

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

2010

Department of the Treasury
 Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2010 calendar year, or tax year beginning , **2010**, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **ASIAN PACIFIC AMERICAN BAR ASSOCIATION OF LOS ANGELES COUNTY**
 1145 WILSHIRE BLVD., 2ND FLOOR
 LOS ANGELES, CA 90017

D Employer identification number: 95-4674116

E Telephone number: 213-402-4574

F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: ► WWW.APABALA.ORG

J Tax-exempt status (ck only one) – 501(c)(3) 501(c) (6) ◀ (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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

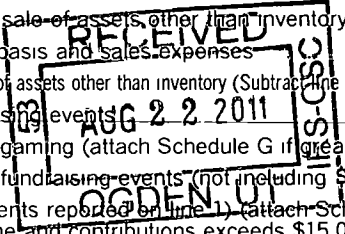
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **54,694.**

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

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	4,708.
2	Program service revenue including government fees and contracts	2	11,511.
3	Membership dues and assessments	3	5,040.
4	Investment income	4	55.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	33,380.
6c	Less direct expenses from gaming and fundraising events	6c	16,324.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,056.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,370.
10	Grants and similar amounts paid (list in Schedule O)	10	4,220.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	377.
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	21,959.
17	Total expenses. Add lines 10 through 16	17	26,556.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,814.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,139.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	58,953.

SCANNED SEP 13 2011



25

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	47,139.	58,953.
23 Land and buildings		
24 Other assets (describe in Schedule O _____)		
25 Total assets	47,139.	58,953.
26 Total liabilities (describe in Schedule O _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,139.	58,953.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PANEL DISCUSSIONS, RECEPTIONS AND OTHER PROGRAMS FOR ATTORNEYS, JUDGES AND LAW STUDENTS.		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 LEGAL CLINICS AND OTHER COMMUNITY SERVICE PROJECTS.		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 DONATIONS TO NON-PROFIT ORGANIZATIONS SERVING THE ASIAN PACIFIC AMERICAN COMMUNITY.		
(Grants \$ 4,220.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>SEE SCHEDULE O</u>		0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 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 (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 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 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations 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 40e		X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of **▶ MICHELLE SUGIHARA** Telephone no **▶ 213-892-4992**
 Located at **▶ 601 S. FIGUEROA STREET, STE. 3900 LOS ANGELES CA** ZIP + 4 **▶ 90071**

	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 ▶		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 ▶		X

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

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d		

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
				X
a	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

50 Complete this table for the organization's 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

f Total number of other employees paid over \$100,000

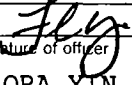
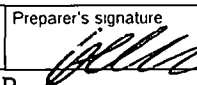
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) charitable trusts must attach a completed Schedule A

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 furnished to preparer.

Sign Here	Signature of officer 
	FLORA YIN Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name GENE KAM
	Preparer's signature 
	Firm's name ▶ CS ADVISORS, LLP Firm's address ▶ 3660 WILSHIRE BLVD., STE. 200 LOS ANGELES, CA 90010

May the IRS discuss this return with the preparer shown above? See instructions for **BAA**

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2010

Open to Public Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **ASIAN PACIFIC AMERICAN BAR ASSOCIATION
OF LOS ANGELES COUNTY**

Employer identification number
95-4674116

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a 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.

(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add column (a) through column (c))
1	Gross receipts	33,380.		33,380.
2	Less Charitable contributions			
3	Gross income (line 1 minus line 2)	33,380.		33,380.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages	12,180.	12,180.
	8	Entertainment	200.	200.
	9	Other direct expenses	3,944.	3,944.
	10	Direct expense summary Add lines 4- through 9 in column (d)		
11	Net income summary Combine line 3, column (d), and line 10			17,056.

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.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
EXPENSES	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
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility		%
b	An outside facility		%

14 Enter 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? Yes No
- 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 of the third party

Name ▶ _____

Address ▶ _____

16 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? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ASIAN PACIFIC AMERICAN BAR ASSOCIATION
OF LOS ANGELES COUNTY**

Employer identification number
95-4674116

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROFESSIONAL ASSOCIATION REPRESENTING ASIAN PACIFIC AMERICAN ATTORNEYS.

ASIAN PACIFIC AMERICAN BAR ASSOCIATION
OF LOS ANGELES COUNTY

95-4674116

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$ 249.
COMMITTEE EXPENSES	17,382.
CONFERENCES, CONVENTIONS, AND MEETINGS	968.
DUES & SUBSCRIPTIONS	100.
INSURANCE	495.
MEETINGS	1,469.
OFFICE EXPENSES	116.
SPONSORSHIPS	300.
SUPPLIES	60.
WEBSITE	820.
TOTAL	<u>\$ 21,959.</u>

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
HALIM DHANIDINA 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
MYLOC DINH 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
ASHA SAUND GREENBERG 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
CYNDIE CHANG 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
ROBIN JUNG 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
KASIE LEE 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
CYNTHIA LOO 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
PRINCETON KIM 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.

ASIAN PACIFIC AMERICAN BAR ASSOCIATION
OF LOS ANGELES COUNTY

95-4674116

FORM 990-EZ, PART IV (CONTINUED)
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
CARMINA OCAMPO 1145 WILSHIRE BL., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	\$ 0.	\$ 0.	0.
JASON PU 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
STEPHANIE LAI 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
BYRON SHIBATA 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
MICHELLE SUGIHARA 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	SECRETARY 5.00	0.	0.	0.
EDMOND SUNG 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	TREASURER 5.00	0.	0.	0.
JUDY SUWATANAPONGCHED 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
RICHARD LEE 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
ARNOLD PAMPLONA 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
CHERYL TAO 1145 WILSHIRE BL., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
WILLIAM SUNG 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.
DENNIS WU 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.

ASIAN PACIFIC AMERICAN BAR ASSOCIATION
OF LOS ANGELES COUNTY

95-4674116

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>	
MIA YAMAMOTO 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.	
BRYANT YANG 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.	
KARIN WANG 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	PRESIDENT 5.00	0.	0.	0.	
DEBORAH YIM 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	DIRECTOR 2.00	0.	0.	0.	
FLORA YIN 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	PRESIDENT-ELECT 5.00	0.	0.	0.	
LORRAINE YU 1145 WILSHIRE BLVD., 2ND FLOOR LOS ANGELES, CA 90017	VICE PRESIDENT 5.00	0.	0.	0.	
		TOTAL \$	0.	\$ 0.	\$ 0.