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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Form **990-EZ** (2011)

Cat. No 106421

A	Fo	r the 2	2011 calenda	ar year, or tax year beginning , 2011, and endi	Ť.			, 20			
В	Che	eck if ap	plicable	C Name of organization	ום			entification number			
] Ad	Address change Triangle Area Chinese American Society				58-1543506					
Ē] Na	ıme char	nge					E Telephone number			
] Ind	tial retun	n	P.O. Box 1041	1	9193191617					
Ļ	=	rminated		City or town, state or country, and ZIP + 4	F Grou	Group Exemption					
F	= '	nended r		Cary, NC 27512			Number ▶				
_		·	pending	☐ Cash	Тно	heck h	eck ► if the organization is not				
			ing Method:					ach Schedule B			
٠.		ebsite		/www.nctacas.org eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	l	•		I-EZ, or 990-PF).			
_					<u></u>						
K		neck ►		e organization is not a section 509(a)(3) supporting organization or a section 527 organ							
				0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard	ı) may	pe req	uirea (s	see instructions). But ii			
				oses to file a return, be sure to file a complete return.	annota :	(Dort II					
L				b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	155et5	(Fart II,					
_				w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		• •	\$				
	Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Balances (see							
			Check if	the organization used Schedule O to respond to any question in this P	art I			<u>/</u>			
	Т	1	Contribution	ons, gifts, grants, and similar amounts received		[1	3,536			
		2	Program s	ervice revenue including government fees and contracts		[2	53,534			
7I.N7		3		ip dues and assessments		[3	6,054			
<i>5</i> 3		4	Investmen			[4	1,030			
•	1	5a		ount from sale of assets other than inventory 5a		- 1					
r3	- 1	Ь		or other basis and sales expenses							
406		c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c				
		6	•	nd fundraising events	•	`	1				
SCANNE		-	_	ome from gaming (attach Schedule G if greater than							
الين	a	а					i				
	2		•	·							
3	<u> </u>	b		ome from fundraising events (not including \$ of contrib	utions	•					
٧Ž١	¥			raising events reported on line 1) (attach Schedule G if the							
W	-			ch gross income and contributions exceeds \$15,000) 6b							
	- 1	С	Less: direc								
	- }	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	d sub	tract					
			line 6c)				6d				
	1	7a	Gross sale	s of inventory, less returns and allowances			l				
		b		of goods sold			i				
		С	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
		8	Other reve	nue (describe in Schedule O)			8				
		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	64,154			
-	寸	10	Grants and	d similar amounts paid (list in Schedule O)	[10	3,000			
		11		aid to or for members	ا		11				
	- 1	12		I & '	12		12				
	<u>se</u>			ther compensation, and employee benefits	O		13	1,920			
	Expenses	14 Occupancy, rent, utilities, and maintenance						22,242			
	ΧI							3,730			
	-	15	Other eve	enses (describe in Schedule O)	.	• •	15 16	24,917			
	- 1	16					17	55,809			
-	\dashv	17	готагехр	enses. Add lines 10 through 16	• •	. 🖊	-				
	<u>ي</u>	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	8,345			
) še	19		s or fund balances at beginning of year (from line 27, column (A)) (must			ا ۔۔ ا	4=4 = 2 =			
	Net Assets		-	ar figure reported on prior year's return)			19	170,705			
	萝	20		nges in net assets or fund balances (explain in Schedule O)			20	(957)			
	~	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20		. ▶	21	178,093			

For Paperwork Reduction Act Notice, see the separate instructions.

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	140
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		√
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d e	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	Telephone to A	919-31	01617	
42a	The organization's books are in care of ▶ Suping Chiao Located at ▶ 103 Stanley Ct., Cary, NC 27513 ZIP + 4 ▶		513	!
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	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.			,
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	<u>_</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	► ⊔ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	169	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		1

Form 990)-EZ (20	011)							P:	age 4
,								:]	Yes	No
		ne organization engage, directly or in		. •						
		ndidates for public office? If "Yes," of		•				46		1
Part V		Section 501(c)(3) organizations								
		501(c)(3) organizations and section			trusts mu	st answer	questi	ons 47	7–49t)
	1	and 52, and complete the tables	for lines 50 and 51		_					•
	- 1	Check if the organization used Sch	edule O to respond	to any question i	n this Part	VI		<u> </u>		
						-]	Yes	No
		ne organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(h) elec	ction in effe	ect during t	he tax	47		1
48	ls the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedule	εE		48		1
		ne organization make any transfers to						49a		1
		s," was the related organization a se	•	_				49b		1
		plete this table for the organization's					ectors,	truste	es an	d key
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganızatıon.	If there is r	one, er	nter "N	one."	
			(b) Title and average	(c) Reportable		ealth benefits,				
	(a) Na	ame and address of each employee -paid more than \$100,000	hours per week	compensation	bonofit of	ions to employ ans, and defer		Estimated ther com		
			devoted to position	(Forms W-2/1099-MIS		mpensation			F	
		number of other employees paid over		• • — — — —		_				
51	Comp	plete this table for the organization's	s'five highest compe	ensated independe	ent contrac	tors who e	ach rec	eived	more	than
	\$100,	000 of compensation from the organ	nization. If there is no	one, enter "None."						
(a) N	lame a	nd address of each independent contractor pair	d more than \$100,000	(b) Type of :	service		(c) Corr	pensatio	on	
				-						
				-						
		· · · · · · · · · · · · · · · · · · ·								
				-						
				-						
	•	<u>\</u>	•	-41	· · · · · ·	-	,			<u>·</u>
				-						
d	Takal		-A							
_		number of other independent contra	•			47(.)(4)	.			
		ne organization complete Schedule A kempt charitable trusts must attach a			ons and 49	47(a)(1)		71 V		\.
		'			• • •		_	✓ Yes		No.
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					ıy knowle	age and) belief,	, it is
Sign		Signature of officer Date				Date	2			
						Date				
Here		Suping Chiao Type or print name and title								
	_Ļ		Propagatio conchima	· · · · · · · · · · · · · · · · · · ·	Date	- · · · · · · · · · · · · · · · · · · ·		PTIN		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check		~ IIN		
Prepa	arer		se			elf-employed				
Use C	Only	Firm's name ▶				Firm's EIN ▶				
May th	o IDS	Firm's address discuss this return with the property	shown shows? See	inatruations		Phone no.				
ıvıay t∩	ら コロシ	discuss this return with the preparer	SHOWI ADOVE! See	mstructions			. 🏲	☐ Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

Triangle Area Chinese American Society 58-1543506 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN (vii) Amount of (vi) Is the in col. (i) listed in your the organization in organization in col organization (described on lines 1-9) support col. (i) of your governing document? (i) organized in the above or IRC section. support? (see instructions)) No Yes Yes (A) (B) (C) (D) (E)

Total

Schedu	e A (Form 990 or 990-EZ) 2011					6 1	Page 2
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	<u> </u>
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support					<u>. </u>	. ,
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			•			•
	membership fees received. (Do not include any "unusual grants.")		-				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		-	-		-	
ġ	Net income from unrelated business' activities, whether or not the business is regularly carried on	,	,	10	-		3
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					,	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	-	-			12	
13	First five years. If the Form 990 is for the						
N 41	organization, check this box and stop he			· · · · ·		· · · · ·	· · •
	on C. Computation of Public Suppor			1 and (and (b)			
14 15	Public support percentage for 2011 (line 6) Public support percentage from 2010 Sch					15	<u> </u>
16a	331/3% support test—2011. If the organic						
	box and stop here. The organization qua						
b	331/3% support test-2010. If the organ	-		•	16a, and line	15 is 331/3%	
	check this box and stop here. The organ						▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	line 14 is Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and st	op here.
-	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

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					,,	2.30
Calen	dar year (or fiscal year beginning in)	(a) 2007 .:	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees				•		:
	received. (Do not include any "unusual grants.")	12,600	9,238	11,903	11,370	9,590	• 54,701
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.	39,622	48,607	54,182	46,865	53,534	242,810
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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	52,222	57,845	66,085	58,235	63,124	297,511
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						
C	Add lines 7a and 7b						
8	line 6.)						297,511
Secti	on B. Total Support						237,311
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	∴ (d) 2010	(e) 201,1	(f) Total
9	Amounts from line 6	52,222	57,845	66,085	58,235	63,124	297,511
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources .	5,326	2,914	486	842	1,030	10,598
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
С	Add lines 10a and 10b	5,326	2,914	486	842	1,030	10,598
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or		1		<u> </u>		-,, -
12	loss from the sale of capital assets (Explain in Part IV.)		·			 - -	
13	Total support. (Add lines 9, 10c, 11, and 12.)	57,548	60,759	66,571	59,077	64,154	308,109
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization		d, third, fourth	, or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line			3. column (f))		15	96.56 %
16	Public support percentage from 2010 Sci		•			16	95.59 %
	on D. Computation of Investment In						
17	Investment income percentage for 2011			y line 13, colur	nn (f))	17-	3.44 %
18 ·	Investment income percentage from 2010	Schedule A,	Part III, line 17			18	4.41 %
19a	331/3% support tests-2011. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m		
	. 17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	ion > 🗸
b	331/3% support tests - 2010. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 🔲

	Form 990 or 990-EZ) 2011	Page 4
Part IV	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. Also complete this part for any additional information. (See	
•	instructions).	
3 , , ,		
	· · · · · · · · · · · · · · · · · · ·	
••••••		
		•

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Triangle Area Chinese American Society			58-1543506
Form 990-EZ Part I #10 - Grants and similar amounts:			3,000
Raleigh Chinese Language School - P.O. Box, Raleigh,	NC 27636	1,600	
Atlanta ROC 100 - 5377 New Peachtree Road, Chambles	e, GA 30341	300	
Families with children from China - 4020 St. Edmunds L	n., Apex, NC 27539	750	
Forest Hills Baptist Church - 201 Dixie Trail, Raleigh, N	27607	100	
International Buddhist Progress Society - 2529 Prince D	Drive, Raleigh, NC 27606	250	
Form 990-EZ Part I #16 - Other expenses:			24,917
Advertisement	893	•	
Insurance	370		
Web Hosting	120		
Material/ Supply	21,653		
Miscellaneous	1,881		
Form 990-EZ Part III #20 - Other changes in net assets or fund	i balances:		(957)
Due to Change in Market Value	-		
Form 990-EZ Part III #31 - Other Program services:			10,938
Printing/ Postage	2,731		
Facility Rent	257		·
PO Box Fee	46		
Storage Rent	3,360		
Incurança	370		