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ASIA 01/05/2011 11 12 AM 990

Extended to 2/15/2011

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

OMB No 1545-0047 2009

Open to Public

Dep:	artment of the	e Treasury Service	benefit trust or private foundation) The organization may have to use a copy of this return to satisfy		ıırements	Open to Public Inspection
	For the 200	9 calendar ye	ar, or tax year beginning 07/01/09, and ending 06/30	0/10		
В	Check if applica		C Name of organization		D Employ	er identification number
	Address change	use IRS	ASIAN SERVICES IN ACTION, INC.			
	Name change	print or	Doing Business As		34-:	<u> 1798850 </u>
\Box	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
H	Termination	See Specific	730 CARROLL STREET		330-	-535-3263
二		Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	ts \$ 1,263,890
\sqsubseteq	Amended return		AKRON OH 44304			
	Application pen	ding F Name	and address of principal officer		H(a) Is this a	
					H(b) Are all a	ffiliates
					1	attach a list (see instructions)
<u> </u>	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527		1	, ,
J	Website ▶		NC-OHIO.ORG		H(c) Group ex	xemption number
ĸ	Type of organiz	zation X Cor	poration Trust Association Other	L Year of formation	1995 h	M State of legal domicile OH
_ <u>P</u>	art I	Summar	у			
	1	•	ne organization's mission or most significant activities			
ø	S	ee Sched	dule O			
ā						
Governance				0504 64		
၂ ဇို	1	ck this box		n 25% of its net asse	1 1	8
ග	1	-	members of the governing body (Part VI, line 1a) endent voting members of the governing body (Part VI, line 1b)		3 4	8
Activities &		•	employees (Part V, line 2a)		5	37
; ≩			olunteers (estimate if necessary)		6	
⋖	1		ated business revenue from Part VIII, column (C), line 12		7a	
	1	unrelated bus	7b	0		
				Prior		Current Year
. o	1	ributions and	17,162	1,030,218		
Revenue	1	ram service	435	230,782		
Rev			e (Part VIII, column (A), lines 3, 4, and 7d)		435	2,890
			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>ភ្ជុជាព្រម្មទុន្ធ រូបកម្មជាង (must</u> equal Part VIII, column (A), line 12)	8'	72,542	1,263,890
			remonis perd (rear IX, column (A), lines 1–3)		,	
		1	r for members (Part IX) column (A), line 4)			
w			phasation, employed energialis (Part IX, column (A), lines 5-10)	5.	56,612	725,713
nses	16a Profe	essional fund	raising fees (Part IX, cotomin (A), line 11e)			
Expense	b Tota	i fundral s)pg	expenses (Part IX, column (D), line 25) ► 48,294			
ω	17 01110	er ekpenses (Patt // _do(umn((A)) lines 11a-11d, 11f-24f)		15,352	496,241
		•	Add lines 13–17 (must equal Part IX, column (A), line 25)	8.	71,964	1,221,954
- "		enue less ex	penses Subtract line 18 from line 12	Beginning of C	578	41,936 End of Year
ets o	20 Tota	I assets (Par	t X line 16)		35,495	405,285
Ass	21 Tota	•	art X, line 26)		60,192	188,046
Net Assets or	22 Net	•	d balances Subtract line 21 from line 20		75,303	217,239
	Part II	Signatu				
			ies of perjury, I declare that I have examined this return, including accompanying sched			
		and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on al	i information of which p	reparer nas any i	knowleage
Sig	- 1	Y	<u>v - 8</u>			
He	re	Signatu	Michael Byyn, Excudine Directur		Date	1-7-2011
		Type or	print name and the			1 1. 5011
_				e Chec		Preparer's identifying number
Рa	id	Preparer's signature	Menanya MACIA CAM Dai	self-		(see instructions)
	eparer's		BAN CAPACCIO, CPA, INC.	L/OJ/II empl	oyed 🕨 🔛	P00386242 34-1620372
Us	e Only	Firm's name	de 75 TDV DD	 	EIN Phone	J4 1020372
	}	if self-employ address, and	(00)			330-666-5082
Ma	y the IRS di	scuss this re	turn with the preparer shown above? (see instructions)			Yes No
For	r Privacy A		rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA	4					

	ASIAN SERVICES IN		34-1798850	Page 2
Part III S	Statement of Program Servi	ce Accomplishments		
•	ribe the organization's mission			
See Sch	edule O			
2 Did the orga	anization undertake any significant ni	ogram services during the year which were	e not listed on	
-	rm 990 or 990-EZ?	ogram dervices derning the year timen wer	0.100.100.00	Yes X No
•	scribe these new services on Schedu	ıle O		
		significant changes in how it conducts, any	y program	
services?	3,			Yes X No
If "Yes," des	scribe these changes on Schedule O			
		each of the organization's three largest pro		
		nd section 4947(a)(1) trusts are required to		
allocations t	to others, the total expenses, and rev	renue, if any, for each program service rep	orted	
Pacific linquis accompl to educ substan senior tobacco an annu partici	ervices in Action Islanders in Nortically appropriation ishments are achievate immigrant and ce abuse, healthy citizen wellness use prevention. It all basis. Senior	81,259 including grants of \$, Inc's mission is to theast Ohio to access te information and seleved by various programed programmed from the seleved by the choices, the control of the co	s quality, curtural, ervices. These cams designed out avoiding ceen and cunities and vices are continuall ged to avoid isolati	and Ly added on Lon and to
Ab /Codo	\/Evnences \$	including grants of \$) (Revenue \$	
4b (Code) (Expenses \$	including grains or \$) (Nevende V	,
				•
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
,				
	am services (Describe in Schedule			
(Expenses		uding grants of \$) (Revenue \$	
4e Total prog	ram service expenses	1,081,259		Form 990 (2009)
				roim 33U (2009)

_ <u>Pa</u>	art IV Checklist of Required 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5_		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			37	
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	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				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				ŀ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related 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				ĺ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				}
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		12	X	<u> </u>
124	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	12	- 22	
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	128	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		170		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1.12		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		х
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 United States? If "Yes," complete Schedule F, Part III		16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
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		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		Х

Form	1 990 (2009) ASIAN SERVICES IN ACTION, INC. 34-1798850		P	age 4
_Pa	art IV Checklist of Required Schedules (continued)			
24	Did the executation report more than \$5,000 of grants and other populations to appear month and organizations		Yes	No
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	1 24		X
22		21_		<u>v</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			х
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	·	22		x
٥	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	256	.	х
••	990-EZ? If "Yes," complete Schedule L, Part I	25b		
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		x
		26		
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?	27		х
^^	If "Yes," complete Schedule L, Part III	27		
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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		X
a		28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		X
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		X
••	Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes." complete Schedule M	30		Х
0.4	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	- 55		
34	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
33	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	55		
50	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part \//	37		x

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

Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 53 U.S. Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 37 Statements, filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a If "Yes," enter the name of the foreign country See the instructions for exceptions and 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as h 7h 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b

Form 990 (2009) ASIAN SERVICES IN ACTION, INC. Part VI

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

Sec	tion A. Governing Body and Management		_		
				Yes	No
1a	Enter the number of voting members of the governing body	_ 1a 8			
b	Enter the number of voting members that are independent	1b 8			
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	d?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the In	ternal			
	enue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		х
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	Х	
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?				
а	The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization		15b		x
	If "Yes" to line 15a or 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		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			T	
	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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			•	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nly)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	st			
.,	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e			
	organization Minh Ngo 730 Carroll St	-			
20.1	kron OH 443	04	330-53	35-3	263
					

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. 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

(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRANT LEE										
BD EMERITUS		ļ		_	_	<u> </u>		0	0	(
BETTY LIN-FISHER									•	
BD EMERITUS		<u> </u>		_				0	0	(
MARTHA HOM		٠,							^	,
DIRECTOR		X		_	_	-		0	0	(
ELAINE TSO		x						О	o	
DIRECTOR SCOTT PIEPHO		Α.			<u> </u>	├		0	<u> </u>	
		x						o	o	
DIRECTOR YEN LUONG		<u> </u>		\vdash						<u>`</u>
DIRECTOR		$ \mathbf{x} $						o	o	
YVETTE MARIE OBIA	5	1		-	-					
DIRECTOR	Ì	x				İ		o	o	
JANET KEMP, MD						\vdash				
DIRECTOR		X						0	0	
ELLEN BERTS		†								
DIRECTOR		X						0	0	(
ALYSSA HEA RYUNG	NARAGON									
DIRECTOR		X						0	0	(
						ļ				
		_		_		_				
		1	l	1		1	l		<u> </u>	

(A)	(B)			((C)			(D)	(E)		F)	 -
Name and Title	Average hours per week	or director		Officer	a Key employee	Highest compensated employee	Pormer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo oti compe fron organ and r	nated unt of her nsation n the ization elated zations	
		_										
								<u>.</u>				
	<u> </u>											
		-										
		_			_							
												
										<u> </u>		
1b Total		l	L		<u> </u>		<u> </u>					
2 Total number of individuals (in reportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			
3 Did the organization list any fo	ormer officer, dire	ctor o	or tru	stee	. kev	emr	love	ee, or highest compensated			Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Schedue 1a, is the sum o	ıle J f rep	for s ortab	uch i	indiv ompe	idual ensat	ion a	and other compensation from	m	3	 	Х
the organization and related o individual 5 Did any person listed on line 1									ucn	4	-	X
services rendered to the organ Section B. Independent Contract	nization? If "Yes,"	com	plete	Sch	edu	le J fo	or su	ich person		5	<u> </u>	X
Complete this table for your five compensation from the organic	ve highest compe	nsate	ed inc	depe	ndei	nt cor	ntrac					
Name an	(A) d business address	<u> </u>						Descrip	(B) stion of services	((C) Compensa	ition
												
							_					
								·				
								 				
2 Total number of independent	contractors (include	ding l	but n	ot lin	nited	l to th	ose	listed above) who received		_		
more than \$100,000 in compe											o rm 990	(2009)

Рa	rt V	III Statement of Reve	nue						· · · · · · · · · · · · · · · · · · ·
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a						
ran		Membership dues	1b		52,638				
ğ,		Fundraising events	1c						
Program Service Revenue Contributions, gifts, grants		Related organizations	1d						
s, g		Government grants (contributions)	1e		283,187				
ion		All other contributions, gifts, grants,							
the	•	and similar amounts not included above	1f		694,393				
d d	a	Noncash contributions included in lines 1a-		\$					
၁	_	Total. Add lines 1a–1f		*	▶	1,030,218			
e	<u></u>	Total Mac III oo Ta Ti			Busn Code		- 4		
Revenu	2a	PROGRAM SERVICE REVE	NUE			228,750			228,750
Re		b REIMBURSEMENT				2,032	_		2,032
<u>:</u>	C								
am Serv	d								
	е								
gra	f	All other program service reven	ue						
<u>q</u>	g	Total. Add lines 2a-2f				230,782			
	3	Investment income (including d	ıvıdend	ls, interes	t, and				
		other similar amounts)			> [2,890	2,890		
	4				ceeds 🕨 [·		
	5	Royalties			▶ [
		(ı) Real		(II) F	ersonal			·	
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	_d	Net rental income or (loss)			•				
	7a	7a Gross amount from sales of assets (i) Securities (ii)		Other					
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)	,		•				
9	8a	Gross income from fundraising ever	ıts						
Other Revenue		(not including \$							
Sev.		of contributions reported on line 1c)							
erF		See Part IV, line 18	а						
Ţ.		Less direct expenses	b						
		Net income or (loss) from fundr	- r	events	•			,	
	9a	Gross income from gaming activities							
		See Part IV, line 19	a						
		Less direct expenses	ρĺ						
		Net income or (loss) from gami	ng acti ا	vities	•			<u> </u>	
	10a	Gross sales of inventory, less							
	_	returns and allowances	a						
		Less cost of goods sold	b		•				
i	С	Net income or (loss) from sales		entory	Busn Code				
į	4.4	Miscellaneous Revenue			Busii Code				
	11a				-				
	b								
	C	All other revenue					<u> </u>		
	d	All other revenue			L			<u> </u>	
	e 12	Total Poyonus See instruction	ne			1,263,890	2,890	0	230,782
	12	Total Revenue. See instruction	i.			2,203,030	2,090	0	230,102

Form 990 (2009)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 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				<u> </u>
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				-
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	643,608	559,939	51,489	32,180
8	Pension plan contributions (include section 401(k)	222,000	,	,	
3	and section 403(b) employer contributions)				
9	Other employee benefits	63,653	55,378	5,092	3,183
10	Payroll taxes	18,452	16,053	1,476	923
11	Fees for services (non-employees)			=, = . 0	
ıı a	Management				
a b	Legal				
	Accounting	5,900	5,310	590	
d	Lobbying		-,		
u a	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
' ~	Other		-		
g 12	Advertising and promotion	3,548	2,909	355	284
13	Office expenses	2,230			
14	Information technology				
15	Royalties				
16	Occupancy	48,737	43,863	4,874	
17	Travel	27,546	22,588	275	4,683
18	Payments of travel or entertainment expenses				-,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,829	6,146	683	
20	Interest		-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,828	6,145	683	
23	Insurance				·
23	modifice				
24	Other expenses Itemize expenses not				
4→	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Specific Assistance	134,797	121,317	13,480	
a b	Program Service Supplies	122,238	122,238		
C	Office & Postage	31,082	25,487	3,108	2,487
d	Food Supplies	29,618	26,656	2,962	
e	Utilities	17,102	14,024	1,710	1,368
f	All other expenses	62,016	53,206	5,624	3,186
	Total functional expenses. Add lines 1 through 24f	1,221,954	1,081,259	92,401	48,294
25 26			_,,	J = 1 = 0 = 1	20,202
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	turidizating solicitation	<u> </u>	<u></u>		Form 990 (2009)
					- \ -)

	art X	(Balance Sheet	<u> </u>	INC. 54-	1798830		Page 11
					(A) Beginning of year	-	(B) End of year
	1	Cash—non-interest bearing			282,536	_ 1	277,215
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net			-	3	
	4	Accounts receivable, net		Ī	32,074	4	88,185
	5	Receivables from current and former officers, directors, tr	ustees	, key			
		employees, and highest compensated employees. Comp	lete Pa	rt II of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined u	ınder s	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Com	plete			
		Part II of Schedule L	•	·		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or		Ι Γ			
		other basis Complete Part VI of Schedule D	10a	71,624			
	b	Less accumulated depreciation	10b	35,581	10,011	10c	36,043
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11	[12		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		[10,874	15	3,842
	16	Total assets. Add lines 1 through 15 (must equal line 34))		335,495	16	405,285
	17	Accounts payable and accrued expenses			7,753	17	16,695
	18	Grants payable			18		
	19	Deferred revenue		152,439	19	171,351	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability Complete Part IV of	Schedu	ıle D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	s, key				
igi		employees, highest compensated employees, and disqua	lified				
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties	Ĺ		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	_		160,192	26	188,046
S		Organizations that follow SFAS 117, check here ▶ 2	【 and				
ž		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets		<u> </u>	175,303	27	217,239
ä	28	Temporarily restricted net assets				28	
P	29	Permanently restricted net assets	_	_		29	
Ī		Organizations that do not follow SFAS 117, check he	re 🕨 🛭				
Net Assets or Fund Balances		and complete lines 30 through 34.					
ŝ	30	Capital stock or trust principal, or current funds		<u> </u>		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment	Ļ		31		
As	32	Retained earnings, endowment, accumulated income, or	other fo	unds		_32	
Ħ	33	Total net assets or fund balances		Ļ	175,303	33	217,239
Z	34	Total liabilities and net assets/fund balances			335,495	34	405,285

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDÙLE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASIAN SERVICES IN ACTION, INC

Employer identification number

			ASIAN SERVIC	ES IN ACTION, II	NC.				34-	<u>-1/9</u>	8850		
P	art İ	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons		
he	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box)							
1		A church, cor	envention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital servic	e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П	A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
		city, and state	•										
5		•		f a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	ın			
-		•	b)(1)(A)(IV). (Complete Part	•	•	, ,							
6				vernmental unit described in sec	tion 170(b)(1)(A)(v	١.						
7	-			ubstantial part of its support from				n the ae	neral pu	blic			
•	ш	J	section 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,	•								
8				70(b)(1)(A)(vi). (Complete Part II)								
9	$\tilde{\mathbf{x}}$	•) more than 33 1/3 % of its suppo		ntribution	s. memb	ership fe	ees, and	l aross			
Ū		-	•	pt functions—subject to certain e									
		•		d unrelated business taxable inco									
), 1975 See section 509(a)(2). (
10				exclusively to test for public safety	•	•	a)(4).						
11	-	•	•	xclusively for the benefit of, to pe				carry or	ıt the				
••	Ш	-	-	ed organizations described in sec						tion			
		•		ne type of supporting organization									
		a Type		c Type III–Functiona			d		e III-Oti	her			
e				anization is not controlled directly	, •		or more						
·	ш	, ,		and other than one or more public						ction			
		•	section 509(a)(2)	,	, ,,	J							
f				mination from the IRS that it is a	Type I, Ty	pe II, or T	vpe III s	upportin	ıq				
•		_	check this box		,, ,		,,	••	Ü				
g		Since August	17, 2006, has the organizati	on accepted any gift or contributi	on from a	ny of the							لسب
9		following per		, , , ,		•							
				ntrols, either alone or together wi	th person:	s describe	ed in (ii)					Yes	No
			pelow, the governing body of	_							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(II)		
			ontrolled entity of a person d								11g(III)		
h			ollowing information about th										
	Name	e of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(VII) Am	ount of	
•	org	janization		(described on lines 1–9		sted in your		nization in of your	organizat	ion in col zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document?		ort?		S ?			
				(see mon deadile) ,	Yes	No	Yes	No	Yes	No			
		<u>.</u>											
									ļ				
									İ				
					ļ				ļ				
					+	ļ		<u> </u>	<u> </u>				
				1									
Tota	al					l	<u> </u>						

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

'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.)

Sec	tion A. Public Support						_
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	748,416	794,178	781 <u>,</u> 834	717,162	1,030,218	4,071,808
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	42,176	65,115	72,779	154,945	2,890	337,905
3	Gross receipts from activities that are not an unrelated trade or business under section 513					230,782	230,782
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	:					
6	Total. Add lines 1 through 5	790,592	859,293	854,613	872,107	1,263,890	4,640,495
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts 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	34,268	56,466	64,207	146,220		301,161
С	Add lines 7a and 7b	34,268	56,466	64,207	146,220		301,161
8	Public support (Subtract line 7c from line 6)						4,339,334
	tion B. Total Support	(-) 2005	(L) 2000	(=) 2007	(4) 2000	(-) 2000 I	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,	790,592	859,293	854,613	872,107	1,263,890	4,640,495
IVa	payments received on securities loans, rents, royalties and income from similar sources	170	5,631	2,576	435		8,812
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	170	5,631	2,576	435		8,812
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)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	790,762		857,189	<u> </u>	1,263,890	4,649,307
14	First five years. If the Form 990 is for the c		second, third, fourth	n, or fifth tax year a	is a section 501(c)(3)	
<u></u>	organization, check this box and stop here					_	
	tion C. Computation of Public Su			<i>n</i>		15	93.33%
15	Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche			.())		16	93.33%
16 Sec	tion D. Computation of Investmen					101	90.92 /6
17	Investment income percentage for 2009 (Iir			olumn (fl)		17	%
18	Investment income percentage for 2008 S			0.0 (1))		18	<u>%</u>
19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is m	ore than 33 1/3 %.		
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	ox and stop here . T	he organization qu	alifies as a publicly	supported organiz	ation	▶ [X
~	line 18 is not more than 33 1/3 %, check thi						> [
20	Private foundation. If the organization did				=		▶ -

Schedule A (Form 990 or 990-EZ) 2009 ASIAN SERVICES IN ACTION, INC.

34-1798850

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

SCHEDÙLE 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.

2009

Open to Public Inspection

Name	e of the organization		Employe	er identification number				
	SIAN SERVICES IN ACTION, INC.			798850				
Pa	ort I Organizations Maintaining Donor Advised Function the organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Aco Part IV, line 6.	counts.	unts. Complete if				
		(a) Donor advised funds	(b)	Funds and other accounts				
1	Total number at end of year							
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 advisors in writing that the	ne assets held in donor advised						
	funds are the organization's property, subject to the organization's exclus			Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in wi			Card Card				
	used only for charitable purposes and not for the benefit of the donor or d							
	purpose conferring impermissible private benefit?			Yes No				
Pa	art II Conservation Easements. Complete if the organ	nization answered "Yes" to Form	990, Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check at	Il that apply)						
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land	d area				
	Protection of natural habitat	Preservation of certified historic str	ructure	,				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservati	ion					
	easement on the last day of the tax year							
				Held at the End of the Tax Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic structure include	led ın (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06		2d					
3	Number of conservation easements modified, transferred, released, extin		during					
_	the taxable year ▶		•					
4	Number of states where property subject to conservation easement is loc	eated >						
5	Does the organization have a written policy regarding the periodic monito							
	violations, and enforcement of the conservation easements it holds?			Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year						
-	•	-						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year						
·	▶ \$,						
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section						
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	·		Yes No				
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, a	nd					
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	ibes					
	the organization's accounting for conservation easements							
Pa	organizations Maintaining Collections of Art, H		milar A	ssets.				
	Complete if the organization answered "Yes" to							
1a	If the organization elected, as permitted under SFAS 116, not to report in			•				
	art, historical treasures, or other similar assets held for public exhibition, or	•	onc servic	e,				
	provide, in Part XIV, the text of the footnote to its financial statements tha		(
b	If the organization elected, as permitted under SFAS 116, to report in its i							
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	service,					
	provide the following amounts relating to these items			Φ.				
	(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, historical treasures, or of		e the					
	following amounts required to be reported under SFAS 116 relating to the	ese items	-	_				
а	Revenues included in Form 990, Part VIII, line 1			5 - -				
b	Assets included in Form 990, Part X		•	\$				

Sche	dule D (Form 990) 2009 ASIAN SERV	ICES	IN .	ACTION,	INC.		34-179	8850	Page 2
Pa	art III Organizations Maintaining C	ollection	ons of	Art, Histo	rical Treas	ures, or (Other Sin	nilar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other	records	s, check any o	f the following	that are a s	ignificant us	se of its	
а	Public exhibition		d	Loan or exc	hange prograr	ns			
b	Scholarly research		e –	Other	5.5				
c	Preservation for future generations		ــــا	_					
4	Provide a description of the organization's collect Part XIV	tions and	explain	how they furt	her the organi	zation's exe	mpt purpos	e ın	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	ceive don	ations o	of art, historica	l treasures, or nization's colle	other simila	Γ		Yes No
Pa	art IV Escrow and Custodial Arran						vered "Ye	es" to Form 9	
	IV, line 9, or reported an amo	_		•	_				,
	Is the organization an agent, trustee, custodian of					r assets not			
	included on Form 990, Part X?	or outer in	iterrica.	ary for commis		acceto not			Yes No
.	If "Yes," explain the arrangement in Part XIV and	t complete	a tha fal	lowing table					1es No
D	in res, explain the arrangement in Fatt Aiv and	Complete	e lile ioi	lowing table					Amount
								 	Amount
	Beginning balance							1c	
	Additions during the year							1d	
е	Distributions during the year							1e	
f	Ending balance							1f	
2a	Did the organization include an amount on Form	990, Part	t X, line	21?					Yes No
	If "Yes," explain the arrangement in Part XIV								
Pa	art V Endowment Funds. Complet	e if orga	anizat						
		(a) Cu	urrent yea	ar (t) Prior year	(c) Two ye	ears back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	_							
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								7
2	Provide the estimated percentage of the year en	d halance	hold as			1			
٠,	Board designated or quasi-endowment	d balance	%	•					
a L	Permanent endowment > %		— ′°						
	- -								
	Term endowment ▶ %			4 4b-4 b					
за	Are there endowment funds not in the possession	in of the o	nganiza	uon that are n	eia ana aamin	istered for tr	ie		V N-
	organization by								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations				_				3a(ii)
b	If "Yes" to 3a(II), are the related organizations lis		•		7				3b
4	Describe in Part XIV the intended uses of the or					5			
Pa	art VI Investments—Land, Buildin	gs, and	Equip	oment. See			line 10	r	
	Description of investment	l ''	st or othe		(b) Cost or of	1	(c) Accu		(d) Book value
		(11	nvestmer	nt)	basis (othe	r)	depred	ciation	
1a	Land								
b	Buildings								
	Leasehold improvements					3,560		3,560	
	Equipment					3,064		32,021	36,043
	Other								
	I. Add lines 1a through 1e (Column (d) must equa	al Form 99	90, Part	X, column (B)	, line 10(c)				36,043
_									

Part VII	Investments—Other Securities. See Fo	orm 990, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market ve	alue
Fınancıal deriva	atives			
Closely-held ed	quity interests			
Other				
				· · · · · · · · · · · · · · · · · · ·
-				
Total (Column	(b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. See F	-		
T dit Viii	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cost or end-of-year market va	alue
				·
			-	
	(b) must equal Form 990, Part X, col (B) line 13)	>		
Total (Column	Other Assets. See Form 990, Part X, lir	ne 15.	(h)	Book value
		ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Desc	ne 15.	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Desc	ne 15. Cription	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Desc (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. Cription		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value
Part IX Total. (Column Part X 1 Federal income	Other Assets. See Form 990, Part X, Iir (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. cription ., line 25.		Book value

Sche	dule D (Form 990) 2009 ASIAN SERVICES IN ACTION, IN	NC. 34-17988	50	Page 4
'nβ	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-	1	1,263,890
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,221,954
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	41,936
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	41,936
Pa	rt XII Reconciliation of Revenue per Audited Financial Stater		eturn	
1	Total revenue, gains, and other support per audited financial statements		1	1,263,890
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	1,263,890
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1:] [
٠.	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
d	Other (Describe in Part XIV)	4b	-	
D	,	45 [4c	
C	Add lines 4a and 4b Table reviews Add lines 2 and 4a (This must equal Form 900, Part Lines 12.)		5	1,263,890
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per		1,203,030
		ements with Expenses per	1	1,221,954
1	Total expenses and losses per audited financial statements		- '	1,221,334
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a		
a	Donated services and use of facilities	2b	_	
b	Prior year adjustments	2c	_	
C	Other losses	2d	\dashv \mid	
d	Other (Describe in Part XIV)	20	ا ہے ا	
e	Add lines 2a through 2d		2e 3	1,221,954
3	Subtract line 2e from line 1	1 [3	1,221,954
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	\dashv \parallel	
	Other (Describe in Part XIV)	4D	┥	
	Add lines 4a and 4b		4c	1,221,954
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		. 5	1,221,934
	rt XIV Supplemental Information			-
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I			
		Od 4b Al		
thie r	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li	ines 2d and 4b Also complete		
uno p	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, liner to provide any additional information	nes 2d and 4b Also complete		
— -		nes 2d and 4b Also complete		
		nes 2d and 4b Also complete		
— - — -			-	
— - — -			-	
 		nes 2d and 4b Also complete	-	
— - — -			 	

Schedule D (Fo	rm 990) 2	009	ASI	AN	SER	VICES	SIN	AC'	LION	, I	NC.			34-1	7988	50			Page 5
Schedule D (Fo	Supple	ment	al Inf	orm	ation /	continu	ied)			•	-						 		· ugu u
- ruit XII	Сарріс	,,,,,,,,,,,		<u> </u>	4011	001111110	icu,										 		
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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

ASIAN SERVICES IN ACTION, INC.

Employer identification number 34-1798850

Form 990 - Organization's Mission or Most Significant Activities

To Provide forums and physical locations to facilitate

education and empowerment for people of Asian

decent. The organization assists in the cultural and

intellectual development of immigrant and refugee families

in the Northeast Ohio geographic area.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Form 990 is made available to the governing body of Asian Services in Action, Inc., for their review and approval.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Michael Byun is the executive Director. His compensation package is approved by the board of directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All governing documents are available for public inspection at the organization's offices in written form. Governing documents are also available for public inspection at Guidestar for tax filing purposes and at the Secretary of State of Ohio's website for incorporation filings and related filings.

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Internal Revenue		► File a separate application for each return.				
		tomatic 3-Month Extension, complete only Part I and check this box				▶ [X]
-		ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).				
•	-	ess you have already been granted an automatic 3-month extension on a previously filed Form 886	38			
Part I		c 3-Month Extension of Time. Only submit original (no copies needed).				 _
A corporation r	equired to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete				
Part I only						▶ 🗌
All other corpo		ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of	of			
Electronic Fili	ing (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to	file			
one of the retu	ms noted belo	w (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868				
		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group				
returns, or a co	omposite or co	nsolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of	Forn	n		
8868 For more	e details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits				
Type or print	Name of Exe	empt Organization Emp	ploye	r ider	ntification num	nber
File by the	ASIAN	SERVICES IN ACTION, INC. 34	-1'	798	850	
due date for filing your	Number, stre	eet, and room or suite no. If a P.O. box, see instructions				
return See instructions		post office, state, and ZIP code. For a foreign address, see instructions				
III OLI GOGOTIO	AKRON	ОН 44304				
Check type of	return to be	filed (file a separate application for each return)				
Form 99	0	Form 990-T (corporation)			Form 4720	
Form 99	0-BL	Form 990-T (sec 401(a) or 408(a) trust)			Form 5227	
X Form 99	0-EZ	Form 990-T (trust other than above)			Form 6069	
Form 99	0-PF	Form 1041-A			Form 8870	
						
The books	are in the car	e of ▶ Minh Ngo				
Telephone	No ► 33	0-535-3263 FAX No ▶ 330-535-3338				
		not have an office or place of business in the United States, check this box				▶ □
•		irn, enter the organization's four digit Group Exemption Number (GEN)	3 15			
for the whole g		The second of t	ì			
•	•	is of all members the extension will cover				
		3-month (6 months for a corporation required to file Form 990-T) extension of time to file the exempt organization return for the organization named above. The extension is				.
for the o	rganization's re	eturn for				
	-					
▶ X	tax year begin	or ning 07/01/09, and ending 06/30/10				
2 If this ta	x year is for les	ss than 12 months, check reason	ounti	ng per	nod	
•	-	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
			<u>3a</u>			
•	•	Form 990-PF or 990-T, enter any refundable credits and estimated tax		_		
			<u>3b</u>	_\$		
		It line 3b from line 3a Include your payment with this form, or, if required,				
		on or, if required, by using EFTPS (Electronic Federal Tax Payment	.	•		
	See instruction		3c	\$		
		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO				
for payment in		work Reduction Act Notice, see Instructions.			Form 8868 (Re	v 4-2009)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.