract line 2e from line 1	3	20,237,300
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,237,300
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	19,773,791
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	122,282
3	Subtract line 2e from line 1	3	19,651,509
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,651,509

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The CPC and Affiliates adopted the provisions pertaining to uncertain tax positions (ASC Topic 740). The adoption of ASC 740 did not have any impact on the CPC and Affiliates' financial statements because there were no uncertain tax positions that qualify for either recognition or disclosure in the financial statements.
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	A djmt for Special Event expenses \$122282
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	A djmt for Special Event expenses \$122282
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Cumulative effect of change from modified accrual to accural \$ -760722
Part IV, Line 2b	Part IV, Line 2b Explanation of escrow account liability	Certain programs of the Organization have advisory committees to raise funds for related and specific purposes. Disbursements from these funds must have the authorization from their respective advisory committees. CPC's role is to oversee that the disbursements are in accordance with CPC's by-laws and the restrictions originally set forth by the committees.

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As Filed Data -

DLN: 93493129001142

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service	or if the org	_ janization ent	tered more t	han \$	Form 990, Part IV, lines 15,000 on Form 990-EZ, ► See separate instruct	19,	Open to Public Inspection	
Name of the organization CHINESE-AMERICAN PLAN	NING COUNCIL INC						Employer iden 13-6202692	tification number
Part I Fundraising A	Activities. Comple	te if the c	organiza	tıon	answered "Yes"	to Form	າ 990, Part IV	, line 17.
1 Indicate whether the or	ganızatıon raısed fund:	s through a	any of the	follo	wing activities Ch	eck all ti	nat apply	
a 🔽 Mail solicitations			е	굣	Solicitation of nor	n-govern	ıment grants	
b 🔽 Internet and e-mail	solicitations		f	~	Solicitation of gov	ernmen	t grants	
c Phone solicitations d In-person solicitati	ons		g	ত	Special fundraisin	ig event:	3	
 Did the organization has or key employees listed If "Yes," list the ten hig to be compensated at le 	l in Form 990, Part VI hest paid individuals o	I) or entity r entities (ın conne (fundraıs e	ction	n with professional foursuant to agreem	fundraisi ents und	ing services? Ier which the fun	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Chung Seto	Consulting							
57 Mott Street			No		17,500		53,300	
New York, NY 10013								
Total			▶		17,500		53,300	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NY

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 Annual Dinner (event type)	(b) Event #2 Walkathon (event type)	(c) O ther Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
E.	1	Gross receipts	351,880	111,402	422,988	886,270
Revenue	2	Less Charitable contributions	273,928	111,402	422,988	808,318
<u>~</u>	3	Gross income (line 1 minus line 2)	77,952	2		77,952
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages	33,525	2,136		35,661
<u>D</u>	8	Entertainment				
Δ	9	Other direct expenses .	23,371	63,250		86,621
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		122,282
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-44,330
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	Γ Yes % Γ No	<pre> Yes % No </pre>	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)	•	
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in each			· Fyes Fno
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · 「Yes 「No

revenue?	11	Does the organization operate ga	aming activities with nonmembers? .		┌ _{Yes} ┌ _{No}
Indicate the percentage of gaming activity operated in a The organization's facility An outside facility Interpretation is facility Address Name Address Does the organization have a contract with a third party from whom the organization's gaming/special events books and records Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ \$ and the amount of gaming revenue retained by the third party \$ \$ and the amount of gaming revenue retained by the third party \$ \$ and the amount of gaming revenue retained by the third party \$ \$ and the amount of gaming manager information Name Address Address Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \$ Partivices \$ Partivices \$ Partivices \$ \$ Partivices \$ Partivices \$ Partivices \$ \$ Partivices \$ \$ Partivices \$ \$ \$ Partivices \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	L2	Is the organization a grantor, ber	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
a The organization's facility		formed to administer charitable g	gaming?		┌ _{Yes} ┌ _{No}
An outside facility	L3	Indicate the percentage of gamir	ng activity operated in		
Name ► Address ► LSa Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	The organization's facility		13a	
Address ► Address ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming manager information Name ► Gaming manager compensation ►\$ Description of services provided ► Director/officer	b	An outside facility		13b	
Address ► Address ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14		fthe person who prepares the organiza	tion's gaming/special events books and	
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		records			
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name 🟲			
revenue?		Address 🟲			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming and address Name ▶ Address ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	15a	Does the organization have a cor	ntract with a third party from whom the	organization receives gaming	
amount of gaming revenue retained by the third party \(\) \\$ C If "Yes," enter name and address Name \(\) Address \(\) Address \(\) Gaming manager information Name \(\) Gaming manager compensation \(\) \\$ Description of services provided \(\) Director/officer \(\) Employee \(\) Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \(\) \(\) \(\) \(\) \(\) Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \(\) \\$ Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)		revenue?			┌ _{Yes} ┌ _{No}
Address ► Address ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	b				
Address ► Address ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	_				
Address Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		if yes, entername and address	5		
Name Gaming manager compensation \$ Director/officer		Name 🟲			
Name Gaming manager compensation \$ Director/officer					
Name Gaming manager compensation \$ Director/officer		Address 🟲			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Gaming manager compensation ► \$ Description of services provided ► Director/officer	16	Gaming manager information			
Description of services provided ► Director/officer					
Gaming manager compensation ► \$ Description of services provided ► Director/officer		N b			
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Name F			
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Gaming manager compensation	\$		
If the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided	•		
If the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		F	- .		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		,	I Employee	I Independent contractor	
retain the state gaming license?		•	er state law to make charitable distribi	itions from the gaming proceeds to	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)	4				
In the organization's own exempt activities during the tax year ► \$ Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)	b	<u> </u>			res I No
instructions.)	-				
	Par	t IV Complete this part to p		responses to question on Schedule G (se	ee
		•	ReturnReference	Evalanation	

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As Filed Data -

DLN: 93493129001142

Employer identification number

OMB No 1545-0047

2010

2010

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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СПІ	NESE-AMERICAN PLANNING COUNCIL INC		13-6202692			
Pa	rt I Questions Regarding Compensation	1	10 0202072			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or- reimbursement orprovision of all the expenses descr	_		1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee					
	Independent compensation consultant	, _	Compensation survey or study			
	Form 990 of other organizations	Ţ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	it from the organization or a related organization?	4a		No
Ь	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	_				
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the	rebutta	able presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Marlon Espeleta	(1) (11)	118,065		46,134		11,854	176,053	
(2) David Chen	(ı) (ıı)	115,742 47,444				13,052	128,794 47,444	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Schedule J (Form 990) 2010

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DLN: 93493129001142

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
CHINESE-AMERICAN PLANNING COUNCIL INC

Employer identification number

13-6202692

Identifier	Return Reference	Explanation
	· · · · · · · · · · · · · · · · · · ·	Jonathan Brake's employment as Chief Financial Officer started on 05/09/2011 Marlon Espeleta's employment as Fiscal Director terminated on 11/19/2010

ldentifier	Return Reference	Explanation
· ·	Organization Documents Publicly	The organization's 990 is available upon request at its office. The organization makes those of its governing documents and financial statements that are included in publicly available tax forms available for inspection, upon request at the organization's office.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	For Part VI Line 15a - Each of the Board's Personnel Committee and Executive Committee reviews and approves the Executive Director's compensation, including bonus where applicable, upon the submission of a written self-evaluation by the Executive Director to the Personnel Committee In addition, both board committees take into consideration the pay scales of comparably sized organizations. There is a formal discussion amongst the Personnel Committee, the Executive Committee and the Executive Director regarding his accomplishments, strengths and development areas. After the performance evaluation discussion is completed, the Executive Director is excused for the portion of the meeting during which a decision about his compensation is made. Thereafter the Executive Director is notified by the Personnel Committee of his salary increase. The meeting is documented by the Personnel Committee.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The policy covers any director, principal officer, or member of a committee designated by the board, who has a direct or indirect financial interest, as defined in the policy, in any transaction or arrangement of the organization. We distribute annual disclosure forms to board members and such forms are reviewed by the General Counsel. Interested persons may also disclose potential conflicts during a board or committee meeting. The uninterested board members identify, consider, address actual conflicts and may ultimately vote to determine whether the transaction or arrangement is in the organization's best interest.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	A copy of the 990 was provided to the board of directors and was reviewed at a board meeting prior to filing. Prior to submission of the form the Chief Financial Officer also reviewed the return.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	•	The organization has one class of members that has the right to elect the directors of the governing body

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	The bylaws were amended in October 2010, including changing the maximum number of the governing body's voting members

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Youth Services - CPC Youth Services provides educational, vocational and recreational programs for youths ranging from 14 to 24 years old OTHER PROGRAM SERVICES 5 Workforce Services - CPC Workforce Services provides job readiness training and job placement services through its following programs. Adult Literary Program, Hospitality Careers Training Program, and Pre-employment Preparation and Placement Program OTHER PROGRAM SERVICES 6

DLN: 93493129001142

OMB No 1545-0047

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SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization

CHINESE-AMERICAN PLANNING COUNCIL INC

Employer identification number

				13-6202692			
Part I Identification of Disregarded Entities (Comp	olete if the organization	answered "Yes" o	on Form 990, Part	IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		the organization a	nswered "Yes" on	Form 990, Part I	V, line 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co organ	512(b ntrolled Ization
(1) Nan Shan Local Development Corp						Yes	No
150 Elizabeth Street		No.	504(-)(2)		1,1/2	\ \ \ -	
New York, NY 10012 26-0306937	Community Service	NY	501(c)(3)	9	N/A	Yes	
(2) 384 Grand Street Housing Development Fun							
384 Grand Street	Housing Project Development	NY	501(c)(3)	7	N/A		No
New York, NY 10002 13-3225473	речеюрители						
(3) CPC - Housing Development Fund Co Inc							
50 Norfolk Street	Housing Project	NY	501(C)(3)	7	N/A		No
New York, NY 10002 13-3020595	Development				,		
(4) CPC Tribeca Center Inc							
One York Street New York, NY 10013	Child care and home care for adults	NY	501(c)(3)	9	N/A	Yes	
26-2222798							
(5) Chinese-American Arts Council Inc					NA.		
150 Elizabeth Street	Chinese Cultural & Art	NY	501(c)(3)	7	NA		No
New York, NY 10012 13-3128521							
(6) Chinese-American Local Development Corp							
150 Elizabeth Street	Employment Training	NY	501(c)(3)	7	NA		No
New York, NY 10012 13-3102410							
(7) CPC Home Attendant Program Inc							
One York Street	Home Health Care	NY	501(c)(3)	7	NA		No
New York, NY 10013 13-3203211							

art III			ole as a Partners reated as a partne		answered "	Yes" on Form 990,	Part IV, lın	ne 34
		(-)			/h)	(i)	/i\	í – –

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
							Yes	No		Yes	No		
									1 1157 11 1	_	000	D 1 T) (

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

	- · · · · · · · · · · · · · · · · · · ·									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership			
(1) Asian American Housing Management Co I 150 Elizabeth Street New York, NY10012 13-3224970	Other Real Estate Mgmt	NY	N/A	C Corp	-449	519,676	100 000 %			

Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)			
	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
1 D	uring th	e tax year, dıd the orgranızatıon engage ın any of the following transactıons with one or more related organ	nızatıons lısted ın Part	s II-IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							No
b	b Gift, grant, or capital contribution to other organization(s)							
c								
d								
e	e Loans or loan guarantees by other organization(s)							No
f	Sale	assets to other organization(s)			[:	1f		No
g								No
h								
i	Lease	of facilities, equipment, or other assets to other organization(s)				1i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)				1j	Yes	
k	Perfor	mance of services or membership or fundraising solicitations for other organization(s)			[:	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)							No
m	m Sharing of facilities, equipment, mailing lists, or other assets							No
n	n Sharing of paid employees							
o	Reimb	ursement paid to other organization for expenses			:	10	Yes	
р	Reimb	ursement paid by other organization for expenses			[:	1p		No
q	O ther	transfer of cash or property to other organization(s)			:	1q		No
r	r Other transfer of cash or property from other organization(s)					1r		No
					_	•		
2	Ifthe	Inswer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transacti	on thresholds			
		(a)	(b)	(c)	(d	1)		
		Name of other organization	Transaction type(a-r)	Amount involved	Method of deter		ng amo	ount
(1) N	an Shan	ocal Development Corp	d	200,000	Amt disbursed			
(2) Nan Shan Local Development Corp			b	500,000	Amt disbursed			
(3) C	PC Tribed	a Center Inc	J	148,668	Amt disbursed			
(4) C	PC Tribed	a Center Inc	С	58,353	Amt received			
(5)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	h) eral or aging tner?	
			Yes	No		Yes	No		Yes	No	
			-							-	
										+	
			1								
										+	
						_				+	
										\dagger	
										T	
										+	
			+			-	+ +			+	
			1							T	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

Software ID: 10000105

Software Version: 2010v3.2

EIN: 13-6202692

Name: CHINESE-AMERICAN PLANNING COUNCIL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Torm 550, Schedule R, Furt II Identification of Related Tax Exempt organizations										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization				
						Yes	No			
Nan Shan Local Development Corp										
150 Elizabeth Street New York, NY10012 26-0306937	Community Service	NY	501(c)(3)	9	N/A	Yes				
384 Grand Street Housing Development Fun										
384 Grand Street New York, NY10002 13-3225473	Housing Project Development	NY	501(c)(3)	7	N/A		No			
CPC - Housing Development Fund Co Inc										
50 Norfolk Street New York, NY10002 13-3020595	Housing Project Development	NY	501(C)(3)	7	N/A		No			
CPC Tribeca Center Inc										
One York Street New York, NY10013 26-2222798	Child care and home care for adults	NY	501(c)(3)	9	N/A	Yes				
Chinese-American Arts Council Inc										
150 Elizabeth Street New York, NY10012 13-3128521	Chinese Cultural & Art	NY	501(c)(3)	7	NA		No			
Chinese-American Local Development Corp										
150 Elizabeth Street New York, NY10012 13-3102410	Employment Training	NY	501(c)(3)	7	NA		No			
CPC Home Attendant Program Inc										
One York Street New York, NY10013 13-3203211	Home Health Care	NY	501(c)(3)	7	N A		N o			