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original

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Asian American Institute 4753 Broadway Chicago, IL 60640-

D Employer identification number 36-3844385

E Telephone number

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [ ] Accrual [X] Other (specify)

I Website: N/A

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): [X] 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. s 285,071.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows detailing revenue and expenses. Includes items like Contributions, program service revenue, membership dues, investment income, and total revenue of 267,957. Total expenses are 313,095, resulting in a deficit of 45,138.

Part II Balance Sheets. If total assets on line 25 column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows detailing balance sheets. Columns (A) Beginning of year and (B) End of year. Total assets at beginning: 241,485; Total assets at end: 231,289.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED BY: [illegible] JAN 10 2009

RECEIVED Internal Revenue Service DEC 06 2010 SB/SE COLLECTION-MIDWEST AREA CHICAGO TERRITORY GROUP 21

22P



**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a confirmed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b   N/A	
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a   N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b   N/A	
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	
d Enter amount of tax on line 40c reimbursed by the organization	▶ 0.	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ IL		

42a The books are in care of ▶ Tuyet Le Telephone no ▶ 773 271 0899  
 Located at ▶ 4753 Broadway Chicago IL ZIP + 4 ▶ 60640

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 |  N/A  N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45	X

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 8

	Yes	No
46 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 . . . . .		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II . . . . .		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .		X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
b If 'Yes,' was the related organization(s) a section 527 organization? . . . . .		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

*12/2/10*  
Sign Here

Signature of officer: *[Signature]* Date: *11/29/10*  
Type or print name and title: *Tuyet Le Executive Director*

Paid Preparer's Use Only	Preparer's signature: <i>Richard M. Yamada</i>	Date: <i>10/04/10</i>	Check if self-employed: <input type="checkbox"/>	Preparer's Identifying Number (See instructions): <i>322-36-5437</i>
	Firm's name (or yours if self-employed) address and ZIP + 4: <i>Yamada &amp; Associates, P.C. 1720 Oak Ave. Suite 201 Evanston, IL 60201</i>	EIN: <i>36-4056997</i>	Phone no: <i>(847) 492-3150</i>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
BAA Form 990-EZ (2008)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants').						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(c) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		



**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)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	50,000.	79,178.	200,791.	340,496.	206,447.	876,912.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	25,000.	52,213.	66,385.	64,801.	78,037.	286,436.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	75,000.	131,391.	267,176.	405,297.	284,484.	1,163,348.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,163,348.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	75,000.	131,391.	267,176.	405,297.	284,484.	1,163,348.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			107.	362.	587.	1,056.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	107.	362.	587.	1,056.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part IV))						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,164,404.

14 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 2008 (line 8, column (f) divided by line 13, column (f))	15	99.9%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.9%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.1%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.1%

19a 33-1/3 support tests - 2008. 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

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 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

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

**Part IV.** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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Dashed lines for supplemental information.

**SCHEDULE G**  
(Form 990 or 990-EZ)

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

**Open to Public Inspection**

Name of the organization

**Asian American Institute**

Employer identification number

**36-3844385**

**Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17**

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Mail solicitations      | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations     | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations     | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations |  |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>				▶		

3 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

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Annual Dinner (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1	Gross receipts	80,111.		80,111.
	2	Less: Charitable contributions	27,550.		27,550.
	3	Gross revenue (line 1 minus line 2)	52,561.		52,561.
DEDUCTIONS	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	17,114.		17,114.
	8	Direct expense summary Add lines 4- through 7 in column (d)			17,114.
	9	Net income summary. Combine lines 3 and 8 in column (c)			35,447.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(Add col. (a) through col. (c))				
REVENUE	1	Gross revenue				
	DEDUCTIONS	2	Cash prizes			
		3	Non-cash prizes			
		4	Rent/facility costs			
		5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9	Enter the state(s) in which the organization operates gaming activities _____	YES	NO
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If 'No,' Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If 'Yes,' Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a	
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
c	If 'Yes,' enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
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: ▶ \$ _____		

Asian American Institute

36-3844385

10/04/10

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Statement 1  
Form 990-EZ, Part I, Line 16  
Other Expenses

Community events	\$	285.
Community outreach		1,941.
Conferences, Conventions, and Meetings		2,107.
Depreciation		483.
Direct program expenses		3,242.
Dues and subscriptions		760.
Equipment		7,566.
Insurance		1,745.
Interest		70.
Miscellaneous		3,020.
Office Expenses		5,292.
Service fees		674.
Subcontract services		500.
Telecommunications		3,036.
Training and development		6,824.
Travel		4,424.
Total	\$	<u>41,969.</u>

Statement 2  
Form 990-EZ, Part I, Line 20  
Other Changes In Net Assets Or Fund Balances

Changes in Temp Rest. Net Assets	Total	\$	20,711.
	Total	\$	<u>20,711.</u>

Statement 3  
Form 990-EZ, Part II, Line 24  
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 56,116.	\$ 48,629.
Machinery and Equipment	4,111.	3,628.
Security deposit	918.	918.
Total	<u>\$ 61,145.</u>	<u>\$ 53,175.</u>

Statement 4  
Form 990-EZ, Part II, Line 26  
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 4,956.	\$ 18,062.
Accrued payroll	4,113.	4,113.
Accrued vacation payroll	4,829.	5,954.
Total	<u>\$ 13,898.</u>	<u>\$ 28,129.</u>

Asian American Institute

36-3844385

10/04/10

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Statement 5  
Form 990-EZ, Part III  
Organization's Primary Exempt Purpose

Outreach, coalition building, and education to the Asian American community in issues concerning voting, rights, immigrant rights, and census demographics, and published one community guide

Statement 6  
Form 990-EZ, Part III, Line 31  
Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
Community Organizing Programs		71,710.
Includes Foreign Grants: No		
Total	\$ 0.	\$ 71,710.

Statement 7  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Tuyet Le 4753 Broadway Chicago, IL 60640	Executive Direc 0	\$ 46,500.	\$ 0.	0.
Anne I Shaw 4753 N. Broadway Chicago, IL 60640	Co Treasurer 0	0.	0.	0.
Aurora Abella-Austriaco 4753 N. Broadway Chicago, IL 60640	Ex-Officio 0	0.	0.	0.
Diana M. Lin 4753 N. Broadway Chicago, IL 60640	President 0	0.	0.	0.
Janice Shimokubo 4753 N. Broadway Chicago, IL 60640	Vice President 0	0.	0.	0.
Jennifer Chen 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.

Asian American Institute

36-3844385

10/04/10

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Statement 7 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
John P Benjamin 4753 N. Broadway Chicago, IL 60640	Co-Treasurer 0	\$ 0.	\$ 0.	\$ 0.
John Lee 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.
Kevin W Bradley 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.
Kiljoong Kim 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.
Michael P Chu 4753 N. Broadway Chicago, IL 60640	Vice President 0	0.	0.	0.
Paula S Kim 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.
Radhika Sharma 4753 N. Broadway Chicago, IL 60640	Secretary 0	0.	0.	0.
Sharon K Legenza 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.
Sumi Cho 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.
Venu Gupta 4753 N. Broadway Chicago, IL 60640	Director 0	0.	0.	0.
	Total	\$ 46,500.	\$ 0.	\$ 0.



10/04/10

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Statement 8  
Form 990-EZ, Part VI  
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No