

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2013 calend	ar year, or tax year begin	ning		07-01	, 2013, and er	nding		06-3	0 , 2014
В	Check if a	applicable	C Name of organization Asia	n American	Federation, I	nc.				□□□□	Employer Identification no
	Address	change	Doing Business As							1	3-3572287
	Name cha	ange	Number and street (or P O b	ox if mail is not de	elivered to street address)	)		Room/st	ute	E	Telephone number
	Initial retu	ım	120 Wall Street					FLR	9	Lo	212)344-5878
	Terminate	ed	City or town, state or province	e, country, and ZII	or foreign postal code						1,615,141
	Amended	return	New York, NY 100	05						G	Gross receipts \$
	Application	on pending	F Name and address of princ	pal officer Jo	-Ann Yoo			1			
		_	Same as C above					H(a)	Is this a gro subordinate	oup return es?	Yes X No
	Tax-exen	npt status X	501(c)(3) 501(c)(	) <b>《</b> (insert no	) 4947(a)(1) or	527		Н(Ь)	Are all sub	ordinates	included? Yes No
J	Website	▶ www	.aafederation.org					H(c)	If "No," atta Group exer	ich a list nption nu	included? Yes No (see instructions)
ĸ	Form of c	organization X	Corporation Trust Ass	sociation O	ther 🕨	L Ye	ear of formation 1	989	M State		
Pa	ırt I	Summar	у					-			
	1	Bnefly descri	be the organization's mission	n or most sign	ificant activities	The As:	ian American	Fede	ration's	s miss	ion is to
4		raise the	influence and well	-being of	the pan-Asian	American	community t	hrough	resea	rch,	
Activities & Governance		policy ad	vocacy, public awar	eness and	organizational	develop	ment.				
ī.											
ove.	2	Check this bo	ox 🕨 🗌 if the organization	discontinued	its operations or disp	osed of mor	re than 25% of its	s net ass	ets		
Ğ	3	Number of vo	oting members of the gover	ning body (Par	t VI, line 1a) .					3	6
SS	4	Number of in	dependent voting members	of the govern	ing body (Part VI, line	e 1b) .				4	6
ŧ	5	Total number	r of individuals employed in	calendar year	2013 (Part V, line 2a	a)				5	7
Ę	6	Total number	r of volunteers (estimate if n	ecessary)						6	
٩	7a	Total unrelate	ed business revenue from F	Part VIII, colum	n (C), line 12 .					7a	0
	ļь	Net unrelated	d business taxable income f	rom Form 990	-T, line 34					7b	0
								P	rıor Year		Current Year
	8	Contributions	and grants (Part VIII, line 1	h)			[		1,557	,284	1,399,635
Revenue	9										0
Ver	10	Investment in	ncome (Part VIII, column (A	), lines 3, 4, an	d 7d)		[		7	,734	17,395
8	11	Other revenu	ie (Part VIII, column (A), line	es 5, 6d, 8c, 9d	, 10c, and 11e)		[		267	,466	198,111
	12	Total revenue	e - add lines 8 through 11 (r	nust equal Par	t VIII, column (A), lin	e 12)	[		1,832	,484	1,615,141
	13	Grants and s	imilar amounts paid (Part I)	(, column (A),	ines 1-3)				217	,100	173,995
	14	Benefits paid	to or for members (Part IX,	∞lumn (A), lıı	ne 4)		[				0
w	15	Salaries, other	er compensation, employee	benefits (Part	IX, column (A), lines	5-10)			682	,963	649,220
Se	16a	Professional	fundraising fees (Part IX, co	olumn (A), lıne	11e)		[				0
2 ja	b		sing expenses (Part IX, colu			1	58,511				
દ્ધ ⊍ાઝ Expenses	17	Other expens	ses (Part IX, column (A), Iเก๋	es 11am ( 17	1-24g)/上门··				787	,958	646,790
Э	18	Total expens	es Add lines 13-17 (must	equal Partix,	column (A), line 25),	$\langle   \dots  $	[		1,688	,021	1,470,005
<b>⇒</b>	19	Revenue les	s expenses. Subtract line	数mpm line 12		<u> </u>	<u> </u>		144	,463	145,136
2 6	<u> </u>			MAY	2 1 2015			Beginnin	g of Current	Year	End of Year
Seets of	20	Total assets	(Part X, line 16)	<b>₩</b>	<u> </u> ĕ	<u>-</u>			903	,745	1,028,509
Net Assets or	21	Total liabilitie	s (Part X, line 26)	·· OCT	EN · HT.				59	,406	8,790
IJ.,	- 22		r fund balances Subtract III	ne 21 from line	2010, 01	_!			844	,339	1,019,719
	art II		re Block								
			lare that I have examined this retulated the return that I have examined this return of the that I have examined the return of t					knowledge	and belief,	it is	
<u>))                                    </u>		I	- h	0	$\overline{}$		· · · · · · · · · · · · · · · · · · ·				
•			nn Yoo	u V							
Sig		Signatu	re of officer	1 4						Date	-11-15
He	re	1 <b>-</b>	nn Yoo, Executive D	irector							-//- /^
		Type or	print name and title								
_		Print/Type pr	eparer's name	Preparel Asig	ature	D	ate		Check 📙	ıf PT	IN
Pai			M Baticulon	Hernes M	Micron	04	-24-2015	$\downarrow \downarrow$	self-employe	ed	P01274668
	parei		Padilla	and compan	Y LLP			Firm's E	IN P		
Us	e Onl	Y Firm's addres	is ▶ 175-61 H	illside A	enue Ste 200			Phone r	10		
			Jamaica	NY 11432					71	8-558	
May	the IRS	S discuss this r	return with the preparer sho	wn above? (se	e instructions)	<u></u>	<u></u>	<u></u>	<u></u>		🗌 Yes 🔀 No
For	Paperv	work Reduction	on Act Notice, see the se	parate instru	ctions.						Form 990 (2013)

EEA

	1990 (2013) Asian American Federation, Inc.	13-3572287	Page 2
Pa	rt III. Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Bnefly describe the organization's mission		
	The Asian American Federation's mission is to raise the influence and well-being of the		
	pan-Asian American community through research, policy advocacy, public awareness and		
	organizational development.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	No No
	If "Yes," describe these new services on Schedule O	· · · · — · · ·	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	🛚 No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported		
	(Code: ) (Expenses \$ 1,249,089 including grants of \$ 173,995 ) (Revenue	\$	<u> </u>
	See SERVICES page for a description of this program service.	Ψ	′
	gage tel a description of only program bolivion.		
			<del></del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
	See SERVICES page for a description of this program service.		<del> </del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
	See SERVICES page for a description of this program service.		
4d	Other program services (Describe in Schedule O )	,	
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ▶ 1,249,089	)	
	rotal program control expenses		

Page 3 Asian American Federation, Inc. Part IV. **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes." complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d 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 Χ 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 If "Yes," complete Schedule G, Part III X

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

20b

Form 990 (2013)

Asian American Federation, Inc.

Part IV: Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	employees? If "Yes," complete Schedule J	23		<u>X</u>
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 Schedule K If "No," go to line 25a	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			
	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		_ <u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
00	entity or family member of any of these persons? 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)	_		-: -
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		v
	Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
29 -	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
٥.		31		Х
32	Part I	JI		
<b>-</b>	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		-	
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		-	
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
				0040

Га	Chack of School do Company of the Park of School of Scho			П
_1_	Check if Schedule O contains a response or note to any line in this Part V	• • •		<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	X	•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		21	
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\widetilde{\mathbf{X}}$	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Х
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	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		
9	Sponsoring organizations maintaining donor advised funds.	_		.,,
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
a	Intitation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
'' a				
b	Gross income from members or shareholders			
b				
I2a	against amounts due or received from them )			
b	1 1	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a		125		-
d	Note. See the instructions for additional information the organization must report on Schedule O	13a		-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
		UTU		

Par	t 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			_
	Check if Schedule O contains a response or note to any line in the Part VI	<u></u>	<u> </u>	<u>. 🛛 _</u>
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			1
	If there are material differences in voting rights among members of the governing body, or			•
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			1
b	Enter the number of voting members included in line 1a, above, who are independent			!
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ı		
	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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		<u>X</u>
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u>X</u>
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<u>X</u>
	Did the organization contemporaneously document the meetings held or written actions undertaken during		,	1
	the year by the following			-
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Χ	
	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
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
000	tion D. Fonotes (This occurre requests information about policies not required by the internal revenue code)	$\neg$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	.	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	40	X	<u> </u>
		12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	<del></del>		
		<del></del>	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
с 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c	х	
c 13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	12b 12c 13	X X	
c 13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	12b 12c 13	X X X	
c 13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	12c 13 14	X X X	
c 13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	12b 12c 13 14	X X X	
c 13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	12c 13 14	X X X	
c 13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a 15b	X X X	ŷ
c 13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12c 13 14	X X X	x
c 13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  tion C. Disclosure	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b 16a b Sect	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  PY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b 16a b Sect	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b 16a b Sect	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)	12b 12c 13 14 15a 15b	X X X	x
c 13 14 15 a b 16a b Sect 17 18	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  **Tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	12b 12c 13 14 15a 15b	X X X	X
c 13 14 15 a b 16a b Sect 17 18	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)	12b 12c 13 14 15a 15b	X X X	x

ť						
Form 990 (201	3) Asian American Federa	ation, Inc	· .		13-357228	7 Page <b>7</b>
Part VII	Compensation of Officers, Direct	tors, Trus	tees, Key Employees	, Highest Com	pensated Em	oloyees, and
•	Independent Contractors					_
	Check if Schedule O contains a response or n	ote to any line	e in this Part VII	<u></u>		<u> </u>
Section A.	Officers, Directors, Trustees, Key Employ		<u></u>			
1a Complete organization's	this table for all persons required to be listed tax year	Report com	pensation for the calendar y	ear ending with or v	within the	
	of the organization's <b>current</b> officers, directors . Enter -0- in columns (D), (E), and (F) if no com			ations), regardless	of amount of	
<ul> <li>List all c</li> </ul>	of the organization's current key employees,	ıf any See ır	structions for definition of "k	ey employee "		
who received i	organization's five <b>current</b> highest compensa reportable compensation (Box 5 of Form W-2 ar nd any related organizations	ated employe nd/or Box 7 of	ees (other than an officer, din Form 1099-MISC) of more th	ector, trustee, or ke an \$100,000 from th	ey employee) e	
• List all o \$100,000 of re	of the organization's <b>former</b> officers, key emp portable compensation from the organization ar	loyees, and I nd any related	nighest compensated employ lorganizations	ees who received	more than	
List all organization, re	of the organization's <b>former directors or trus</b> nore than \$10,000 of reportable compensation fi	tees that red rom the organ	ceived, in the capacity as a fo nization and any related organ	ormer director or tru zations	ustee of the	
List persons in	the following order: individual trustees or director	ors. institution	al trustees, officers, kev emplo	vees, highest		
	employees; and former such persons		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , <u>.</u>		
☐ Check this	box if neither the organization nor any related o	organization o	ompensated any current office	r, director, or trustee	Э	
	(A)	(B)	(C)	(D)	(E)	(F)
	Name and Title	Average hours per week (list any	Position (do not check more than one	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		hours for	box, unless person is both an	the	organizations	compensation
		related organizations	officer and a director/trustee)	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	Former Highest c employee Employee Key empl Officer Institution Individual or directo			and related organizations

	hours per week (list any hours for related	box, t	unless	pers	ore th	an one both an		Reportable compensation from the organization	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
·	organizations below dotted line)	Individual trustee or director		Officer	_		Former	(W-2/1099-MISC)		organization and related organizations
1) George H. Wang	1.00	,,						<u>.                                    </u>		
Chairperson (2) Theresa H. Yoon	1.00	X		X				0	0	0
2) Theresa H. Yoon Director		Х					-	<sub>0</sub>		0-
3) Muzaffar Chishti Secretary	1.00_	x		X				0	0	0
4) Marjorie F. Hsu Director	1.00	х						0	0	0
5) Khee Lee Director	1.00	х						0		0
6) Grace Lyu Volckhausen Director	1.00	Х						0		0
7) Cao &. O  Executive Director (outgoing)	40.00			Х				145,978		0
(8) Jo-Ann Yoo  Executive Director (incoming)	40.00	_		X				101,148		0
(9)								101/110	•	
(10)										<u> </u>
(11)										
(12)										
13)										
14)										

Page 8

Part VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	jhes	t Com	pen	sated Employees	(continued)			
, (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	1 (4						Reportable	Reportable		Estimated	
	hours per	ı ·				nan one both an	1	compensation	compensation from	-   '	amount o	f
	week (list any hours for		er and				1	from the	related organizations	cc	other ompensati	юп
	related	의 코	3	0	Ž	ΦI	Ţ	organization	(W-2/1099-MISC)		from the	
	organizations	divid	statu	Officer	ey e	nplo	Former	(W-2/1099-MISC)			organizatio	
	below dotted line)	cto	tion	~	힐	st co					and relate rganizatio	
	l lile)	Individual trustee or director	Institutional trustee		Key employee	Highest compensate employee				"	igainzauo	113
	1	l tee	stee	ļ	"	ensa						
			"	1		ited						
	1											
	<del> </del>									<del></del>		
<u>(15)</u>			i									
		-	-		_					_		
<u>(16)</u>			i									
			<b> </b>	<u> </u>	<u> </u>					+		
<u>(17)</u>		1					.					
		<u> </u>		┞						4		
(18)								•				
<u>(19)</u>	L											
											_	
(20)			İ							1		
		j										
(21)												
	[	1										
(22)												
<u></u>		İ				İ						
(23)		1										
<u></u>												
(24)		<u> </u>	t									
(24)		İ			ļ							
(25)	<del>                                     </del>	1				1						
120/												
1b Sub-total							_			-		
c Total from continuation sheets to Part VII, Secti			• •	• •	• •		•					
ŕ			• •	• •	• •		•	247,126	,	.		0
d Total (add lines 1b and 1c)							o tha		<u>'L</u>			
` •	io triose listed	above	;) WH	io rei	CEIVE	a mon	e u la	in \$ 100,000 or	2	,		
reportable compensation from the organization											Yes	No
2 Dud the account of the state		l				مماسيا					162	110
3 Did the organization list any former officer, director			mpic	byee	, or	nignes	it COI	mpensaled		,		X
employee on line 1a? If "Yes," complete Schedule J					• •	• • •	• •			3	-	$+^{\Lambda}$
4 For any individual listed on line 1a, is the sum of repo												
organization and related organizations greater than \$	" 11 YUUU,UUU? If "\	res," c	omp	iete	Sche	eaule J	tor s	SUCT			1	X
ındıvıdual				• •	• •	• • •	• •			4	-	<del>  ^-</del>
5 Did any person listed on line 1a receive or accrue co	-		-			-	ition	or individual		1 :		$\bar{\mathbf{x}}$
for services rendered to the organization? If "Yes," or	implete Sched	dule J	tor su	uch	oers	on			<del></del>	5		<u> </u>
Section B. Independent Contractors												
1 Complete this table for your five highest compensate												
compensation from the organization Report compen	sation for the	calend	ar ye	ear e	endir	ng with	or w	rithin the organization	on's tax			
year									· · · · · · · · · · · · · · · · · · ·			
(A)								(B)			(C)	
Name and business address	ı							Description of	services	Cor	mpensation	on
· · · · · · · · · · · · · · · · · · ·												
2 Total number of independent contractors (including to	out not limited	to thos	se lis	ted a	bov	e) who			T			
received more than \$100,000 of compensation from	the organizati	on	_									

Form 99			rican Federa	tion, Inc.			13-3572287	Page 9
Part '	VHI_	Statement of Revenu						_
<u>.</u>		Check if Schedule O contains	s a response or no	te to any line in this	1		<u> </u>	
					(A) Total revenue	(B)  Related or  exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
- N 75	1a	Federated campaigns	1a					
ant End	Ь				1			
٦٥	c	Fundraising events	10	306,450				
ifts ar A	d	Related organizations						
o.E	е	Government grants (contributio						
e Si	f	All other contributions, gifts, gra	ents,					
the	1	and similar amounts not include	ed above 1f	1,093,185				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	I in lines 1a-1f\$		1			
<u>3</u> 6	h	Total. Add lines 1a-1f		<del> </del>	1,399,635			
				Business Code				
Program Service Revenue	2a							
Rev	b							
92	С			<del></del>				
Sen	d							
<u> </u>	e							
Prog	ľ	All other program service revenu						
	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including div						
		and other similar amounts) .			17,395	17,395		
	4	Income from investment of tax-e	-					
	5	Royalties	_					
		C	(ı) Real	(II) Personal	_			
		Gross rents		15	+			
		Less rental expenses Rental income or (loss)					1	
				▶	43 135	42 125		
			(ı) Securities	(II) Other	43,125	43,125		
		Gross amount from sales of assets other than inventory	(i) decurines	(ii) Other	-			
		Less cost or other basis and sales expenses						
	ľ	Gain or (loss)			1			
•		Net gain or (loss)		. <u> </u>				
Other Revenue	8a	Gross income from fundraising						
eve		events (not including \$	306,450				:	
ē.		of contributions reported on line	•	.				
チ		See Part IV, line 18			4			
J	1	•	b		-			
		Net income or (loss) from fundra Gross income from garning activ	-	. <u> </u>				
	Эа	See Part IV, line 19						
	<b>.</b>		b		-			
	F .	Net income or (loss) from gaming			-			
		· · · · · · · ·	g acuviues .					
	Iva	Gross sales of inventory, less returns and allowances	a					
	ь		b		-			
		Net income or (loss) from sales of			1			
		Miscellaneous Revenue		Business Code				
	11a	On behalf of other age		900099	151,920	151,920		
	b	Miscellaneous		900099	3,066	3,066		
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d .		<del> </del>	154,986			
	12	Total revenue. See instruction	ıs <u>.</u>	<u> </u>	1,615,141	215,506	0	0

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, 7b, Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 173,995 173,995 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . . . . . . . . . . . Compensation of current officers, directors, trustees, and key employees 247,126 229,827 7,414 9,885 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages 264,396 245,888 7,932 10,576 . . . . . . . . . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,306 12,375 399 532 9 Other employee benefits 86,230 80,194 2,587 3,449 10 38,162 35,491 1,145 1,526 Fees for services (non-employees) 11 а b C d Professional fundraising services See Part IV, line 17 е Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 38,726 30,940 7,393 393 12 Advertising and promotion . . . . . . . . . . . . . . . 13 Office expenses 8,647 7,436 519 692 14 15 16 183,642 157,932 11,019 14,691 17 5,251 4,229 1,022 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 18,212 17,767 145 300 20 4,915 4,915 21 Payments to affiliates . . . . . . . . . . . . . . . 22 Depreciation, depletion, and amortization 23,397 16,574 5,281 1,542 23 6,865 6,865 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Benefit Events 112,657 112,657 b Exp. Incurred-Other Agencies 151,920 151,920 Repairs and Maintenance 14,023 12,060 841 1,122 C Conference Expenses 30,475 30,475 41,986 4,928 e All other expenses 48,060 1,146 25 Total functional expenses. Add lines 1 through 24e 1,470,005 1,249,089 62,405 158,511 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 9,871 68,092 2 261,183 2 250,730 3 Pledges and grants receivable, net 3 4 4 127,450 64,083 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9,542 9 Prepaid expenses and deferred charges 16,788 9 10a Land, buildings, and equipment cost or . . . . | 10a other basis. Complete Part VI of Schedule D 203,718 b 62,044 10c 38,646 11 388,874 11 433,147 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 . . . . . . . . . . . . . . . . . . . 14 14 15 100,902 15 100,902 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 16 903,745 16 1,028,509 17 17 59,406 8,790 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . . . . . . . . . . . 26 59,406 26 8,790 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets of Fund Balances 27 130,465 27 86,623 28 349,440 28 538,418 29 364,434 29 394,678 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

1,019,719

32

33

34

844,339

903,745

32

33

Retained earnings, endowment, accumulated income, or other funds

		3-357	2287		Pa	ge 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	615,1	41
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	470,0	005
3	Revenue less expenses Subtract line 2 from line 1	3			145,1	.36
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			844,3	339
5	Net unrealized gains (losses) on investments	5			30,2	44
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,	019,7	119
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
					Yes	No
1	Accounting method used to prepare the Form 990		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O		İ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Donsolidated basis Both consolidated and separate basis		1			
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Ī			
	separate basis, consolidated basis, or both.					
	Separate basis					
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		Ì			
	Schedule O					
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ļ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h		

Form **990** (2013)

EEA

#### **SCHEDULE 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.

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Inspection

	01 1111	organization							Cimpioyer	identification	number		
		merican Federat								72287			
Pai	rt I	Reason for P	ublic Charity	Status (All organiza	ations mu	ust comp	lete this	part.) S	ee instru	ıctions			
The	orgar	ization is not a private	foundation because	e it is (For lines 1 through	11, check	only one bo	) ( x						
1	Ц	A church, convention	n of churches, or a	ssociation of churches d	lescribed in	section 1	70(b)(1)(A	A)(i).					
2	Ш	A school described i	n <b>section 170(b)(</b>	I)(A)(ii). (Attach Schedu	ile E)								
3		A hospital or a coop	erative hospital sei	vice organization descri	bed in sec	tion 170(b	)(1)(A)(iii)						
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(	A)(iii). Ente	er the			
		hospital's name, city,	and state										
5		An organization opera	ated for the benefit o	of a college or university o	wned or op	erated by a	governme	ntal unit de	escribed in				
		section 170(b)(1)(A	)(iv). (Complete P	art II)									
6				r governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	).					
7				substantial part of its supp				-	neral public	;			
		described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
9	X			1) more than 33 1/3% of it			utions, mer	nbership fe	es, and gro	oss			
				, ipt functions - subject to c									
				nd unrelated business tax			• •						
				30, 1975 See section		•		•					
10				ed exclusively to test for			-	a)(4).					
11				exclusively for the benefit		-			ut the				
				orted organizations desc						section			
				s the type of supporting				-					
		a Type I	<b>ь</b> 🗌 тур		III-Function		•	d 🗌	ı <b>"</b>	Non-funtion	nally integ	rated	
е			I certify that the org	janization is not controlled				ore disqual	• • •		, ,	-	
			-	er than one or more public	-				-				
		or section 509(a)(2)	•	•	•	J			` '	` ,			
f			eived a written dete	ermination from the IRS th	at it is a Tyr	oe I, Type I	I, or Type I	II supportin	ıq				
		organization, check the											🗆
g				tion accepted any gift or o	contribution	from any o	f the						_
_		following persons?											
		(i) A person who d	rectly or indirectly o	ontrols, either alone or to	gether with	persons de	scribed in (	ii) and				Yes	No
				e supported organization?	-						11g(ı)		
		(ii) A family member	er of a person descr	ibed in (ı) above?							11g(II)		
			•	described in (i) or (ii) abor	ve? .						11g(iii)		
h				ne supported organization									
	(i) Na	ame of supported	(il) EIN	(iii) Type of organization	(IV) Is the or	ganızatıon	(v) Did yo	u notify	(vi) is	s the	(vii) Amou	nt of mo	netary
		organization		(described on lines 1-9	ın col (i) list	-	the organi		organizati	on in col		support	•
				above or IRC section (see instructions))	governing o	ocument	col (ı) c	ort?	(i) organiz	ed in the S ?			
					Yes	No	Yes	No	Yes	No	ĺ		
(A)		_											_
•			1	1									
(B)													
(C)													
(D)				·									
_													
(E)									1				
_									1				
Tota	1		1				1			1	1		

13-3572287

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
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 Sec	Public support. Subtract line 5 from line 4   tion B. Total Support			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
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 (see	instructions)				12	•
13	First five years. If the Form 990 is for the corganization, check this box and stop here						
<u>Sec</u>	tion C. Computation of Public Su	_					
14	Public support percentage for 2013 (line 6, co	• • •				h	%
15	Public support percentage from 2012 Schedul						%
16a	33 1/3% support test - 2013. If the organiz						<b>,</b> $\Box$
	box and stop here. The organization qualifi		,,				• 📙
b	33 1/3% support test - 2012. If the organiz						▶ □
17a	check this box and stop here. The organization and sirrumstaness test. 2013			=		14 10	· · · · · · ·
174	10%-facts-and-circumstances test - 2013 10% or more, and if the organization meets	-					
	Part IV how the organization meets the "facts-					1111 111	
	organization		•				▶ □
ь	10%-facts-and-circumstances test - 2012						· · · · · · ·
	15 is 10% or more, and if the organization r	_				a iiii G	
	Explain in Part IV how the organization meets			•	•		
	•			•		. <b></b> .	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,324,486	1,325,041	1,237,667	1,466,463	1,551,555	7,905,212
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						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	2,324,486	1,325,041	1,237,667	1,466,463	1,551,555	7,905,212
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						
8	Public support (Subtract line 7c from line 6)						7,905,212
Sec	ction B. Total Support	<u> </u>	=				
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	2,324,486	1,325,041	1,237,667	1,466,463	1,551,555	7,905,212
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
- —	royalties and income from similar sources	5,789	5,557	12,312	12,734	19,701	56,093
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,789	5,557	12,312	12,734	19,701	56,093
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 loss from the sale of capital assets (Explain in Part IV)	10,203	13,352	29,253	33,287	43,885	129,980
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	2,340,478	1,343,950	1,279,232	1,512,484	1,615,141	8,091,285
14	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<u></u>			)(3)	▶ 🗍
Se	ction C. Computation of Public Su					<del></del>	
15	Public support percentage for 2013 (line 8, coli	* * * * * * * * * * * * * * * * * * * *				15	97.70 %
16	Public support percentage from 2012 Schedule				<u> </u>	16	98.20 %
	ction D. Computation of Investmen					47	0.60 %
17	Investment income percentage for 2013 (line Investment income percentage from 2012 S					18	0.69 %
18 19a	33 1/3% support tests - 2013. If the organiz	zation did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this	zation did not chec	k a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	
20	Private foundation. If the organization did	•	-		-	•	

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer Identification number

2013

Open to Public Inspection

	<u>ian American Federation, Inc.</u>	13-3572287
Pa		ts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(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 assets held in donor advised	
	· · · · · · · · · · · · · · · · · · ·	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat  Proservation of a certified hist	•
	Preservation of open space	one structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva-	otion
_	easement on the last day of the tax year	Held at the End of the Tax Year
•	Total number of conservation easements	2a
a		<del></del>
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	n during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
<sup>-</sup> 5	Does the organization have a written policy regarding the periodic monitoring, inspection; handling of	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	r
7	Amount of augusta and in manufacture in a second in the se	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  \$\$\$\$\$	
0	' — — — — — — — — — — — — — — — — — — —	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
•	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement,	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desc	onbes the
Do	organization's accounting for conservation easements	or Circilar Appata
Га	organizations Maintaining Collections of Art, Historical Treasures, or Oth	er 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 (ASC 958), not to report in its revenue statement and bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ince of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ince 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 treasures, or other similar assets for financial gain, provide	ie the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Schedu	ule D (Form 990) 2013 Asian American Fe	deration, Inc.				13-3572	2287		Page 2
Par			t, Historical Tre	easures, o	r Othe			(contin	
3	Using the organization's acquisition, accession, and	_	<del></del>					<del></del>	
	collection items (check all that apply)			_					
а	Public exhibition	d 🗌 Loan	or exchange program	ms					
b	Scholarly research	e 🗌 Othe							
c	Preservation for future generations								
4	Provide a description of the organization's collection	ns and explain how th	ey further the organia	zation's exem	pt purpo	se in Part			
	XIII								
5	During the year, did the organization solicit or recei	ve donations of art, hi	storical treasures, or	other sımılar					
	assets to be sold to raise funds rather than to be m	aintained as part of th	e organization's colle	ection?		<u> </u>		Yes	☐ No
Par	t IV Escrow and Custodial Arrang								
	Complete if the organization ans	swered "Yes" to	Form 990, Part	IV, line 9,	or repo	orted an amou	ınt o	n Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or o	other intermediary for	contributions or other	r assets not					_
	ınduded on Form 990, Part X?							∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following	table		_				
						A	mour	ıt	
С	Beginning balance				10	:			
d	Additions during the year				10	1			
е	· · · · · · · · · · · · · · · · · · ·				16	<del></del>			
f	Ending balance				<u>l 1f</u>				
2a	Did the organization include an amount on Form 99							☐ Yes	⊢ ∐ No
<u> </u>	If "Yes," explain the arrangement in Part XIII Chec	k here if the explanati	on has been provided	d in Part XIII		<u> </u>	<del></del>	<u></u>	<u>. ⊔</u>
Par		awarad "Vaa" ta	Form 000 Dort	IV line 10					
	Complete if the organization ans	ĺ					. T		
4-	Basinaria of vaca balanca	(a) Current year	(b) Pnor year	(c) Two years		(d) Three years bac	-	(e) Four yea	
1a _	Beginning of year balance	388,874	363,007		,606	319,96			2 700
b	Contributions		1,180	<u>_</u>	,000	10,20			2,700
С	Net investment earnings, gains, and	47,458	24,687	١,	,401	30,44	_		.3,237
а	Grants or scholarships	47,450	24,007		.,401	30,41	+		3,231
e	Other expenditures for facilities and								
·	programs			]					
f	Administrative expenses	3,185							
a_	End of year balance	433,147	388,874	363	,007	360,60	6	31	9,960
2	Provide the estimated percentage of the current ye			•					
а	Board designated or quasi-endowment	%	(-,,						
ь	Permanent endowment								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should equ	ual 100%							
3a	Are there endowment funds not in the possession	of the organization tha	at are held and admir	nistered for the	e				
	organization by							Y	es No
	(i) unrelated organizations							3a(i) 2	
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed	d as required on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the organ		funds						
Par	t VI Land, Buildings, and Equipme								_
	Complete if the organization and	swered "Yes" to	Form 990, Part	IV, line 11	a. See	Form 990, P	art X	<u>(, line 10</u>	<u>).                                    </u>
	Description of property	(a) Cost or other	1 ' '	or other basis		Accumulated		(d) Book va	alue
		(investme	nt) (	(other)		depreciation			
1a	Land	• • •							
b	Buildings	• • •				<del></del>			
C	Leasehold improvements	• •		53,885		32,448		2	21,437
d	Equipment	· · ·		116,003		111,784			4,219
<u>e</u>	Other STMD1E.	*****	(2)	33,830	L	20,840	-		12,990
<u>I ota</u>	<ul> <li>Add lines 1a through 1e (Column (d) must equ</li> </ul>	ıaı Form 990, Part X	, column (B), line 10	J(C))	<u></u>	🚩	<u> </u>	3	8,646

	(a) Description of security or category	ŀ	(b) Book value	(c) Method of valuat	ion
	(including name of security)			Cost or end-of-year market	
(1) Financial d					
(2) Closely-he	ld equity interests				
(3) Other			<del></del> .		
(A)				<u> </u>	
(B)					
_(C)					
(D)					
_(E)			<del></del> .		
(F)					
_(G)					
(H)		— <u> </u>			
	) must equal Form 990, Part X, col (B) line 12)	<u> </u>			<del>-</del> -
Part VIII	Investments - Program Rela		./	3- 1 B / B - 44 - 0 - F 000	D = 4 V   B = - 40
	Complete if the organization a	inswered "	res to Form 990, F	Part IV, line 11c. See Form 990,	Part X, line 13
	(a) Description of investment		(b) Book value	(c) Method of valuat	
		<del></del>		Cost or end-of-year marke	et value
	<del></del>				
(2)					<del></del>
(3)					
(4)					
(5)			<u> </u>		
(6)	<del></del>				
		<del>-</del>		_	·
(8)					<del></del>
(9)	) must aquat Form 000 Part V col. (D) log 13.)				
(9) Total (Column (b	) must equal Form 990, Part X, col (B) line 13 ) Other Assets	<b>&gt;</b>			
(9)	Other Assets.	·	Yes" to Form 990. F	Part IV line 11d. See Form 990	Part X line 15
(9) Total (Column (b	Other Assets.	ınswered "		Part IV, line 11d. See Form 990	1
(9) Total (Column (b	Other Assets. Complete if the organization a	·		Part IV, line 11d. See Form 990	(b) Book value
(9) Total (Column (b Part IX  (1) Secur	Other Assets.	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b)  Part IX  (1) Secur (2)	Other Assets. Complete if the organization a	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3)	Other Assets. Complete if the organization a	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4)	Other Assets. Complete if the organization a	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5)	Other Assets. Complete if the organization a	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b) Part IX  (1) Secur (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b) Part IX  (1) Secur (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization a	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b)  Part IX   (1) Secur (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization a	ınswered "		Part IV, line 11d. See Form 990	(b) Book value
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	(a) Descri		Part IV, line 11d. See Form 990	(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)	Other Assets. Complete if the organization a	(a) Descri	iption	Part IV, line 11d. See Form 990	(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a ity deposits  In (b) must equal Form 990, Part X, col Other Liabilities.	(a) Descri	ption		(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)	Other Assets. Complete if the organization a  ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a	(a) Descri	ption	Part IV, line 11d. See Form 990	(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)	Other Assets. Complete if the organization a ity deposits  In (b) must equal Form 990, Part X, col Other Liabilities.	(a) Descri	ption		(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)  Part X  1.	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b)  Part IX   (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)  Part X   1. (1)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X   1. (1) (2)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)  Part X   1. (1) (2) (3)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)  Part X   1. (1) (2) (3) (4)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b)  Part X   1. (1) (2) (3) (4) (5)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b)  Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column  Part X   1. (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b) Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   1. (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902
(9)  Total (Column (b) Part IX  (1) Secur (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) Part X   1. (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a ity deposits  in (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization a line 25	(a) Descri	Yes" to Form 990, F		(b) Book value 100,902

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

chedule D (For	Reconciliation of Revenue per Audited Financial Statements With Revenue per	3-357228 Return.	7 Page <b>4</b>
,	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 Total re	evenue, gains, and other support per audited financial statements	1	1,615,141
2 Amour	ts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net un	realized gains on investments	]	
<b>b</b> Donate	d services and use of facilities	]	
c Recove	enes of prior year grants	. 1	
	Describe in Part XIII)	.	
	es 2a through 2d	2e	<del></del>
	ct line <b>2e</b> from line <b>1</b>	3	1,615,141
	ats included on Form 990, Part VIII, line 12, but not on line 1:		
	nent expenses not included on Form 990, Part VIII, line 7b		
•	Describe in Part XIII )	-	
	es <b>4a</b> and <b>4b</b>	4c	
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses p	5	1,615,141
art All	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ei Ketui	11.
Total o	xpenses and losses per audited financial statements	1	1 470 005
	ts included on line 1 but not on Form 990, Part IX, line 25		1,470,005
	ed services and use of facilities		
	ear adjustments	1	
c Other I	· — — — — — — — — — — — — — — — — — — —	1 1	
	Describe in Part XIII )	1	
	es 2a through 2d	2e	
	ct line 2e from line 1	3	1,470,005
	nts included on Form 990, Part IX, line 25, but not on line 1:		······································
	nent expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (	Describe in Part XIII )	]	
c Add Ir	es 4a and 4b	4c	
5 Total e	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,470,005
Part XIII	Supplemental Information		
	escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, les 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ine	
	<u> </u>		<del></del>
	<del> </del>		

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047 2013

Department of the Treasury		Att	ach to Form	990 or Form	990-EZ			Open to Public
ntemal Revenue Service	▶ Information				its instructions is at w	ww.irs.gov/	form990	Inspection
lame of the organization		·				-	Employer Id	entification number
Asian American Fede	eration, Inc.						13-35	72287
Eundraie		. Complete if the	ne organi	zation ans	swered "Yes" to F	orm 990		
Form 990-	EZ filers are not	required to com	plete this	part			<u></u>	
	organization raise	d funds through any			s. Check all that apply			
a Mail solicitations			e ∐	Solicitation of	of non-government gra	nts		
<b>b</b> Internet and ema	il solicitations		f∐	Solicitation of	of government grants			
c Phone solicitation	ns		g 🗌	Special fund	raising events			
d In-person solicità	tions							
2a Did the organization	have a written or o	oral agreement with	any individu	ial (induding	officers, directors, trus	tees		
					nal fundraising service		Пу	∕es ☐ No
<b>b</b> If "Yes," list the ten h				•	•		er is to be	<del>-</del>
compensated at least			,,					
<b>,</b>	,,	9						
// / / / / / / / / / / / / / / / / / /			(iii) Did fund	draiser have		(v) Amo	ount paid to	(vi) Amount paid to
(i) Name and addres or entity (fundr		(ii) Activity	custody or	control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
			contrib	utions?			ol (I)	organization
			Yes	No				
1								,
2								
3								
4								
5	***							
6		•						
7								
~		—	-			-		
8								
9				_			_	
0								
otal				•				
3 List all states in which registration or licensing		s registered or licens	sed to solicit	contribution	s or has been notified i	it is exempt	from	
		<del></del>					_	
	<del></del>				<del></del>			
<u> </u>								
<del>_</del>							· · ·	<del></del> -
			<del>.</del>					<del></del>
		<u> </u>						

			an American Federati			572287 Page 2			
Pa	<u>rt1</u>	Fundraising Events. Comp	lete if the organization	answered "Yes" to Form	990, Part IV, line 18, or	reported more			
		than \$15,000 of fundraising	event contributions and	gross income on Form	990-EZ, lines 1 and 6b.	List events with			
		gross receipts greater than	\$5,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			Gala		None	(add col (a) through			
			(event type)	(event type)	(total number)	col (c))			
e e		Ī							
Revenue	1	Gross receipts	306,450			306,450			
Re									
	2	Less Contributions	20,350			20,350			
	3	Gross income (line 1 minus	:- <del> </del>	-					
		line 2)	286,100			286,100			
	4	Cash prizes							
	5	Noncash prizes							
es	6	Rent/facility costs							
Direct Expenses									
Ä	7	Food and beverages	73,628	_		73,628			
쩣						· <del></del>			
	8	Entertainment							
	9	Other direct expenses	39,029			39,029			
	10	Direct expense summary Add lines 4	through 9 in column (d)		▶ │	112,657			
	11	Net income summary Subtract line 1		<u> </u>		173,443			
Pa	rt il		_	Yes" to Form 990, Part I	V, line 19, or reported m	ore			
		than \$15,000 on Form 990	-EZ, line 6a	<del></del>					
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Ģ			(-/g-	bingo/progressive bingo		col (a) through col (c))			
Revenue									
	1	Gross revenue	<del></del>						
<u>ν</u>	<b>-2</b> -	Cash prizes		-					
enses									
	3	Noncash prizes	<u> </u>			···			
Direct Exp									
Ë	4	Rent/facility costs							
_	_	<b>_</b>							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No	∐_No	L No				
	7	Direct expense summary. Add lines 2	through 5 in column (d)	• • • • • • • • • • • • •	· · · · · · · · · · · · • • • • • • • •	<del></del>			
		No.	-41 - 76 1 41	4.0					
	8	Net gaming income summary Subtra	ct line / from line 1, column	(a)	<u></u>	<del></del>			
_	_								
9		ter the state(s) in which the organizatio				п. п.			
		the organization licensed to operate ga	ming activities in each of the	ese states/		Yes   No			
t	) if "	No," explain		<del></del>	<del></del>	·			
	_			<del>-</del>	· <del>_</del>				
40-	144	ere any of the organization's gaming lic	onege rovokod suspended	or terminated durant the tax	uoor?	Yes No			
		ere any or the organization's gaming tic Yes," explain	enses revokeu, suspended	or terminated during the tax y	y <del>c</del> ai'	∐ Yes ∐ No			
K	, 11	100, GAPIGITI							

SCHEDULE (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990

Open to Public Inspection · OMB No 1545-0047

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ×es ⊠ **Employer identification number** 13-3572287 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Asian American Federation, Inc. Internal Revenue Service Name of the organization Part I Part II

**2** □

(h) Purpose of grant or assistance (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 5,639 15,00b 20,00¢ 10,00 20,00b 20,03 15,62 15,23 31,12 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 23-7348989 80-0834777 11-3184353 13-3755731 11-3632998 75-3046891 13-3093059 13-3609811 22-3646307 (b) EIN (6) Council of Peoples Organization (9) Korean American Family Service (3) Korean Community Services of Metropolitan New York, Inc. (a) Name and address of organization Social (4) Filipino American Human (7) Asian Women's Christian (2) Women in Need Center (5) Mil Al Mission in NY or government (8) Japanese American Services, Inc. Services, Inc. (1) Mekong, Inc. Association Center (10) ~

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm EEA}$ Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Asian American Federation, Inc. Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV EEA 7 ന 4 2 9

#### **SCHEDULE O** (Form 990 or 990-EZ)

## 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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection Employer identification number

OMB No 1545-0047

Asian American Federation, Inc.   13-3572287
01. Form 990 governing body review (Part VI, line 11)
A copy of the form 990 has been provided to the board of directors for review.
02. Conflict of interest policy compliance (Part VI, line 12c)
Each director, principal officer, and member of a committee with governing board delegated
powers shall annually sign a statement which affirms such person:
a. Has received a copy of the Policy
b. Has read and understands the Policy
c. Has agreed to comply with the Policy
d. Understands the Organization is charitable, and in order to maintain its federal tax
exemption, it must engage primarily in activities which accomplish one or more of its
tax-exempt purposes.
03. CEO, executive director, top management comp (Part VI, line 15a)
Periodic reviews include whether compensation arrangements and benefits are reasonable
based on a competent survey information and the result of arm's length bargaining.
04. Other officer or key employee compensation (Part VI, line 15b
To ensure the Organization operates in a manner consistent with charitable purposes and
does not engage in activities that could jeopardize its tax-exempt status, periodic
reviews shall be conducted. The periodic reviews shall, at a minimum, include the
following subject:
Whether compensation arrangements and benefits are reasonable based on competent survey
information and the result of arm's length bargaining.

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization	Employer Identification number
Asian American Federation, Inc.	13-3572287
05. Governing documents, etc, available to public (Part	VI, line 19)
The Organization will only provide governing documents, conflict of interest, and	
financial statements to the public upon request.	
06. Explanation of other changes in net assets or fund	balances (Part XI, line
This represents unrealized gain (loss) from the endowment fund.	
07. General explanation attachment	
The Organization will make its governing documents, conflict of interest policy,	and
financial statements available to the public upon request.	
	<del> </del>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·

Page 2

**Statement of Program Service Accomplishments** 

**2013** 03

Name(s) as shown on return

Asian American Federation, Inc.

Your Social Security Number

Inc. 13-3572287

Form 990, Part III(a)

Program Service Code
Program Service Expenses \$1249089
Grants and allocations included in above expense \$173995
Program Services Revenue \$0

Explanation

RESEARCH and DATA ASSISTANCE

American Community Survey Data User Group Annual Conference: The first American Community Survey (ACS) Data Users Conference was held on May 29-30, 2014. Helped to plan the conference as a member of the ACS Data Users Group Steering Committee. Howard also was a moderator for a session on using the ACS to look at small population groups and trends over time. Nearly 300 attendees from around the country attended the conference. More information about the conference and the data users group can be found online at: http://www.acsdatausers.org/

Census Information Center Virtual Training Conference: Due to budget cutbacks, instead of an in-person training conference for the CIC Program participants, the Census Bureau organized a virtual training conference this year using webinar software. As part of this conference, the Federation presented our use of GIS and Census data in creating our profiles of the new legislative and city council districts. The profiles summarized the changing Asian ethic populations of New York City and the wide range of languages spoken in our communities.

Conversations with the Census Bureau regarding future Census from questions on race and ethnicity: The Asian American Federation, in partnership with the National Council of Asian and Pacific Americans, Asian American for Advancing Justices, and a group of Asian American academics, have been in on-going conversations with the Census Bureau staff in charge of reevaluating and redesigning the race and ethnicity questions for the 2020 Census and the ongoing American Community Survey. Evaluations of potential format for those questions revealed that the certain formats would result in a decline in the data quality for Asian respondents.

AAFE Conference: At this year's Asian Americans for Equality's 7th Annual Asian American Community Development Conference, the Federation was a panelist at a workshop entitled Measuring Outcomes in Community Development: Big Data and On the Ground. Howard discussed the ways national data set can be used at the community level and addressed some of the issues and limitations of working with the data for Asian and immigrant communities.

New York City Asian Senior Report: Finished the preliminary data collection for this local report, located all the member agencies providing senior services and citywide senior centers, and researched on potential senior service funding.

CSAAH Training on using Census Bureau data for community-based research: The Federation ran a training session for new summer interns for NYU's Center for the Study of Asian American Health. The training session covered the types of data that the Census Bureau provides on communities, how to access the data and the issues and limitations of the data sets. The training sessions occurred on July 9, 2013 and June 24, 2014.

GIS Basic Training for Census Information Center Network: On September 25, 2013, the Federation's CIC staff held a training webinar on how to use the GIS software to create maps using Census Bureau data. The Census Bureau provided the technology to hold the webinar and the Federation presented the actual training.

Data requests: Provided information to various community leaders on the NYC APA community on economic information for congressional testimony, poverty rates in Chinatown for legal experts, and advocates on NJ ethnic breakdown.

•	Statement of Program Service Accomplishments	<b>2013</b> 01_
Name(s) as shown on return		Your Social Security Number
Asian Ameri	can Federation, Inc.	13-3572287

Form 990, Part III(b)

Program Service Code

Program Service Expenses \$0

Grants and allocations included in above expense \$0

Program Services Revenue \$0

Explanation PUBLICATIONS

A Community of Contrasts: Asian Americans, Native Hawaiians, and Pacific Islanders in the Northeast: In partnership with Asian Americans Advancing Justice - Los Angeles (AAAJ-LA), the Asian American Federation released a demographic report on Asian Americans, Native Hawaiians, and Pacific Islanders that covered the northeastern United States, with specific focus on the Boston, New York, and Philadephia metropolitan areas. The Federation and AAAJ-LA also hosted a launch event on November 21, 2013 at the Asian Society. The report highlights were presented and panel discussed the implications of the demographic changes in the Asian communities of the Northeast.

State of Asian American Children: The Federation released our State of Asian American Children on March 27, 2014 in conjuction with our national children's conference. The report covers the demographic changes that have occured over the last decade among Asian American children. Additional topics include education, health, family structures, languages abilities, and economic circumtances. We conclude with a section of policy implications to tie together the common themes that emerge from this report.

#### CONVENINGS & MEETINGS

State of Asian American Children's Conference: The Federation held the first national conference on Asian American children on March 27, 2014 at the Time Warner Center. Almost 200 people participated in a full day of speakers and on topics ranging from education policy, to health care, to the challenges of growing up Asian American.

Community Groups Meetings: In order to seek advices to update our NYC senior report and create a working group, AAF has been meeting with member agencies serving APA seniors.

NACAPCD: Attended the national convention. Coulter Foundation: Attended the annual APA leadership convening. WK Kellogg Foundation: At the request of the Foundation's leadership, attended convening of the national grantees working on English Language Learners integratio issues.

#### DEVELOPMENT

The Spirit of Asian American Gala 2014 was help on June 18th at the Pierre. The event afforded us the opportunity to celebrate our Asian American communities with our corporate diversity partners, supporters, and friends. This year's honorees were: Stella Aquino, Kyung Hee Choi, Don Lowery, and Ted Teng.

Asian Pacific Islander Network at KPMG: AAF hosted member agencies and community needs to the APIN network to promote volunteerism, encourage philanthropy, and inspire young professionals to 'give back' within their communities.

Individual donor cultivation meetings (breakfast, lunches, dinners, coffees).

Attended workplace campaign events, public service career expos, and other workshops to introduce AAF and/or solicit workplace campaign funding. For the 2013-2014 fiscal year, almost \$25,000 of funds were collected for AAF from CUNY's Campaign for Voluntary Charitable Giving (City University of New York); Combined Municipal Campaign (New York City employees) and State Employee Federated Appeal. Distribution is based on the total of designated gifts made to specific member agencies plus the equal share of underdesignated portions, minus administrative costs for the United Way of New York City, who manages these annual public sector campaigns. AAF was proud to provide its member agencies an additional funding stream last year.

Statement of Program Service Accomplishments	2013 01
Name(s) as shown on return	Your Social Security Number
Asian American Federation, Inc.	13-3572287

Form 990, Part III(c)

Program Service Code
Program Service Expenses \$0
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

CIVIC ENGAGEMENT

Meeting with Commissioner Donna Corrado of NYC Department for the Aging with community groupus to introduce members agencies providing senior services and raise Asian community concerns.

Municipal ID Legislation: Convened meeting with Commissioner Nisha Agarwal of the Mayor's Office of Immigrant Affairs about the progress and concerns of Municipal IDs.

Meeting with Commissioner Nisha Agarwal of the Mayor's Office of Immigrant Affairs: Member agencies met with the Commission to discuss Asian American community issues and solutions.

In partnership with Congresswoman Grace Meng, hosted the first annual APA Policy Table for APA Heritage Month. The event's objective was to convene federal, state, and local elected leaders, corporations, nonprofit, and community leaders, and other stakeholders to discuss the development of APA small businesses and the purchasing power of Asian New Yorkers.

The Federation is a member of the newly-formed Civic Participation project, organized by mainstream organization in NYC, to engage female voters in key NYS elections. The Federation's role is to bring the APA voice to funders and decision makers.

Serve in an advisory capacity to the NYC Department of Health on disaster preparedness.

#### CITY LEADERSHIP

Meetings with new City Leadership to discuss the appointment of more APA leaders to city posts, changing demographics, community needs and challenges, and new program ideas.

Met with new NYC Dept of Youth and Community Development Commissioner to request new programs to support the growing APA population, and for support with city-wide contract reform to enable newcomer groups serving emerging communities to access city funding.

Hosted a meeting with NYC Council member Margaret Chin, the new Council chair on Aging with over 15 community agencies to discuss the issues impacting service, needs, etc. Provided testimony at the City Council hearing on the Aging.

The Federation, as a member of the Communities of Color CBO Coalition comprised of four Black, Latino, and Asian federations, requested a \$10 million dollars earmark from the City budget to assist small nonprofits to build organizational capacity to compete with larger groups in the city contracting process, as well as request a reform to the contracting process itself to give agencies with cultural and linguistic expertise extra points on the city's RFP process. The Coalition was awarded \$2.25 million for the nonprofit stabilization fund.

#### COMMUNITY ADVISOR

Member of the AARP's Asian American advisory council.

Elected officials: AAF serves as an APA community leaders convenor for the Governor's Office, City Hall, and Congressional leaders, and various agencies.

Serve as advisor to the Neighborhood Plaza Partnership, which creates community public spaces in low-income

# 990Overflow Statement2013<br/>Page 1Name(s) as shown on returnAs ian American Federation, Inc.13-3572287

## Program Services

Description		A	mount
Equipment Rental		\$	5,187
Public Relations			900
Worldnet and Website			2,143
Staff Development			5,300
Printing Expenses			1,035
Miscellaneous			116
Postage and Messenger Services			418
Endowment Expenses			2,312
Subcontract			24,000
Membership			575
	Total:	\$	41,986

## Management and General

Description	A	mount
Public Relations	\$	580
Endowment Expenses		874
Publications		215
Bank Charges		500
Printing Expenses		72
Equipment Rental		362
Worldnet & Website		150
Miscellaneous		448
Postage and Messenger Services		52
Membership		1 <del>,</del> 675
Total:	\$	4,928

## Fundraising

Description		Amount	
Bank Charges	\$	138	
Equipment Rental		483	
Printing Expenses		96	
Postage and Messenger Services		30	
Provision for Doubtful Accounts		200	
Worldnet & Website		199	
Total	1: \$	1,146	

Form 8868 (	Rev 1-2014)						
• If you are	filing for an Additional (Not Automatic) 3-Mon	th Extension	, complete only Part II and o	heck this box			▶ 🛚
Note. Only	complete Part II if you have already been granted	l an automatic	3-month extension on a prev	iously filed Form 8	3868.		
• If you are	e filing for an Automatic 3-Month Extension, co	mplete only F	Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Mon	th Extensi	ion of Time. Only file the	ne original (no	copie	s need	ded).
				r filer's identifyin	•		/
Type or	Name of exempt organization or other filer, se	ee instructions		Employer identi			
print				35722		(=, =.	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.  Social security						
due date for	120 Wall Street		STE FLR 9			(00.1)	
filing your return See	City, town or post office, state, and ZIP code.	For a foreign		<u> </u>		_	
instructions	New York, NY 10005	r or a loreign	addicoo, occ monacions.				
	New 1011, 11 10005		· · · · · · · · · · · · · · · · · · ·				
Enter the Re	eturn code for the return that this application is for	r (file a separa	te application for each return				0 1
Application	on	Return	Application	· .			Return
Is For		Code	Is For				Code
Form 990	or Form 990-EZ	01					
Form 990-	BL	02	Form 1041-A				08
Form 4720	) (individual)	03	Form 4720 (other than indi-	vidual)			09
Form 990-	PF	04	Form 5227				10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870			•	12
The book     Telephon	s are in the care of ► Cao K. O, 120 W e No. ► 212-344-5878  anization does not have an office or place of busi	Vall Stree	et, New York, NY 10	0005	ed For	m 8868.	▶ □
The book Telephon If the orga If this is for the whole list with the r  I reques For ca If the t Ch Some	s are in the care of  Cao K. O, 120 Ke No.  212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of a group, check this box	Finess in the Undigit Group Expert of the group for.	et, New York, NY 10 AX No.  Inited States, check this box emption Number (GEN) oup, check this box   05-15  07-01  , 2013 and et son  Initial return		- - 		▶ □
The book Telephon If the orga If this is for the whole list with the r  I reques For ca If the t Ch Some	s are in the care of  Cao K. O, 120 Ke No.  212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of group, check this box	Finess in the Undigit Group Expert of the group for.	et, New York, NY 10 AX No.  Inited States, check this box emption Number (GEN) oup, check this box   05-15  07-01  , 2013 and et son  Initial return		- -  Is is attach a		▶ □
The book Telephon If the orga If this is for the whole list with the r  I requestable for the the thick t	s are in the care of  Cao K. O, 120 We e No.  212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of e group, check this box	Finess in the Undigit Group Expert of the group for.	et, New York, NY 10  AX No.   Inited States, check this box emption Number (GEN) oup, check this box   05-15  07-01 , 2013 and end of the state of t		- -  Is is attach a		▶ [
The book Telephon If the orga If this is for the whole list with the red  I requestable for the thick the red  The book Telephon If the series the thick the red  The book Telephon Te	s are in the care of Cao K. O, 120 Ke No. 212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of a group, check this box	Finess in the Undigit Group Expert of the group for.	et, New York, NY 10  AX No.   Inited States, check this box emption Number (GEN) oup, check this box   05-15  07-01 , 2013 and end of the state of t		Is is attach a	a	▶ [
The book Telephon If the orga If this is for the whole list with the red  If the the the the the the the the the the	s are in the care of Cao K. O, 120 Ke No. 212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of group, check this box	iness in the Undigit Group Expert of the group for.  The state of the group for.  The state of the group for.  The state of the group for.  The state of the group for.	et, New York, NY 10  AX No.  Inited States, check this box emption Number (GEN) oup, check this box		- -  Is is attach a		▶ [
The book Telephon If the orga If this is for the whole list with the restriction If the thin the restriction of the thin the restriction of the thin the restriction of the thin the restriction of the re	s are in the care of Cao K. O, 120 Ke No. 212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of group, check this box	iness in the Undigit Group Expert of the group for.  Grand Argument of the group for.  Grand Argument of the group for.  Grand Argument of the group for.  Grand Argument of the group for.  Grand Argument of the group for.	et, New York, NY 10  AX No.  Inited States, check this box emption Number (GEN) oup, check this box		Is is attach a	a	▶ [
The book Telephon If the orga If this is for the whole list with the r  I requestable for the the thick of t	s are in the care of Cao K. O, 120 Ke No. 212-344-5878  anization does not have an office or place of busing a Group Return, enter the organization's four of a group, check this box	iness in the Undigit Group Expert of the group for.  Grand Argument of the group for.  Grand Argument of the group for.  Grand Argument of the group for.  Grand Argument of the group for.  Grand Argument of the group for.	et, New York, NY 10  AX No.  Inited States, check this box emption Number (GEN) oup, check this box			\$	▶ □
The book Telephon If the orga If this is for the whole list with the results of the telephon  If the whole list with the results of the telephon  The book Telephon  The book Telephon  If this telephon  The book Telephon	s are in the care of ► Cao K. O, 120 Ke No. ► 212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of group, check this box ►	Friness in the Undigit Group Expart of the grofor.  This, check reasons ancial states 4720, or 6069, enter appropriate appropr	et, New York, NY 10  AX No.  Inited States, check this box emption Number (GEN) pup, check this box		Is is attach a	a	▶ [
The book Telephon If the orga If this is for the whole list with the results with the resu	s are in the care of Cao K. O, 120 We No. 212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of group, check this box	From the Undigit Group Expart of the grofor.  The control	et, New York, NY 10  AX No.  Inited States, check this box emption Number (GEN) pup, check this box		s is attach :	\$ \$	▶ [
The book Telephon If the orga If this is for the whole list with the red  If the the the thick that the red  The thick the red  The thick the red  The thick the red  The thick the red  The thick th	s are in the care of ► Cao K. O, 120 Ke No. ► 212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of group, check this box ►	From the Undigit Group Expart of the grofor.  The control	et, New York, NY 10  AX No.  Inited States, check this box emption Number (GEN) pup, check this box			\$	▶ □
The book Telephon If the orga If this is for the whole list with the results with the resu	s are in the care of Cao K. O, 120 Ke No. 121–344–5878  anization does not have an office or place of busing a Group Return, enter the organization's four of a group, check this box	iness in the Undigit Group Experts of the group for.  In an an an an an an an an an an an an an	et, New York, NY 10  AX No.  Inted States, check this box emption Number (GEN) oup, check this box		8a 8b	\$ \$	▶ □
The book Telephon If the orga If this is for the whole list with the results with the resu	s are in the care of Cao K. O, 120 We No. > 212-344-5878  anization does not have an office or place of busion a Group Return, enter the organization's four of group, check this box	iness in the Undigit Group Expart of the grofor.  grant of the grant of the grant of the grant of the grant of the grant of the gran	et, New York, NY 10  AX No.  Inted States, check this box emption Number (GEN) oup, check this box		8a 8b	\$ \$	▶ □

Form 8868 (Rev 1-2014)