			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047
	000		Return of Organization Exempt From		
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2021
		of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public
-		enue Service	► Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 2022	Inspection
				D Employer identificati	on number
	Check if applicab	le:	organization	D Employer identificati	
	Addre		N SERVICES IN ACTION INC.		
	Name		usiness as	34-1798850	
	Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final returr	370	EAST MARKET STREET	330-535-32	
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,935,846.
	Amer		N, OH 44304	H(a) Is this a group retur	
	Appli tion pendi		nd address of principal officer: ELAINE TSO	for subordinates?	Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates includ	
		empt status:		527 If "No," attach a list	
			ASIAOHIO.ORG X Corporation Trust Association Other ► L Y	H(c) Group exemption ne ear of formation: 1995 M St	
	art I	Summary		ear of formation: 1995 M Si	ate of legal domicile: OH
	1		e the organization's mission or most significant activities: SERVE , SU	IPPORT AND ADVO	CATE FOR
e	'		MERICANS AND PACIFIC ISLANDERS, IMMIGR		
nan	2		x		
Governance	3		ing members of the governing body (Part VI, line 1a)		12
			4	12	
Activities &	5	Total number	5	103	
viti	6		of volunteers (estimate if necessary)		139
Acti	7 a		d business revenue from Part VIII, column (C), line 12		50,433.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		5,086.
		• • • • •		Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	<u>4,537,503</u> . 1,341,077.	5,334,295. 1,439,999.
Revenue	9	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	14,371.	4,528.
Re	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,791.	121,439.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,907,742.	6,900,261.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	51,054.
	14		o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	3,103,755.	3,826,113.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	. b	Total fundrais	ng expenses (Part IX, column (D), line 25)		
Ш	1 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,083,259.	2,264,753.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,187,014.	6,141,920.
	19	Revenue less	expenses. Subtract line 18 from line 12	720,728.	758,341.
ts of		Total coorts "	Part V line 10)	Beginning of Current Year 3,625,335.	End of Year 4,267,887.
Asse	20	Total assets (F		1,173,216.	1,069,839.
Net Assets or	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	2,452,119.	3,198,048.
	art II	Signature			0,10,010
		•	declare that I have examined this return, including accompanying schedules and stat	amonta and to the best of my kny	wladge and balief it is

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ELAINE TSO, CHIEF EXECU	APPLE GROW+H	CLIENT	Date
	Type or print name and title	PARTNERS	CLIENT	
	Print/Type preparer's name	Healthy Growth	COPY	Date Check PTIN
Paid	DANA PATTERSON	AGPN PLIC		05/01/23 self-employed P01278758
Preparer	Firm's name 🕒 APPLE GROWTH PART	NERS		Firm's EIN ▶ 34-1082617
Use Only	Firm's address 1540 WEST MARKET	ST		
	AKRON, OH 44313			Phone no. (330) 867-7350
May the I	RS discuss this return with the preparer shown above	e? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice	e, see the separate ins	tructions.	Form 990 (2021)

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AT ASIA, WE STRIVE TO SERVE, SUPPORT, AND ADVOCATE FOR ASIAN AMERICANS
	AND PACIFIC ISLANDERS (AAPIS), AND IMMIGRANTS AND REFUGEES, SO THEY
	PROSPER AND FLOURISH.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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
40	revenue, if any, for each program service reported. (Code:) (Expenses \$2,266,157. including grants of \$51,054.) (Revenue \$358,712.)
4a	(Code:) (Expenses \$ 2,266,157. including grants of \$ 51,054.) (Revenue \$ 358,712.) ASIAN SERVICES IN ACTION INC'S MISSION IS TO EMPOWER ASIAN AMERICANS
	AND PACIFIC ISLANDERS IN NORTHEAST OHIO TO ACCESS QUALITY CULTURAL AND
	LINGUISTICALLY APPROPRIATE INFORMATION AND SERVICES. THESE
	ACCOMPLISHMENTS ARE ACHIEVED BY VARIOUS PROGRAMS DESIGNED TO EDUCATE
	IMMIGRANT AND REFUGEE FAMILIES ABOUT AVOIDING SUBSTANCE ABUSE, MAKING
	HEALTHY LIFESTYLE CHOICES, ENGAGING IN TEEN AND SENIOR CITIZEN WELLNESS
	ACTIVITIES AND OPPORTUNITIES, AND TOBACCO USE PREVENTION. NEW AND
	ENHANCED SERVICES ARE CONTINUALLY ADDED ON AN ANNUAL BASIS. SENIOR
	CITIZENS ARE ENCOURAGED TO AVOID ISOLATION AND TO PARTICIPATE IN SOCIAL
	FUNCTIONS, FIELD TRIPS, EXERCISE PROGRAMS, AND PERSONAL HEALTH MATTERS.
4b	(Code:) (Expenses \$3,046,012. including grants of \$) (Revenue \$1,148,582.)
чы	ESTABLISHED ASIA INTERNATIONAL COMMUNITY HEALTH CENTER TO DELIVER
	COMPREHENSIVE, CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTHCARE.
	PROVIDED HEALTH EDUCATION ACTIVITIES AND SERVICES FOR PATIENTS
	INCLUDING CLINICAL CARE, VACCINATION, AND SCREENING.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5, 312, 169.
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 ASIAN SERVICES IN ACTION INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 72	
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII	120		
^D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	000	X
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 ASIAN SERVICES IN ACTION INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Nac

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		<u> </u>
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		
	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), 501(c)(4), and 501(c)(29) 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<u></u>
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'Yes, 'Complete Schedule N, Part 1</i>			
32		0		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
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		X
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		
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
30		20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	I
1 4				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2021) ASIAN SERVICES IN ACTION INC. 34-1798	850	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 103			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb	Х	
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┝───
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the year?	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<i></i>	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
100005	If "Yes," complete Form 6069.	Eorm	990	(2021)
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Form 990	(2021)
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Check if Schedule O contains a response or note to any line in this Part VI

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

			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12								
	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 on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6		6		X					
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
<i>'</i> u	more members of the governing body?	7a		x					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
D		76		х					
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b							
8		0	v						
	The governing body?	8a	X X						
-	Each committee with authority to act on behalf of the governing body?	8b	Δ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
-			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	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							
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
3	Did the organization have a written whistleblower policy?	13	Х						
4	Did the organization have a written document retention and destruction policy?	14	Х						
5	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
	Other officers or key employees of the organization	15b	Х						
·	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," 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?	16b							
ec	tion C. Disclosure	1.100							
	List the states with which a copy of this Form 990 is required to be filed OH								
' 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	he					
-	for public inspection. Indicate how you made these available. Check all that apply.	s or iry)	availat	210					
0		finer							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a iinano	ial						
~	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ELAINE TSO - 330-535-3263								
	370 EAST MARKET STREET, AKRON, OH 44304	_	990						

Form 990 (2021) ASIAN SERVICES IN ACTION INC.	34-1798850	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of	
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the	
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	ual tr	tional		n ploye	t com	~	1099-INEC)		organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ELAINE TSO	50.00				×	1 0	ш				
CEO		1		x				129,556.	0.	7,390.	
(2) CHANDRA GHALLEY	40.00										
CFO				Х				77,772.	0.	21,856.	
(3) YEN LUONG	1.00										
MEMBER		Х						0.	0.	0.	
(4) MARTHA HOM	1.00										
MEMBER		Х						0.	0.	0.	
(5) ALYSSA NARAGON	1.00										
MEMBER		Х						0.	0.	0.	
(6) WILSON WONG	1.00										
CO-TREASURER		Х		Х				0.	0.	0.	
(7) BRANT LEE	1.00										
PRESIDENT		Х		X				0.	0.	0.	
(8) ROBERT SMITH	1.00										
MEMBER		Х						0.	0.	0.	
(9) AMY LEE	1.00										
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.	
(10) SERENA LU	1.00										
CO-TREASURER		Х		X				0.	0.	0.	
(11) MARGUERITE ERME	1.00										
SECRETARY		Х		X				0.	0.	0.	
(12) EARL PIKE	1.00										
MEMBER		Х						0.	0.	0.	
(13) WILLIAM COLEMAN	1.00										
MEMBER		Х						0.	0.	0.	
(14) AMY C. VALENTINE	1.00										
VICE PRESIDENT		Х		X				0.	0.	0.	
(15) TAMARA C. MORA	1.00										
MEMBER		Х						0.	0.	0.	
		<u> </u>									
										600 (0001)	

132007 12-09-21

Form 990 (2021)

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2021.05080 ASIAN SERVICES IN ACTION 51781.N1

	990 (2021)	AS	IAN S	SERVICES	IN	AC	'TI	ON	ΙI	NC	•	34-17	798	850	P	age 8
Par	t VII _{Sect}	ion A. Officers, Dir	rectors, T	rustees, Key En	nploy	vees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
		(A)		(B)			(0	C)			(D)	(E)	I		(F)	
		Name and title		Average			Pos				Reportable	Reportable		Es	stimate	ed
				hours per		o not c k, unle					compensation	compensatio		ar	nount	of
				week		icer ar					from	from related			other	
				(list any	ctor						the	organizations		com	pensa	tion
				hours for	o Individual trustee or director				pe		organization	(W-2/1099-MIS	C/	fr	om th	е
				related	ee or	Institutional trustee			nsati		(W-2/1099-MISC/	1099-NEC)	ľ	org	anizat	ion
				organization	trust s	al tru		yee	om pe		1099-NEC)		ľ	an	d relat	ed
				below	idual	utior	5	mplc	est co oyee	er			ľ	orga	anizati	ons
				line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			ľ			
								_								
					_											
					-											
					_								ľ			
					_											
					_								ľ			
													ľ			
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					_											
					_											
					_											
4 6	Cubtotol				_	I			-		207,328.		0.	2	9,2	16
											0.		0.	<u> </u>	5,2	<u>+0.</u> 0.
		continuation shee													<u> </u>	
d		lines 1b and 1c)									207,328.		0.	2	9,2	46.
2	Total numb	per of individuals (in	cluding b	ut not limited to t	hose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			
	compensat	tion from the organi	zation													1
															Yes	No
3	Did the ora	anization list any fo	ormer offi	icer. director. trus	tee. I	kev e	empl	ove	e. or	hia	hest compensated empl	ovee on				
	J. J					•	•	-		Ŭ			ľ	3		x
4											ner compensation from the					
4																v
_											or such individual			4		X
5											ed organization or individ					
	rendered to	o the organization?	If "Yes."	<u>complete Schedu</u>	le J f	for sl	ıch r	oers	on .					5		X
Sec	tion B. Inde	pendent Contracto	ors													
1	Complete t	his table for your fiv	ve highes	t compensated ir	depe	ende	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	om	
	the organiz	ation. Report comp	ensation	for the calendar	/ear e	endir	ng w	ith c	or wit	thin	the organization's tax y	ear.				
			(A)								(B)			(0	2)	
		Name a		ess address	N	ONE	2				Description of s	ervices	С		nsatio	n
														-		
										_						
										_						
										T						
	Total reserve	or of indone - dest		ro (including but	act 10	m:+	1+- 1	ther		tod		are then				
2		•				niteo	1 10 1			req	above) who received mo	ore than				
	\$100,000 c	of compensation fro	m the org	janization F				(,						000	

132008 12-09-21

		2021) ASIAN SERVICE	S IN ACT	ION INC.		34-1798	850 Page 9
Pa	rt VII	Statement of Revenue					_
		Check if Schedule O contains a response	or note to any lin	1 /	(B)	(C)	
				(A) Total revenue	(P) Related or exempt	Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
		F T					sections 512 - 514
nts nts	1 a	Federated campaigns 1a		-			
àrar our	b	· · · · · · · · · · · · · · · · · · ·					
∆a, c	с	Fundraising events 1c	2,500.				
ar /	d	J					
s, C	е	Government grants (contributions) 1e 2,	832,424.				
r Si	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above If 2 ,	499,371.				
d Ci	g	Noncash contributions included in lines 1a-1f	12.				
aŭ	h	Total. Add lines 1a-1f	►	5,334,295.			
			Business Code				
ė	2 a	HEALTHCENTER INCOME	621400	1,125,384.	1,125,384.		
vic	b	INTERPRETING AND TRANS	624110	251,069.		34,658.	
Sei	с	SOCIAL SERVICES	611710	63,546.	63,546.		
am	d			-	-		
Program Service Revenue	е						
Pro	f	All other program service revenue					
	g			1,439,999.			
	3	Investment income (including dividends, intere					
		other similar amounts)		4,528.			4,528.
	4	Income from investment of tax-exempt bond p					,
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 9	Gross rents 6a 51,360.		1			
	b			1			
	c			1			
	d			15,775.		15,775.	
		Gross amount from sales of (i) Securities	(ii) Other	2077701		2077701	
	7 0	assets other than inventory 7a	(
	ь	Less: cost or other basis					
e	, D	and sales expenses 7b					
evenue	~	Gain or (loss)		-			
							
Other R		Net gain or (loss) Gross income from fundraising events (not					
the	0 0	including \$2,500. of					
0		contributions reported on line 1c). See					
			3,711.				
	Ь	· · · · · · · · · · · · · · · · · · ·		-			
	b			3,711.			3,711.
	د ۵	Gross income from gaming activities. See	····· F	5,711.			5,711.
	a g						
	L-	Part IV, line 19 9a Less: direct expenses 9b					
		Less: direct expenses 9b Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less returns					
	iu a	-					
	L-	and allowances 10a Less: cost of goods sold 10a					
		• • • • • • • • • • • • • • • • • • • •	<u>″</u>				
	с	Net income or (loss) from sales of inventory	Business Code				
sn	11 ~	MISCELLANEOUS REVENUE	624110	101,953.	101,953.		
leo Ue	11 а ь		024110	<u> </u>	<u> </u>		
ven	b						
Miscellaneous Revenue	C d						
Mi	d			101,953.			
		Total. Add lines 11a-11d	<u></u>	6,900,261.	1 507 204	50,433.	8,239.
10000	12	Total revenue. See instructions	····· P	0,500,201•	H,JV1,4J4•	,,	Form 990 (2021)
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ASIAN SERVICES IN ACTION INC. 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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	51,054.	51,054.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	231,624.	207,305.	24,319.						
6	Compensation not included above to disqualified									
	persons (as defined under section $4958(f)(1)$) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	3,126,787.	2,806,538.	320,249.						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	25,970.	21,907.	4,063.						
9	Other employee benefits	151,442.	127,745.	23,697.						
10	Payroll taxes	290,290.	245,890.	44,400.						
11	Fees for services (nonemployees):									
	Management									
	Legal									
	Accounting									
	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,			150 514						
	column (A), amount, list line 11g expenses on Sch 0.)	956,022.	797,508.	158,514.						
12	Advertising and promotion	11,735.	11,735.	42 047						
13	Office expenses	303,083.	259,236.	43,847.						
14	Information technology									
15	Royalties	165 160	100 760	EC 101						
16		165,169.	108,768.	<u>56,401.</u> 6,475.						
17	Travel	43,525.	37,050.	0,4/3.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	43,597.	36,816.	6,781.						
19	Conferences, conventions, and meetings		30,010.	35,473.						
20	Interest	35,473.		55,475.						
21	Payments to affiliates	144,426.	124,564.	19,862.						
22	Depreciation, depletion, and amortization	50,564.	42,669.	7,895.						
23	Insurance Other expenses. Itemize expenses not covered	50,504.	42,003.	1,095.						
24	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
~	HEALTHCARE SUPPLIES	364,327.	303,330.	60,997.						
a b	AUTO AND TRANSPORTATION	40,416.	37,730.	2,686.						
с С	REPAIRS & MAINTENANCE	21,369.	21,269.	100.						
d	OUTREACH AND ASSISTANCE	4,241.	4,241.							
	All other expenses	80,806.	66,814.	13,992.						
е 25	Total functional expenses. Add lines 1 through 24e	6,141,920.	5,312,169.	829,751.	0.					
<u>25</u> 26	Joint costs. Complete this line only if the organization	•,===;520•	-,,		· ·					
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

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2021.05080 ASIAN SERVICES IN ACTION 51781.N1

Form 990 (2021)

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Form 990 (2021)	ASIAN	SERVICES	IN	ACTION	INC.
Part X	Balance Shee	t				

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		717,060.	1	970,242.
	2	Savings and temporary cash investments	880,811.	2	1,116,639.	
	3	Pledges and grants receivable, net	386,885.	3	603,153.	
	4	Accounts receivable, net		125,462.	4	135,353.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these		5		
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		48,397.	7	0.
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		33,597.	9	153,519.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 2,074,880.			
	b	Less: accumulated depreciation	10b 814,026.	1,398,139.	10c	1,260,854.
	11	Investments - publicly traded securities	34,984.	11	28,127.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 33)	3,625,335.	16	4,267,887.
	17	Accounts payable and accrued expenses		177,396.	17	242,451.
	18	Grants payable		18		
	19	Deferred revenue	4,280.	19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
liti		trustee, key employee, creator or founder, substa	Intial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	e persons		22	
	23	Secured mortgages and notes payable to unrelat	ed third parties	991,540.	23	812,388.
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		0.	25	15,000.
	26			1,173,216.	26	1,069,839.
		Organizations that follow FASB ASC 958, chec	k here ▶ X			
ce		and complete lines 27, 28, 32, and 33.				
llan	27		·····	2,018,914.	27	<u>2,410,577.</u> 787,471.
Ba	28			433,205.	28	787,471.
pun		Organizations that do not follow FASB ASC 95	8, check here 🕨 📃			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
sei	30	Paid-in or capital surplus, or land, building, or equ			30	
tAŝ	31	Retained earnings, endowment, accumulated inc	F		31	
ē	32	Total net assets or fund balances		2,452,119. 3,625,335.	32	3,198,048. 4,267,887.
~		Total liabilities and net assets/fund balances			33	1 767 007

Form	ASIAN SERVICES IN ACTION INC.	34-17	98850	Pag	_{ge} 12
Pa	rt 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	6,900		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,141		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,34	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,452	2,1: 2,1:	<u>19.</u>
5	Net unrealized gains (losses) on investments	5	-12	2 ,4 3	12.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	3,198	3,04	<u>48.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			2a		X
	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 Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			.	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	X	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the o	organization
---------------	--------------

Name	Name of the organization Employer identification number										
		ASIA	N SERVICES	IN ACTION IN	1C.			3	4-1798850		
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state:										
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6 [A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).				
7 [An organization that normal	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in		
г		section 170(b)(1)(A)(vi). (C									
8 [A community trust describe			-						
9 [An agricultural research org				-		-	-		
		or university or a non-land-g	frant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
10 [x	university:		than 22 1/20/ of the survey	ort from -	ontribution	o mombaurt	in face at	d aroog register from		
	Δ	An organization that normal									
		activities related to its exem income and unrelated busin		-					-		
		See section 509(a)(2). (Cor				ses acqui	ieu by the org	anization a			
11 [An organization organized a		vely to test for public saf	aty See	section 50)9(a)(4)				
12		An organization organized a	•					rrv out the	purposes of one or		
		more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga	•••					-	aivina		
		the supported organizatio	-	-	•	-					
		organization. You must c									
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it:	s supporte	d organizatio	n(s), by hav	ving		
		control or management or	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с] Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally inte	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga					Type I, Type	II, Type III			
		functionally integrated, or		nally integrated supportir	ng organiz	ation.					
		r the number of supported o	•								
g		vide the following information) Name of supported	about the supported (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)		
		-		above (see instructions))	163						
Total											

Schedule	A (Form 990)) 2021
Part II	Suppor	t Sc

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	<u> </u>	1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	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 carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					10	
12	Gross receipts from related activities,	-		fourth or fifth tox			
13	First 5 years. If the Form 990 is for the	U U					
Sec	organization, check this box and sto ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
15	Public support percentage from 2020		•			15	%
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the		-				······································
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	0 10% -facts-and-circumstances test	-		• • • •	•		
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s ►
							(Form 990) 2021

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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.) Section A. Public Support

Sec	Stion A. Fublic Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4419193.	4296599.	4127848.	4537503.	5334295.	22715438.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	944,414.	1434534.	1348258.	1225694.	1507294.	6460194.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization'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	5363607.	5731133.	5476106.	5763197.	6841589.	29175632.	
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.	
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						0.	
	Add lines 7a and 7b						29175632.	
	Public support. (Subtract line 7c from line 6.)						291/5052.	
		(-) 0017	(1-) 0010	(-) 0010	(.1) 0000	(-) 0001	(0) Tabal	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2017 5363607.	(b)2018 5731133.	(c) 2019 5476106.	(d) 2020 5763197.	(e) 2021 6841589.	(f) Total 29175632.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	F 1F0	C 01E	E E00		4 520	25 662	
	and income from similar sources	5,158.	6,015.	5,590.	14,371.	4,528.	35,662.	
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975		6 015		11.051	16,611.	<u>16,611.</u> 52,273.	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	5,158.	6,015.	5,590.	14,371.	21,139.	52,273.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,669.	2,955.	9,556.		3,711.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	5371434.	5740103.	5491252.	5777568.	6866439.	29246796.	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,	
Sec	check this box and stop here	c Support Per						
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	column (f))		15	99.76 %	
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	94.03 %	
Sec	ction D. Computation of Inves	stment Income	e Percentage			1 1		
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.18 %	
18								
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1		
	more than 33 1/3%, check this box ar	-	•				► X	
b	33 1/3% support tests - 2020. If the	-					and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins			
13202	23 01-04-22					Schedule /	A (Form 990) 2021	
			16					

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1

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ASIAN SERVICES IN ACTION INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support of the support of the support of the same persons that control or managed
 Image: Control of the support of the s

	Section D	. All Typ	e III Sup	porting	Organizations	
--	-----------	-----------	-----------	---------	---------------	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	l to satisfy the	e Integral Part Test d	uring the year	see instructions).
-					

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governm	ental entity (see instruction <u>s).</u>
-----	--	-------------------------	-------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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Sche	dule A (Form 990) 2021 ASIAN SERVICES IN ACTIO	ON INC.	,	34-1798850 Page 6				
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi						
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•					
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)								
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see				

instructions).

Schedule A (Form 990) 2021

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4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
				Sc	hedule A (Form 990) 2021

ASIAN SERVICES IN ACTION INC.

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1

2

3

Current Year

Schedule A				SERVICES				
Part V	Type II	l Non-	-Functionally Inte	egrated 509(a)	(3) S	upporting	Organizations	(continued)

Section D - Distributions

3

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

GROSS FUNDRAISIN	NG	
2017 AMOUNT: \$	2,669.	
2018 AMOUNT: \$	2,955.	
2019 AMOUNT: \$	9,556.	
2021 AMOUNT: \$	3,711.	
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	21	

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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Concaute	
(Form 990)	

chadula R

Department of the Treasury Internal Revenue Service

Name of the organization

	ASIAN SERVICES IN ACTION INC.	34-1798850		
Organization type (ch	Organization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Г

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Schedule	В	(Form	990)	(2021)

Name of organization

ASIAN SERVICES IN ACTION INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ 1,805,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$114,387.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$141,780.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$36,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>53,731.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Employer identification number

34-1798850

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Name of organization

Part I

(a)

ASIAN SERVICES IN ACTION INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 13,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 17,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 97,907. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 20,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 253,808. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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(d)

34-1798850

(c)

Name of organization

Employer identification number

(d)

X

34-1798850

ASIAN SERVICES IN ACTION INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Person Payroll 70,000. Noncash \$

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$66,989.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$38,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$289,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$53,178.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$134,626.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Name of organization

Page **2**

ASIAN SERVICES IN ACTION INC.

Employer identification number

34-1798850

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>28,902.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>35,811.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$47,165.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>33,916.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

34-1798850

ASIAN SERVICES IN ACTION INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 80,375. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 26 X Person Payroll 43,819. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll Noncash 30,808. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 99,001. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 30,072. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page **2**

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Part I

ASIAN SERVICES IN ACTION INC.

(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33 _		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>34</u>		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for
-			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
			noncash contributions.)
		Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number

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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Schedule B (Form 990) (2021)

Name of organization

(a)

No.

from

Part I

Employer identification number

(d)

Date received

Page 3

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(c)

FMV (or estimate)

(See instructions.)

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Schedule E	3 (Form 990) (2021)		Page 4		
Name of or	rganization		Employer identification number		
ASIAN	SERVICES IN ACTION INC		34-1798850		
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	. For organizations ss for the year. (Enter this info. once.) \$		
(-) No	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ		(e) Transfer of gift			
		(0)			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(a) Transfor of gift			
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
ŀ		(a) Transfor of gift			
	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
ŀ		(e) Transfer of gift			
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		<u> </u>			
123454 11-11	-21		Schedule B (Form 990) (2021)		

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SCHEDULE	D
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Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

51781.N1

Employer identification number

34-1798850

Department of the Treasury Internal Revenue Service Name of the organization

ASIAN SERVICES IN ACTION INC.

Par			imilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	-	(a) Donor advise	d funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	ant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or			·
D.	impermissible private benefit?			Yes No
Par			s" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · ·	7	
	Preservation of land for public use (for example, recreat	ion or education)	7	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	icture included in (a) \dots		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the organi	zation during the tax
	year ►			
4	Number of states where property subject to conservation eas	ement is located 🕨 🔄		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	forcing conservation eas	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes 🔛 No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	nue and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnet	ote to the organization's	financial statements that	at describes the
_	organization's accounting for conservation easements.	<u> </u>	<u></u>	
Par	t III Organizations Maintaining Collections of		asures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	enue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furtheran	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
2	If the organization received or held works of art, historical trea	asures, or other similar as	ssets for financial gain, p	provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021
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		31		

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Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or	Other S	imilar As	sets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	e following that r	make signi	ficant use o	f its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program	n				
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explair	how they further	the organizatior	n's exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or other	similar as	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizat	ion answered "ነ	/es" on Fo	rm 990, Par	t IV, line 9, or		
1a	Is the organization an agent, trustee, custodi		iary for contributio	ns or other asse	ets not incl	uded			
Ĩ	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII							L	
~							Amour	ıt	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe						. Ves		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part l	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years	back (e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g, column ((a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment								
с		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administere	d for the o	rganization		Vee	Na
	by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations								
D	If "Yes" on line 3a(ii), are the related organiza			<i>(</i>			3b		
Par	t VI Land, Buildings, and Equipm		whent lunds.						
	Complete if the organization answere		Part IV. line 11a.	See Form 990.	Part X, line	e 10.			
	Description of property	(a) Cost or o		st or other		imulated	(d) Boo	k volu	0
	Description of property	basis (investr	• • •	s (other)	• •	ciation		n valu	G
19	Land		· ·	55,411.			25	5,4	11.
	LandBuildings			28,290.	6	7,784.		0,5	
	Leasehold improvements			80,675.		0,290.		0,3	
	Equipment			27,165.		6,623.		0,5	
	Other			83,339.		9,329.		4,0	
-	Add lines 1a through 1e. (Column (d) must e			· · · ·	,		1,26		
	in the most of the through the (Columnitie) must e	quari onni 330, Fall		100./			/_•	.,.	

Schedule D (Form 990) 2021

132052 10-28-21

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11c See Form 990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) DOOK value	(c) Method of Valuation. Cost of end-or-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	
Part X Other Liabilities.	10.)	
		11a ar 11f Saa Farm 000 Dart X Jina 25
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	1 TE OF 1 TI. SEE FUTTI 990. Fait A. IIIE 25.
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	
1. (a) Description of liability	on Form 990, Part IV, line	(b) Book value
(a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE	on Form 990, Part IV, line	
1. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE (3)	on Form 990, Part IV, line	(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE (3) (4)	on Form 990, Part IV, line	(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE (3) (4) (5)	on Form 990, Part IV, line	(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE (3) (4) (5) (6)	on Form 990, Part IV, line	(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE (3) (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) LOAN LOSS RESERVE (2) LOAN LOSS RESERVE (3) (4) (5) (6) (7)		(b) Book value

Schedule D (Form 990) 2021

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Tetel (Oel (h) must source Forme 000, Dout V, sel (D) line 10)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Sche	dule D (Form 990) 2021 ASIAN SERVICES IN ACTION I	NC.		34-3	1798850	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	6,923,	434.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-12,412.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-12,	412.
3	Subtract line 2e from line 1			3	6,935,	846.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	-35,585.			
с	Add lines 4a and 4b			4c	-35,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,900,	261.
Pa	t VII Deconciliation of Expanses per Audited Einancial Statem	anta With	Evenence new F			
	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per F	returi		
1					n. <u>6,177,</u>	505.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					505.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements					505.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a				505.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b				505.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			6,177,	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	35,585.		<u>6,177,</u> 35,	585.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	35,585.	1	6,177,	585.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	35,585.	1 2e	<u>6,177,</u> 35,	585.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	35,585.	1 2e	<u>6,177,</u> 35,	585.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d . 4a	35,585.	1 2e	<u>6,177,</u> 35,	585.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	35,585.	1 2e	<u>6,177,</u> 35, 6,141,	<u>585.</u> 920.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	35,585.	1 2e 3	<u>6,177,</u> 35,	<u>585.</u> 920.

Provide the descriptions 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501
(C)(3) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY
ACCEPTED IN THE UNITED STATES OF AMERICA, REQUIRE THE ORGANIZATION'S
MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY
THE IRS. THE ORGANIZATION'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS
TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2022,
THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN, THAT WOULD
REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING
132054 10-28-21 Schedule D (Form 990) 2021 34
570501 799617 51781.NFP 2021.05080 ASIAN SERVICES IN ACTION 51781.N

art XIII Supplemental Information (continued)		
JRISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO A	UDITS FOR ANY TAX PP	RIODS
N PROGRESS.		
ART XI, LINE 4B - OTHER ADJUSTMENTS:		
ENTAL EXPENSES	-	-35,585
ART XII, LINE 2D - OTHER ADJUSTMENTS:		
INTAL EXPENSES		35,585

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDUL (Form 990)) the Treasury	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual n answered "Yes" Attach to For	ls in the Uni on Form 990, Pai m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public
Internal Revenu	le Service		Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of th	e organization ASIAN SER	VICES IN .	ACTION INC.					Employer identification number $34 - 1798850$
Part I	General Information on Grants a	nd Assistance						·
	the organization maintain records t ia used to award the grants or assis		-			-		
2 Desc	ribe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to recipient that received more than \$	Domestic Organiz	zations and Domestic	Governments. (Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter	r total number of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table	•	I	I	
3 Enter	r total number of other organizations	s listed in the line ⁻	1 table					

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

132102 10-26-21

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

ASIAN SERVICES IN ACTION INC.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLIENT ASSISTANCE - SUPPLIES, UTILITIES,					
TRANSPORTATION	139	51,054.	0.		
De tall					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2021

THE ORGANIZATION ASSISTS INDIVIDUALS IN NORTHEAST OHIO.

34-1798850

Page 2

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



131,907.

Employer identification number 34-1798850

ASIAN SERVICES IN ACTION INC.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE FORM 990 IS PRESENTED AT A BOARD MEETING FOR BOARD

APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REGULARLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY

AT MEETINGS AND THROUGH FINANCIAL CONTROL POLICY/PERSONNEL MANUAL.

FORM 990, PART VI, SECTION B, LINE 15:

ALL MANAGEMENT AND KEY EMPLOYEE COMPENSATION ARRANGEMENTS ARE DETERMINED

AND REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE

ORGANIZATION'S OFFICES IN WRITTEN FORM.

FORM 990, PART IX, LINE 11G, OTHER FEES:

BILLING SERVICES:

PROGRAM SERVICE EXPENSES 110,819. 21,088. MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES

TOTAL EXPENSES

_ _ _ . . _ _ . _ .

CLEANING:	
PROGRAM SERVICE EXPENSES	19,111.
MANAGEMENT AND GENERAL EXPENSES	3,636.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021
132211 11-11-21	
38	

08570501 799617 51781.NFP

Name of the organization ASIAN SERVICES IN ACTION INC.	Employer identification number 34-1798850
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,747.
HEALTHCARE SERVICES:	
PROGRAM SERVICE EXPENSES	251,569.
MANAGEMENT AND GENERAL EXPENSES	47,871.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	299,440.
INTERPRETING AND TRANSLATION:	
PROGRAM SERVICE EXPENSES	218,170.
MANAGEMENT AND GENERAL EXPENSES	41,514.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	259,684.
IT SERVICES:	
PROGRAM SERVICE EXPENSES	28,559.
MANAGEMENT AND GENERAL EXPENSES	5,435.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,994.
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	91,735.
MANAGEMENT AND GENERAL EXPENSES	17,456.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	109,191.

|--|

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization ASIAN SERVICES IN ACTION INC.	Pac Employer identification numb 34-1798850
PROGRAM SERVICE EXPENSES	3,410.
IANAGEMENT AND GENERAL EXPENSES	7,407.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	10,817.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	74,135
MANAGEMENT AND GENERAL EXPENSES	14,107
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	88,242
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	956,022
132212 11-11-21	Schedule O (Form 990) 2

SCH	EDULE	R
	1	

(Form 990)

(1 0111 000)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 34 - 1798850

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ASIAN SERVICES IN ACTION INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASIA INITIATIVE LLC - 82-2188652					
370 E MARKET ST.					ASIAN SERVICES IN
AKRON, OH 44304	RENTAL	оніо	239,316.	1,225,633.	ACTION INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 ASIAN SERVICES IN ACTION INC.

34-1798850 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, income excluded from tax under					ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0					
											_					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	tion b)(13) rolled tity?
		country)						Yes	No

Schedule R (Form 990) 2021 ASIAN SERVICES IN ACTION INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a					
	Gift, grant, or capital contribution to related organization(s)	1b					
	Gift, grant, or capital contribution from related organization(s)	1c					
	Loans or loan guarantees to or for related organization(s)	1d					
	Loans or loan guarantees by related organization(s)	1e					
f	Dividends from related organization(s)	1f					
g	Sale of assets to related organization(s)	1g					
h	Purchase of assets from related organization(s)	1h					
i	Exchange of assets with related organization(s)	1i					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k					
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n					
	Sharing of paid employees with related organization(s)	10					
р	Reimbursement paid to related organization(s) for expenses	1p					
q	Reimbursement paid by related organization(s) for expenses	1q					
r	Other transfer of cash or property to related organization(s)	1r					
s	Other transfer of cash or property from related organization(s)	1s					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2021 ASIAN SERVICES IN ACTION INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	5 5				T								
(a)	(b)	(c)	(d)	Are partner 501(c orgs	e)	(f)	(g)	(ł	ו)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	all rs sec	Share of		Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	orPercentage	
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	501(0	c)(3)	total	end-of-year	Dispr tior alloca	nate	amount in box 20	managi		
0. 0		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income			10115 /	of Schedule K-1	partner		
		country)	sections 512-514)	Yes	No	liicoine	833613	Yes	No	(FORM 1065)	Yes N	o	
												_	

Schedule R (Form 990) 2021

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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