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EXTENSION GRANTED TO 8/15/11

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 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	2009 cal	endar year, or tax year beginning $OCT \ 1$, 2009 and ending	SEP 30, 2010	
В	Check if applicable	Please use IRS	C Name of organization	D Employer identific	ation number
	Addres:		SOUTHEAST ASIA RESOURCE ACTION CENTER		
	Name change	type	Doing Business As	····	161473
	Initial return	See Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/si	•	
Ļ	Termin- ated Amend	Instruc-	1028 TOTH STREET, N.W.	(202	1,156,017.
닏	return Applica	- 1	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20009-3099	G Gross receipts \$	
L	tion pending			H(a) Is this a group re for affiliates?	Yes X No
		SAM	ne and address of principal officer:DOUA THOR IE AS C ABOVE	H(b) Are all affiliates inc	
$\overline{}$	Tay.eye		us X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
			W. SEARAC.ORG	H(c) Group exemption	
-	_	organizatio		ear of formation 1979 N	
_	art I	Summ	ary		
-	1 [Briefly de	scribe the organization's mission or most significant activities: TO ASSIS	T PUBLIC AND	PRIVATE
Activities & Governance	. 2	AGENC	IES IN MEETING URGENT NEEDS OF SOUTHEAS	T ASIA AND EU	ROPEAN
er.	2 (s box 🕨 🔲 if the organization discontinued its operations or disposed of n		sets.
Š	3 1		of voting members of the governing body (Part VI, line 1a)	3	$\frac{14}{14}$
8	4 1		of independent voting members of the governing body (Part VI, line 1b)	4	12
ties	5		nber of employees (Part V, line 2a)	5	0
Ę	6		nber of volunteers (estimate if necessary)	6 7a	0.
Ą	7a		ated business taxable income from Form 990.T, line 34 1	7a 7b	0.
				Prior Year	Current Year
_	. 8	Contribut	ions and grants (Part VIII, line 1h),	959,985.	1,094,446.
دالارا Revenue	9		elons and grants (Part VIII, line 1h),		
~ ee	10		nt income (Part VIII, column (A), lines 3, 4-and 7d)	2,842.	1,464.
3 œ	11 (enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1(1e)	59,024.	60,107.
3	12		enue - add lines 8 through 11 (must equal Part VIII, column-(A), line 12)	1,021,851.	1,156,017.
9	13 (Grants ar	nd similar amounts paid (Part IX, column (A), lines 1·3)		
য	14	Benefits	paid to or for members (Part IX, column (A), line 4)	454 045	
AUU.	15		other compensation, employee benefits (Part IX, column (A), lines 5·10)	454,847.	541,751.
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		
	Ь Б		draising expenses (Part IX, column (D), line 25) 23,380.	447,926.	531,459.
	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	902,773.	1,073,210.
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	119,078.	82,807.
<u> ট্র</u>	19 S	Revenue	less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
చ్రిక్ట్ క్ర	20	Total acc	ets.(Pầrt X, line 16)	433,213.	487,838.
Ass	21		ilities (Part X, line 26)	80,334.	52,260.
Net Assets or	22		ts or fund balances. Subtract line 21 from line 20	352,879.	435,578.
P	art II		ture Block		
		Under pen	alties of perjury, I declare that I have examined this return, increding accompanying schedules and statements to Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowled	ge and belief, it is true, correct,
		\ \ \ //		. ایم	. / -
Si	gn			<u>817</u>	0 //
He	ere		nature of officer	Date	/
			DUA THOR, EXECUTIVE DIRECTOR be or print name and title		
_		,,,	Data /	Check if Prepar	er's identifying number
Pa	ııd	Preparer signature		self- (see in	structions)
	eparer's	Firm's nan		EIN ►	
Us	e Only	yours if self-emplo	\ 1454 = 00	EIIV P	
		address, a ZIP + 4	ROCKVILLE, MD 20852-1498	Phone no > (301) 838-0803
M	av the IF		ss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No

4d Other program services. (Describe in Schedule O.)

301,550. including grants of \$
rice expenses ▶\$ 762,543.

) (Revenue \$

4e Total program service expenses ►\$

1 4,	tr oncomist of risquires constants		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		<u>X</u>
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		<u> </u>
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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	ļ .	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	İ		
	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, VIII, IX, or X		1,	
	as applicable	11	X	ļ
•	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 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 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.			
•	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	12	х	1
404	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.	12	1	-
12A		1		
42	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
13	Did the organization maintain an office, employees, or agents outside of the United States?		 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<u> </u>	† <u></u>
b	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 organization	1,45	-	
10	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
••	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 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		X
		Form	990	(2009)

	1990 (2009) SOUTHEAST ASTA RESOURCE ACTION CENTER 32-1101	4/3	P	age 🖣
Par	t IV Checklist of Required Schedules (continued)	,		
			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	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			-
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
	Schedule J	23_	-	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь				
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
		25b		X
	Schedule L, Part I	250		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	l		v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	}	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		 	
٠.		24		Х
20	If "Yes," complete Schedule N, Part I	31	├	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l .
	Schedule N, Part II	32_	-	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	ļ	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete 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 organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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.

ran	Statements Regarding Other INS Filings and Tax Compliance			V	
		1 1	F	Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		9		
	U.S. Information Returns. Enter -0- if not applicable				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and i	reportable garning		1	1
	(gambling) winnings to prize winners?	1 1	1c		-
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 1	2		
	filed for the calendar year ending with or within the year covered by this return		2b	Х	1
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns and the second of		20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		20	ŀ	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by this return?	3a 3b	 	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	sutherty over a	30		\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other		4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	40	-	
	If "Yes," enter the name of the foreign country:	Pook and			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Dank and			
	Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x_
	was the organization a party to a prombled tax sheller transaction at any time during the tax year. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg		100		
C	Tax Shelter Transaction?	arang r romana	5c	1	
Ra	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	the organization solicit			
	any contributions that were not tax deductible?	• • • 9	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gifts			
	were not tax deductible?	Q	6b		1
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r goods and services	1		
	provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required		į	
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal			
	benefit contract?		7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	tract?	7f	 	-
•	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g	<u> </u>	<u> </u>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		7h	ļ	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting o	_			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have ex-	cess business holdings			
_	at any time during the year?		8	-	
9	Sponsoring organizations maintaining donor advised funds.		0-		X
a	Did the organization make any taxable distributions under section 4966?		9a	 	X
_	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	1
10	Section 501(c)(7) organizations. Enter:	10a			
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	\dashv		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	\dashv		
. 11 	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			1
a	Gross income from other sources (Do not net amounts due or paid to other sources against	110	-		
Þ	amounts due or received from them.)	11b			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126		1	1
	in 1995 State all difficult of tax champs interest foodfood of addition during the year	1.:== 1		,000	(0000)

932005 02-04-10 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.

<u>sec</u>	tion A. Governing Body and Management	\neg	Van	No
	Enter the number of voting members of the governing body		Yes	NO
	Little the hember of voting members of the governing data,			
	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	1	X
_	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		<u>X</u>
	of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		X
	governing body?	7a	-	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		Х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		1
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Λ	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	ł
12a		12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			х
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v
	in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
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?	١	v	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b		15b	^	ļ <u></u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Х
	taxable entity during the year?	16a	ļ	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC , CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	Of		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
40	<u> </u>	nd fin	nosol	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ina iina	mulai	
00	statements available to the public.	h		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza SIMON YU - (202) 667-4690	uon: •		
	1628 16TH STREET, NW, WASHINGTON, DC 20009-3099			
	2020 2011 DINEDIT MAY MEDITAGE DO BOOK SONS	Form	990	(2009)

932006 02-04-10

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.

Check this box if the organization did not		y current officer, director (C)							(E)	(F)
(A) Name and Title	(B) Average			ر) Pos				(D) Reportable	(E) Reportable	(F) Estimated
Traine and The	hours	(cl				app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	institutional trustæe	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PHITSAMAY SYCHITKORHONG UY										
SEARAC BOARD MEMBER		X				<u> </u>		0.	_0.	0.
WILLIE N. NGUYEN										
VICE CHAIR		Х	_					0.	0.	0.
RATTANA YEANG						l		_		
SEARAC BOARD MEMBER		X			L.	<u> </u>		0.	0.	0.
CHRISTINE KIM-TAI PLAUTZ								_	_	_
TREASURER		X					_	0.	0.	0.
WAYNE E. WRIGHT								_	_	_
SEARAC BOARD MEMBER		X				ļ		0.	0.	0.
JAY STANSELL	1									
SEARAC BOARD MEMBER		Х		ļ	_	<u> </u>		0.	0.	0.
THAOMEE XIONG							ĺ		•	
SEARAC BOARD MEMBER		X	ļ	<u> </u>		╁		0.	0.	0.
MARK FRANKEN								0.	0	_
AT-LARGE		Х	 	-	-	╁		U .	_0.	0.
VAN Q, HUYNH		X	1	1				0.	0.	_
SEARAC BOARD MEMBER		Λ	 	-		\vdash	-	<u> </u>	0.	_0.
SARAH R. KITH]	X	ļ	j				0.	0.	0.
CHAIR ADOLDING OF		A	╁	 		-		0.	<u> </u>	
STEVE AROUNSACK		Х						0.	0.	0.
SEARAC BOARD MEMBER YUVORA NONG		Α.	-	-	-	\vdash	_			
SEARAC BOARD MEMBER		x						0.	0.	0.
CAROLYN LEUNG RUBIN	- 	1		\vdash		 -	\vdash			
SEARAC BOARD MEMBER		х						0.	0.	0.
RIM THUY SEELINGER		 		†		-				
SECRETARY	Ì	x						0.	0.	0.
DOUA THOR	1	<u></u>	1	t		T	\vdash			
EXECUTIVE DIRECTOR	40.00			X				75,290.	0.	0.
		 	-			\vdash				
			l							

Par	VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B) (C)							(D)	(E)		(F)	
	Name and title	Average	١		Posi				Reportable	Reportable		Estima	
		hours per week	Individual trustae or director	nstitutional frustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amour othe compen from organiz and rel organiza	er sation the ation ated
			٥	Ë	5	포	₹ 2	-B				-	
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1 b	Total						▶		75,290.		•		0.
2	Total number of individuals (including but	not limited to the	hose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable			0
	compensation from the organization											Ye	
3	Did the organization list any former officer			e, ke	y en	nplo	уее,	or I	highest compensated er	nployee on			.,
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			omr	one.	atio	0.20	d ot	her compensation from	the organization	-	3	X
4	and related organizations greater than \$15									the organization		4	x
5	Did any person listed on line 1a receive or	accrue compe	nsa	tıon						ices rendered to		_	v
Sec	the organization? If "Yes," complete Scheittion B. Independent Contractors	dule J for <u>such</u>	pen	son		-						5	<u> </u>
1	Complete this table for your five highest of	ompensated in	dep	end	ent d	cont	ract	ors 1	that received more than	\$100,000 of compe	nsat	on from	1
	the organization. NONE								(B)			(C)	· · · -
	(A) Name and busines	s address							Description of s	services	Coi	npensa	tion
-				-		_		-		-	-		
						_			-				
2	Total number of independent contractors	(including but	not l	limite	ed to	the	ose i	ste	d above) who received r	nore than			
	\$100,000 in compensation from the organ						0						O 15 -
											F	orm 99	0 (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 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 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 Benefits paid to or for members				a'm - dd da aa a ddalaaa
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	75,290.	62,320.	10,416.	2,554.
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	351,386.	321,354.	17,638.	12,394.
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits	74,913.		74,913.	
10	Payroll taxes	40,162.		40,162.	
11	Fees for services (non-employees).				
а	Management				
b	·				
c					
d					
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	56,171.	10,875.	45,296.	
17	Travel	115,345.	104,817.	4,252.	6,276.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			711	
22	Depreciation, depletion, and amortization	711.	500	711.	
23	Insurance	4,175.	500.	3,675.	······································
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а		245,880.	212,568.	33,312.	
b		47,045.	9,524.	37,518.	3.
C		30,362.	20,838.	8,929.	595.
d		18,414.	14,173.	4,117.	124.
e	PRINTING	4,660.	2,891.	1,285.	484.
f	All other expenses	8,696.	2,683.	5,063.	950.
25	Total functional expenses. Add lines 1 through 24f	1,073,210.	762,543.	287,287.	23,380.
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation				Form 990 (2009)

932010 02-04-10

art X	-		(A) Beginning of year		(B) End of year
	Cook and interest house		Doging or your	1	
1	Cash - non-interest-bearing		416,177.	2	145,945.
2	Savings and temporary cash investments Pledges and grants receivable, net			3	
3			10,974.	4	321,474.
4	Accounts receivable, net Receivables from current and former officers, dii	rootore truetage kay			······································
5	employees, and highest compensated employee				
İ	of Schedule L	es. Complete i ait ii		5	
6	Receivables from other disqualified persons (as	defined under section			
"	4958(f)(1)) and persons described in section 495				
İ	Part II of Schedule L	occoronal. Complete		6	
, 7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
į 9	Prepaid expenses and deferred charges		2,669.	9	15,565
1	Land, buildings, and equipment: cost or other				
''	basis. Complete Part VI of Schedule D	10a 80,864.			
١,	b Less: accumulated depreciation	10b 79,282.	2,293.	10c	1,582
11	Investments - publicly traded securities		11	<u> </u>	
12	Investments - other securities. See Part IV, line		12		
13	Investments - program-related. See Part IV, line		13		
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	1,100.	15	3,272	
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	433,213.	16	487,838
17	Accounts payable and accrued expenses	80,334.	17	52,260	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21 و	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Payables to current and former officers, director	rs, trustees, key employees,			
21 22	highest compensated employees, and disqualif	ed persons. Complete Part II			
5	of Schedule L			22	<u> </u>
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities. Complete Part X of Schedule D			25	
26			80,334.	26	52,260
	Organizations that follow SFAS 117, check h	ere ▶ X and complete	İ		
န္မ	lines 27 through 29, and lines 33 and 34.				140 400
22 29 29 29 29 29 29 29 29 29 29 29 29 2	Unrestricted net assets		57,327.		140,439
g 28	Temporarily restricted net assets		295,552.	28	295,139
<u> </u>	•			29	
Ī	Organizations that do not follow SFAS 117, or	heck here			
Ď	complete lines 30 through 34.				
န္တ 30				30	
ຊຶ່ 31	Paid-in or capital surplus, or land, building, or e			31	
32	_	ncome, or other funds	252 070	32	135 570
z 33	_	-	352,879.	33	435,578
34	Total liabilities and net assets/fund balances		433,213.	34	487,838

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			.,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Į	х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	-		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	agn	2000

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Inspection

Name of the organization

COUNTRACE ACTA DECOUDED ACETON CENTED

Employer identification number 52-1161473

Dort F	Doccor 4		ty Status (All organiz					ructions	<u> </u>	-1101	1 / J	
Part I			ty Status (All organiz					iuctions.				
		·	pecause it is: (For lines 1									
1			s, or association of churc		nbea in se	ction 1/U	(D)(1)(A)(I)					
2			0(b)(1)(A)(ii). (Attach Sci			470/L\/4\/	AVGIII					
3			al service organization of					(L\/4\/A\/;;;	\ Entorth	o hoontal	'e nam	
4 📖			pperated in conjunction	wπn a nos	pital descr	ibea in se	Ction 170	(D)(1)(A)(III). Enter tri	e nospitai	S nam	ie,
_ 🗀	city, and state		C1 (II						desember			
5			penefit of a college or un	niversity ov	wnea or op	erated by	a governr	nentai unit	described	3 111		
. —		(b)(1)(A)(iv). (Comple	•			4 = 0 (1) (4						
6			ent or governmental unit									_
7 X	-		eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general pi	ublic desc	ribea i	n
. \square		b)(1)(A)(vi). (Complet			5							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
9 🗀												
			octions - subject to certa									
			exable income (less sect	ion 511 ta	x) trom bu	sinesses a	acquirea b	y tne orga	nization ai	ter June 3	0, 197	5.
40		509(a)(2). (Complete	•		f-t- C		- E00/a\/A					
10	-		perated exclusively to tes						out the r		f one	or
11			perated exclusively for the									OI .
			itions described in section). See se c	cuon so s ta	ij(S). Onet	K IIIE DOX	lliai	
			organization and comple	_	e III - Func		caratad		d 🗀	Type III - (Thor	
_	a Type I		」Type II o t the organization is not			•	•	more disc		• •		n
e			han one or more publicly									
f		-	ten determination from t						(a)(1) 01 3	ection soc	(G)(Z)	
•	-	rganization, check th		ine ino ina	анныату	pe i, Type	ii, oi Type	7 111				
~		~	rganization accepted ar	ov alft or co	ontribution	from any	of the follo	nwing ners	one?			ليسسا
g			rectly controls, either al								Yes	No
			upported organization?	one or tog	CUICI WILLI	poisons	icsoribca i	iii (ii) ai la (i	ii, 501011,	11g(i)	1.00	
	•	• •	described in (i) above?							11g(ii)	·	
		· ·	person described in (i) of		e?					11g(iii)		
h			about the supported or									•
••	Trovide and is	onoming intermedion	asout the supported of	gameanon	(0).							
• •	of supported anization	(ii) EIN	described on lines 1-9	(iv) Is the organization (v) Did you notify in col (i) listed in your organization in cogoverning document? (i) of your support				(vi) Is organizatio (i) organization U S	on in col ed in the	(viı) Ar sup	nount o	of
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
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Total												
I HA For I	Privacy Act ar	nd Panerwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Form	990 or 9	90-EZ	2009

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Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 SOUTHEAST ASIA RESOURCE ACTION CENTER 52-1161473 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007(d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in)▶ 1 Gifts, grants, contributions, and membership fees received. (Do not 759,763. 817,591. 959,985. 625,211. 1,094,446. 4,256,996. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 959,985. 817,591. 759,763. 625,211. 1,094,446, 4,256,996. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,700,760. 2,556,236. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 817,591. 959,985. 759,763. 625,211. 1,094,446 4,256,996. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,759. 1,564. 2,842 1,464 8,861. 1,232. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 59,024. 60,107. 277,043. 47,352. 71,248. 39,312. assets (Explain in Part IV) 4,542,900. 11 Total support. Add lines 7 through 10 3,675. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage $56.\overline{27}$ 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 68.17 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)			<u> </u>		 	 	
_	First five years. If the Form 990 is for	r the organization	's first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	organization,	
	check this box and stop here				•		▶□	
Se	ction C. Computation of Pub	ic Support Pe	ercentage					
15	Public support percentage for 2009	line 8, column (f) c	divided by line 13,	column (f))		15	%	
16	16 Public support percentage from 2008 Schedule A, Part III, line 15							
Se	ction D. Computation of Inve	stment Incom	ne Percentage	<u> </u>				
17	Investment income percentage for 2	009 (line 10c, colu	mn (f) divided by l	ne 13, column (f))	17	%	
18	Investment income percentage from	2008 Schedule A,	, Part III, line 17			18	%	
198	a 33 1/3% support tests - 2009. If the	organization did	not check the box	on line 14, and li	ne 15 is more than	33 1/3%, an	d line 17 is not	
	more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶	
t	33 1/3% support tests - 2008. If the	organization did	not check a box o	n line 14 or line 1	9a, and line 16 is m	nore than 33	1/3%, and	
	line 18 is not more than 33 1/3%, ch	eck this box ands	top here. The org	anızatıon qualifies	s as a publicly supp	orted organi	zation	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	nstructions	▶□	
					Sc	hedule A (F	orm 990 or 990-EZ) 2009	
9320	23 02-08-10							

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

SOUTHEAST ASIA RESOURCE ACTION CENTER

Employer identification number 52-1161473

Par		ed Funds or Other Similar Funds	or Accounts. Complete if the					
1,44	organization answered "Yes" to Form 990, Part IV, line 6.							
	Organization answered Tes to Form 550, Fait (1) in	(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								
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the appets held in depart advises	d funds					
3			Yes No					
	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co						
Pa	Impermissible private benefit?	position annuared "Yes" to Form 000. Po						
		 	it iv, iiile 7.					
1	Purpose(s) of conservation easements held by the organizat		and the same and a set to set a second					
	Preservation of land for public use (e.g., recreation or p		orically important land area					
	Protection of natural habitat	Preservation of a certific	ed historic structure					
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation 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 sti	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax					
	year ►							
4	Number of states where property subject to conservation ea	sement is located -						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements dur	ring the year 🕨					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	he year ▶ \$					
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense s	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes th	ne organization's accounting for					
	conservation easements.		·					
Pa	朮間 Organizations Maintaining Collections o	of Art, Historical Treasures, or Oth	ner Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and bala	ance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide, in Part XIV, the text of					
	the footnote to its financial statements that describes these	items.						
Ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	e sheet works of art, historical treasures,					
	or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to							
	these items:							
	(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 tre	easures, or other similar assets for financial o	gain, provide					
	the following amounts required to be reported under SFAS 1		• •					
а	Revenues included in Form 990, Part VIII, line 1		▶ \$					
ь	Assets included in Form 990, Part X		▶ \$					
_			•					
LHA	For Privacy Act and Danamucric Reduction Act Nation and	a the Instructions for Form 000	Sahadula D (Farm 000) 0000					

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities.	See Form 990, Part X, lir	e 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Cc	(c) Method of valuatest or end-of-year mark	
Financial d	envatives				
Closely-hel	d equity interests				
					
				<u> </u>	_
					
T-4-1 (0 ::	(b) must soud Form 000 Dad V and (D) to a 40 b				
Down Mile	(b) must equal Form 990, Part X, col (B) line 12)	Soo Form COO Bort V			
rait VII	Investments - Program Related.		110 13.	(c) Method of valua	tion:
	(a) Description of investment type	(b) Book value	c	ost or end-of-year mark	
					
					
				· · · · 	
					······································
				·	
	(b) must equal Form 990, Part X, col (B) line 13)				
	Other Assets. See Form 990, Part X, I	ine 15.			
		(a) Description			(b) Book value

		. <u> </u>			
			··· ·		
·				-	<u> </u>
					· · · · · · · · · · · · · · · · · · ·
Total //-	huma (b) must aqual Form 000 Part V and (D)	line 15)		•	
Part X	lumn (b) must equal Form 990, Part X, col (B) Other Liabilities. See Form 990, Part	X. line 25.			
1.	(a) Description of liability	7.,	(b) Amount		
-	come taxes		, ,		
· odejai iii	como tanto			7	
-				1	
				7	
				7	
		-		7	
				7	
				7	
•		-			
Total. (Co	olumn (b) must equal Form 990, Part X, col (B)	line 25.)		<u></u>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

Sche	edule D (Form 990) 2009 SOUTHEAST ASIA							161473	Page 4
Par	rt XI Reconciliation of Change in Net Assets	from Form 990 to	Audit	ed Finan	cial S	taten	nents	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1			1,156	
2	Total expenses (Form 990, Part IX, column (A), line 25)				2			1,073	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3			82	,807.
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				100
8	Other (Describe in Part XIV.)				8				-108.
9	Total adjustments (net). Add lines 4 through 8				9				$\frac{-108}{600}$
10	Excess or (deficit) for the year per audited financial statemen	nts. Combine lines 3 and	9	ith Dayo	10	or Do	turn	82	<u>,699.</u>
	Int XII Reconciliation of Revenue per Audited		112 44	IIII Neve	ilue pi	ei ne	1	1,155	909.
1	Total revenue, gains, and other support per audited financia					-		1/133	,,,,,,
2	Amounts included on line 1 but not on Form 990, Part VIII, li	ine 12.	2a						
a	•		2b						
b	-		2c						
c	, ,		2d		-10	18.			
d	·		20				a		-108.
	•					-	2e	1,156	017
3	Subtract line 2e from line 1	. 1 4 .				H	3	1,130	,017.
4	Amounts included on Form 990, Part VIII, line 12, but not or		ا م ا	l					
a		ne 7b	4a						
þ	,		4b	_			.		0.
С							4c	1,156	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 99	90, Part I, line 12.)	-t- V	Mith Evne			5		,017.
	art XIII Reconciliation of Expenses per Audited		ents v	vitn Expe	enses	per r		1,073	210
1	Total expenses and losses per audited financial statements					-	1	1,073	,210.
2	Amounts included on line 1 but not on Form 990, Part IX, lin	ne 25:		I		İ			
а	Donated services and use of facilities		2a						
b	Prior year adjustments		2b						
C	Other losses		2c						
d	d Other (Describe in Part XIV.)		2d						^
e	Add lines 2a through 2d					-	2e	1 070	0.
3	Subtract line 2e from line 1					Ļ	3	1,073	,210.
4	Amounts included on Form 990, Part IX, line 25, but not on	line 1.	i	1		İ			
а	Investment expenses not included on Form 990, Part VIII, li	ne 7b	4a						
b	Other (Describe in Part XIV)		4b	<u> </u>					_
C	Add lines 4a and 4b					_	4c		0.
5		990, Part I, line 18.)					5	1,073	,210.
Pa	art XIV Supplemental Information								
Com	mplete this part to provide the descriptions required for Part ${ m II},$	lines 3, 5, and 9; Part III,	, lines '	1a and 4; Pa	art IV, lir	nes 1b	and 2	b; Part V, line	4; Part
X, lın	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line	es 2d and 4b. Also compl	ete thi	s part to pro	ovide an	y addi	tional	information.	
					-				
T 7 I	DE VI IINE O OBUED ADIUCEMEN	TMC .							
PAI	ART XI, LINE 8 - OTHER ADJUSTMEN	NTS:							
T TATE	IDEALTZED TOCC ON THUECOMENIC								
OM	REALIZED LOSS ON INVESTMENTS	- -							
	=			-	-	-	-		-
		 							
PAI	ART XII, LINE 2D - OTHER ADJUSTM	MENTS:							
				-					
UNI	REALIZED LOSS ON INVESTMENTS								
				_					
						-			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization

SOUTHEAST ASIA RESOURCE ACTION CENTER

Employer identification number 52-1161473

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REFUGEES AND EDUCATING THE GENERAL PUBLIC OF THEIR SITUATIONS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LEADERSHIP TRAINING INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 26240. ADVOCACY INITIATIVE **EXPENSES \$ 19287.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. HELP (TCE) REVENUE \$ 0. **EXPENSES \$ 105033.** INCLUDING GRANTS OF \$ 0. **CENSUS** EXPENSES \$ 6729. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. HELP CENTRAL VALLEY EXPENSES \$ 3824. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CA ADVOCACY EXPENSES \$ 67469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. AAPIP EXPENSES \$ 243. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CONSUMER ACTION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SOUTHEAST ASIA RESOURCE ACTION CENTER

Employer identification number 52-1161473

INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 6750. GENERAL T&TA INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 6944. COMMUNITY LEADERSHIP REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 22970. ORR IDA EXPENSES \$ 9540. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NEIGHBOR WORKS EXPENSES \$ 7718. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. DECI **EXPENSES \$ 18803.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART V, LINE 3B: NOT APPLICABLE

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR AND FINANCE

MANAGER, WITH INPUT FROM THE ACCOUNTING CONSULTANT, REVIEW AND APPROVE THE

FORM 990 BEFORE IT IS FILED. A COPY OF THE FILED FORM 990 IS PROVIDED AT

THE REQUEST OF ANY BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR IS DETERMINED BY THE BOARD. THE COMPENSATION FOR ALL OTHER

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211

92-03-10

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

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHEAST ASIA RESOURCE ACTION CENTER

Employer identification number 52-1161473

Occination in the second secon
PERSONNEL IS DETERMINED BY THE EXECUTIVE DIRECTOR. THERE IS A PROCESS IN
PLACE FOR ALL STAFF WHICH INCLUDES DOCUMENTED ANNUAL REVIEWS. COST OF
LIVING AND RESEARCH BY FOUNDATIONS ON COMPARABLE SALARIES IS TAKEN INTO
CONSIDERATION.
FORM 990, PART VI, SECTION C, LINE 18: AT ITS WASHINGTON DC OFFICE, SEARAC
KEEPS COPIES OF ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION.
FORM 990, PART VI, SECTION C, LINE 19: AT ITS WASHINGTON DC OFFICE, SEARAC
KEEPS COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION.

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

mena	nevalue service				
•	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🕱		
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi				
Pai					
A cor	poration required to file Form 990·T and requesting an automatic 6-month extension - check this box and com	plete			
	lonly	· 	▶ □		
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar a income tax returns.	exten	sion of time		
Elect noted (not a you n	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or connust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file for gov/efile and click on e-file for Chartles & Nonprofits.	cally if nsolida	(1) you want the additional ated Form 990-T. Instead,		
Туре		Employer identification number			
print		F2 11C1A72			
File by	the term of the letter Number, street, and room or suite no. If a P.O. box, see instructions.		2-1161473		
due da filing yo	ing ping (
return Instruct	See				
	WASHINGTON, DC 20009-3099		<u></u>		
Chec	* type of return to be filed (file a separate application for each return):				
	Form 990 Form 990-T (corporation) Form 47	20			
A	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52				
Ħ	Form 990-EZ Form 990-T (trust other than above) Form 60				
	Form 990-PF	370			
Te • If t • If t	SIMON YU ne books are in the care of 1628 16TH STREET, NW - WASHINGTON, DC 2 elephone No. (202) 667-4690 FAX No. the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is for	the whole group, check this		
box]	. If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the extension will cover		
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untoward and the interval of the organization return for the organization named at its for the organization's return for: Calendar year or		The extension		
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period		
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		_		
	nonrefundable credits. See instructions	3a	\$		
Þ	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	30			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).				
	See instructions	3с	\$ N/A		
Caut	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.		
	·		• •		

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

Form 8868 (Rev. 4-2009)