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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service				end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.		nspection		
A For the 2006 calend				A CONTRACTOR OF THE PARTY OF TH	, 20			
		applicable:	Please	C Name of organization D Employe	oyer identification number			
	Address of	change	hands use IRS Chinege And Alliance O Nachville Of			6626		
	Name cha	-	labelor printor	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephol	shone number			
Ц	Initial retu		type. See	2510 Barton Avenue (615)) 38	5-9341		
H	Final retu Amended	i	Specific		p Exemption			
H		on pending	Instruc- tions.	Nashville, TN37212-4115 Number	•			
=			oraaniz	ations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting meth-	od:	Cash Accrual		
			a cor	ppleted Schedule A (Form 990 or 990-EZ). Other (specify) ▶	. '	/ .		
_			1 11 1	Chilese Astr Allianes and H Check ► X if	the o	rganization		
1	Website: ► Www. Chihasa Arts Alliance, org H Check ► 12 is not required to							
J	Organi	rganization type (check only one)— ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Schedule B (Form				990-EZ, or 990-PF).		
	Check I	▶☐ if the on	ganizati	on is not a section 509(a)(3) supporting organization and its gross receipts are normally not mo	ore tha	an \$25,000. A return is		
	not req	uired, but if th	ne organ	zation chooses to file a return, be sure to file a complete return.	·	<u> </u>		
L	Add line	es 5b, 6b, and	7b, to !!	to b to determine group recording in three least and the l		<u> </u>		
E	art I	Revenue	, Expe	nses, and Changes in Net Assets or Fund Balances (See page 47 of the	<u>ie ins</u>			
	1	Contributio	ns, gift	s, grants, and similar amounts received	1	16,811,-		
	2	Program s	ervice	revenue including government fees and contracts	2	15,680,-		
	3	Membersh	nip due	6 dilu dosessilicino	3	3,345,-		
	4	Investmen	t incon	e	4	48,-		
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a				
	b	Less: cost	or oth	er basis and sales expenses		4		
•	C	Gain or (lo	ss) fro	n sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	ф		
Revenue	6	Special eve	ents an	d activities (attach schedule). If any amount is from gaming, check here 🕨 🗌				
Ş	a	Gross reve	enue (n	ot including \$ of contributions				
æ	1	reported o						
	b			nses other than fundraising expenses 6b		*		
	C		-	50) 110111 01001111 011111 01111111111 0111111	6c	фф		
	7a	Gross sale	es of in	ventory, less returns and allowances	ļ			
	b		_	7c	\$			
	C					1		
	1 -	8 Other revenue (describe > Promotional Products sale			8	1,931,-		
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	37,815,-		
	10			turibunio para tatabili bolloudioj	10) 0 - 7 =		
	11				11	3,927,-		
Ses	12			mperiodicing and empreyee detection	12	- (
ē	13				13	26,820,-		
Expenses	14	•	•		14 15	1, 927, -		
	15 16	Other eve	opece	ziizi kaaringai ziira ziinkeingi (16	9,556		
	17				17	44,652,-		
		···········			18	(6,837)		
Net Assets	10			,	-	(0/ 0//)		
98	19			nd balances at beginning of year (from line 27, column (A)) (must agree with experience on prior year's return).	19	19,612,-		
댦	20	Other cha	naes in	net assets or fund balances (attach explanation)	20	1 7 0 1		
	21	Net assets	or fur		21	12,775.		
	art II			s—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 inste		of Form 990-EZ.		
			ar	(B) End of year				
2	2 Cas	sh, savings,		See page 51 of the instructions.) (A) Beginning of year estments	22			
2		nd and buildi			23			
2			_	>	24			
·					25	12, 175.		
2	6 Tot	al liabilities	(descri	pe ►	26			
2	7 Net	t assets or f	27	12,775,-				

Part III Statement of Program Service Accom	Expenses							
What is the organization's primary exempt purpose? 1		Required for 501(c)(3) and (4) organizations						
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be	ation's exempt pumposes. 🕷	e dear and cond	ise mænner, rogram title.	and 4947(a) optional for	trusts;			
28 Produced and Presented "Touching Of	lough Esperimentim	th Change Uu	oic and					
Dance" at Vanderbilt Blair School of M	wic, Turie Concer	I HOME. This PA	aduction					
showcased varias talents locally from O	hince traditional de	ence to Modern	dance.	610	24			
(Grants \$ 4.150) If this amount incl	udes foreion orants. check	here	. ▶ 🗆 12	28a 🤟				
29 Sponsored "Taipei Folk Lance Treater	Sponsored " Taipei Folk Dance Theater" from Taimon carriy its 2006 America Tour							
CAAN presented TFDT's unique dan	ocencer in Nach	ile also a	onducted	j				
	a Chinese Dance Workshop to finither educate Public on different out former. (Grants \$ 5,500) If this amount includes foreign grants, check here							
		29a 7.4						
30 Hung Shong Lion Dance Theater Naville Sponsor presented this upold class traditional Lion dance group from Taiwan dury it's 06								
North American tour. The audience go			.06	-				
	udes foreign grants, check		▶ □ :	30a 3, 2	53			
31 Other program services (attach schedule) Establi	Sh CAAN Chinese Lion	1. Dance Portori		-				
(Grants \$ Φ) If this amount incl	พระห์ 2) udes foreign grants, check	here		31a 2,7	3 10 10 10 10 10 10 10 10 10 10 10 10 10			
32 Total program service expenses (add lines 28a th				32				
Part IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve	n if not compensate	d. See page 52	of the instruc	Sors.			
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0)	(D) Contributions employee benefit pla deferred compensa	ans & accom	idese uni sec domences			
see Attachment 3								
Part V Other Information (Note the statemen	nt requirement in Genera	I Instruction V.)	L		Yes No			
33 Did the organization engage in any activity not pr			n a datailed		:			
description of each activity		orn res, anaci	i a detailed	33	×			
34 Were any changes made to the organizing or gov	remina documents but not	reported to the IF	S? If "Yes."		У			
attach a conformed copy of the changes				34	1.5			
35 If the organization had income from business activities, reported on Form 990-T, attach a statement explaining				ot	The second second			
a Did the organization have unrelated business gros				nd				
proxy tax requirements?			· · · · · ·	35a	X			
b If "Yes," has it filed a tax return on Form 990-T for	or this year?			35b				
36 Was there a liquidation, dissolution, termination, of		luring the year? (If	"Yes," attach	ı a	×			
statement.)				36				
37a Enter amount of political expenditures, direct or inc		structions. ► 37	a c	₹	i v			
b Did the organization file Form 1120-POL for this	~			37ъ	>			
38a Did the organization borrow from, or make any los	ans to, any officer, director,	trustee, or key en	nployee <mark>or w</mark> ei		1			
any such loans made in a prior year and still unp			return?	38a	<u>×</u>			
b If "Yes," attach the schedule specified in the line			n/6	a l	•			
involved	• • • • • • • •	38		`				
a initiation fees and capital contributions included o	on line 9	39	a h/6	a ·				
b Gross receipts, included on line 9, for public use				a				
								

Form	990-EZ	(2006)					Pa	age 3			
Pai	rt V	Other Information (Note the statement requirement in G	ieneral Instru	ction V.) (Cont	tinued)						
40a		501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶									
h	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the							No			
~	year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation							X			
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						Ì				
d	Enter amount of tax on line 40c reimbursed by the organization										
е	trans	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?						人			
41	List th	st the states with which a copy of this return is filed. > Tennessee									
42a	The b	books are in care of ▶ Jen - Jen H'n		Telephone	no. ► (b)) 385°-	-934	41			
	The books are in care of ► Jen H'n Located at ► 2510 Bordon Acc. Mashville III ZIP + 4 ► 3721 At any time during the calendar year, did the organization have an interest in or a signature or other authority							. .			
b	At an	y time during the calendar year, did the organization have an int	erest in or a si	anature or othe	r authority						
		a financial account in a foreign country (such as a bank accou		• • • • • • • • • • • • • • • • • • • •			Yes				
	account)?										
	If "Yes," enter the name of the foreign country: ▶										
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.										
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?							\times			
	If "Yes," enter the name of the foreign country: ▶										
43	Section	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here									
	ano e	enter the amount of tax-exempt interest received or accrued duri				n/					
		Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than	accompanying sch n officen is based	nedules and stateme on all information o	ents, and to the b of which prepare	est of m	y know v know	rledge rledge			
Plea											
Sigr	n	my fen sevo			/2 2/ 0]						
Her	Θ.	Signature of officer Date									
	Jen-Jen Lin, Director										
		Type or print name and title.									
Paid		Preparer's	Date	Check if self-	Preparer's SSN o	r PTIN (Se	e Gen. I	Inst. X)			
Prep	arer's	signature	<u> </u>	employed ▶ □							
Use Only		Firm's name (or yours) if self-employed),		EIN	>						
		address, and ZIP + 4		Phone n	o, ▶ ()						
					Fo	m 99 0	-EZ	(2006)			