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CLIENT'S COPY



ASIAN SERVICES IN ACTION INC
370 EAST MARKET STREET
AKRON, OH 44304

DEAR HARRY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2024 FORM 990

2024 FORM 990-T

EACH ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. EACH COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

Rea & Associates, Inc.

REA & ASSOCIATES, INC.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2025

PREPARED FOR:

ASIAN SERVICES IN ACTION INC
370 EAST MARKET STREET
AKRON, OH 44304

PREPARED BY:

REA & ASSOCIATES, INC.
230 N. MARKET ST.
WOOSTER, OH 44691

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2026

THE 2025 OHIO ANNUAL REPORT HAS BEEN FILED ONLINE.

A PAYMENT OF \$200 IS DUE BY MAY 15, 2026. OHIO NO LONGER ACCEPTS PAPER CHECKS. A PAYMENT MUST BE MADE BY E-CHECK OR CREDIT CARD. THE WEBSITE TO PAY IS:

<HTTPS://CHARITABLEREGISTRATION.OHIOAGO.GOV/>

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2025

PREPARED FOR:

ASIAN SERVICES IN ACTION INC
370 EAST MARKET STREET
AKRON, OH 44304

PREPARED BY:

REA & ASSOCIATES, INC.
230 N. MARKET ST.
WOOSTER, OH 44691

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

| | | |
|--|--|---|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. ASIAN SERVICES IN ACTION INC | Taxpayer identification number (TIN) 34-1798850 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 370 EAST MARKET STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44304 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
370 EAST MARKET STREET - AKRON, OH 44304

Telephone No. **330-535-3263** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

Return of Organization Exempt From Income Tax

Form 990

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: ASIAN SERVICES IN ACTION INC D Employer identification number: 34-1798850 E Telephone number: 330-535-3263 G Gross receipts \$: 8,354,713. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile: OH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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.

Sign Here: Signature of officer HARRY KAMDAR, CEO Date: Preparer's name CATHY ROCHE, CPA Preparer's signature CATHY ROCHE, CPA Date 05/05/26 PTIN P00292467 Firm's name REA & ASSOCIATES, INC. Firm's EIN 34-1310124 Firm's address 230 N. MARKET ST. WOOSTER, OH 44691 Phone no. 330-264-0791

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,375,668. including grants of \$ 213,108.) (Revenue \$ 316,373.) 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.

ASIA'S PROGRAMMING PROMOTES HEALTH, SOCIALIZATION, AND THE WELL BEING OF INDIVIDUALS WHO ARE SIXTY YEARS AND OLDER. WE WANT TO EMPOWER SENIORS TO EXPERIENCE A GREATER SENSE OF PURPOSE; TO PARTICIPATE IN

4b (Code:) (Expenses \$ 3,425,157. including grants of \$) (Revenue \$ 1,431,842.) ASIA-ICHC DELIVERS COMPREHENSIVE, CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTHCARE ON A SLIDING SCALE TO ALL COMMUNITY MEMBERS, ESPECIALLY THOSE WHO FACE ECONOMIC OR LANGUAGE BARRIERS TO CARE.

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 6,800,825.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
THE ORGANIZATION - 330-535-3263
370 EAST MARKET STREET, AKRON, OH 44304

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, box 6 of 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) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SIBLEY STRADER PROVIDER | 40.00 | | | | | X | 173,729. | 0. | 16,367. | |
| (2) SCOTT PIEPHO CEO | 40.00 | | | X | | | 111,363. | 0. | 4,363. | |
| (3) SUSAN WONG CPO | 40.00 | | | X | | | 103,325. | 0. | 3,070. | |
| (4) MAO VUE COO | 40.00 | | | X | | | 90,270. | 0. | 4,363. | |
| (5) BRANT LEE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (6) ALYSSA YOO, PHR PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (7) MARTHA HOM, ESQ. VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (8) EARL PIKE TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (9) JOYCE BO WANG SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (10) WILLIAM COLEMAN SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (11) PAULINE TUNG, MBA SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (12) ABDALLAH NDUME MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) KIM PHAN WOLFF, BCBA, COBA MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) ANNA LIU, MBA MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) MURALI LAKIREDDY MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) MARGUERITE A ERME, DO, MPH MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) AMY LEE, MD, MPH, MBA MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) DARNELL TUCKER MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) HENRY JOHNSON MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) ROBERT SMITH MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) TAMARA C MORA MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 478,687. | 0. | 28,163. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 478,687. | 0. | 28,163. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|----------------|------------------------------------|----------------------------|--|---------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 10,954. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 4,669,049. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,561,944. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 6,241,947. | | | |
| Program Service Revenue | 2 a <u>MEDICARE AND MEDICAID</u> | Business Code | 621400 | 1,311,985. | 1,311,985. | | |
| | b <u>INTERPRETING AND TRANS</u> | Business Code | 621400 | 432,983. | 161,865. | 271,118. | |
| | c <u>OTHER PROFESSIONAL SER</u> | Business Code | 621400 | 154,508. | 154,508. | | |
| | d <u>PRIVATE INSURANCE</u> | Business Code | 621400 | 69,011. | 69,011. | | |
| | e <u>SELF-PAY</u> | Business Code | 621400 | 33,290. | 33,290. | | |
| | f All other program service revenue | Business Code | 621400 | 17,556. | 17,556. | | |
| | g Total. Add lines 2a-2f | | | 2,019,333. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 5,679. | | 5,679. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 46,932. | 1,500. | | |
| | | | (ii) Other | | | | |
| | | | | 45,932. | 0. | | |
| | | | | 1,000. | 1,500. | | |
| d Net gain or (loss) | | | 2,500. | | 2,500. | | |
| 8 a Gross income from fundraising events (not including \$ <u>10,954.</u> of contributions reported on line 1c). See Part IV, line 18 | 8a | | 39,322. | | | | |
| | | b Less: direct expenses | 8b | 28,062. | | | |
| | | c Net income or (loss) from fundraising events | | | 11,260. | | 11,260. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 8,280,719. | 1,748,215. | 271,118. | 19,439. | |

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

| Do not include amounts reported on lines 6b, 7b, 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 ... | 6,168. | 6,168. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 206,940. | 206,940. | | |
| 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 | 478,687. | 417,453. | 60,318. | 916. |
| 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 | 3,853,358. | 3,360,434. | 485,548. | 7,376. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 407,413. | 352,039. | 54,625. | 749. |
| 10 Payroll taxes | 371,266. | 323,670. | 46,896. | 700. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,104,449. | 872,903. | 231,546. | |
| 12 Advertising and promotion | 26,819. | 26,819. | | |
| 13 Office expenses | 394,254. | 322,918. | 71,336. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 166,503. | 119,727. | 46,776. | |
| 17 Travel | 57,173. | 49,939. | 7,234. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 78,370. | 68,454. | 9,916. | |
| 20 Interest | 27,743. | | 27,743. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 86,056. | 75,168. | 10,888. | |
| 23 Insurance | 59,637. | 52,091. | 7,546. | |
| 24 Other expenses. Itemize expenses not covered 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 O.) | | | | |
| a HEALTHCARE SUPPLIES | 551,481. | 481,703. | 69,778. | |
| b AUTO AND TRANSPORTATION | 70,297. | 64,399. | 5,898. | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 7,946,614. | 6,800,825. | 1,136,048. | 9,741. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,331. | 1 | 1,956. |
| | 2 Savings and temporary cash investments | 2,253,523. | 2 | 2,222,466. |
| | 3 Pledges and grants receivable, net | 538,740. | 3 | 650,592. |
| | 4 Accounts receivable, net | 140,812. | 4 | 233,499. |
| | 5 Loans and other receivables from 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 3,200. | 7 | 3,200. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 45,482. | 9 | 66,574. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,387,183. | | |
| | b Less: accumulated depreciation | 10b 1,163,645. | 10c | 1,223,538. |
| | 11 Investments - publicly traded securities | 112,557. | 11 | 56,259. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 178,666. | 15 | 162,332. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 4,485,973. | 16 | 4,620,416. | |
| Liabilities | 17 Accounts payable and accrued expenses | 292,755. | 17 | 137,571. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 369,806. | 19 | 437,704. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 15,663. | 21 | |
| | 22 Loans and other 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 644,267. | 23 | 572,795. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 155,717. | 25 | 130,476. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,478,208. | 26 | 1,278,546. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 2,939,434. | 27 | 3,283,560. |
| | 28 Net assets with donor restrictions | 68,331. | 28 | 58,310. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 3,007,765. | 32 | 3,341,870. |
| | 33 Total liabilities and net assets/fund balances | 4,485,973. | 33 | 4,620,416. |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,280,719. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,946,614. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 334,105. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,007,765. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 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 | 3,341,870. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 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: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| 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: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

| | |
|---|---|
| Name of the organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only 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 **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly 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 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4537503. | 5334295. | 5828305. | 5353675. | 6241947. | 27295725. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1225694. | 1507294. | 1757547. | 1844325. | 2019333. | 8354193. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 5763197. | 6841589. | 7585852. | 7198000. | 8261280. | 35649918. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified 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. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 35649918. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 5763197. | 6841589. | 7585852. | 7198000. | 8261280. | 35649918. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 65,731. | 55,888. | 55,786. | 29,587. | 8,179. | 215,171. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | 5,086. | 13,785. | 444. | | 19,315. |
| c Add lines 10a and 10b | 65,731. | 60,974. | 69,571. | 30,031. | 8,179. | 234,486. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | 3,711. | 2,832. | 7,044. | | 13,587. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 5828928. | 6906274. | 7658255. | 7235075. | 8269459. | 35897991. |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.31 % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | 99.64 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | .65 % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| 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 | |

| Section 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 | |
| e | 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 | |

| Section 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 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 the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to under distributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 | | |
| b | Excess from 2021 | | |
| c | Excess from 2022 | | |
| d | Excess from 2023 | | |
| e | Excess from 2024 | | |

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

ASIAN SERVICES IN ACTION INC

Employer identification number

34-1798850

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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 \$ _____

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).

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

Schedule B (Form 990) (Rev. 12-2024)

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

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 |
|------------|--|----------------------------|---|
| 1 | <u>MAJOR LEAGUE BASEBALL CHARITIES, INC.</u> <u>1271 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10020</u> | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <u>MCMASTER-CARR SUPPLY COMPANY</u> <u>200 AURORA INDUSTRIAL PKWY</u> <u>AURORA, OH 44202</u> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <u>THE J.M. SMUCKER COMPANY</u> <u>1 STRAWBERRY LN</u> <u>ORRVILLE, OH 44667</u> | \$ <u>8,334.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <u>DAF GIVING 360</u> <u>P.O. BOX 2430</u> <u>OMAHA, NE 68103</u> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <u>SCOTT P & ELIZABETH REILLY</u> <u>719 ECTON RD</u> <u>AKRON, OH 44303</u> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <u>AAJC-ASIAN AMERICANS ADVANCING JUSTICE</u> <u>SOUTHERN CALIFORNIA (AJSOCAL)</u> <u>1145 WILSHIRE BLVD</u> <u>LOS ANGELES, CA 90017</u> | \$ <u>10,880.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

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 |
|------------|--|----------------------------|---|
| 7 | <u>AAPCHO</u> <u>1025 CONNECTICUT AVE NW, SUITE 600</u> <u>WASHINGTON, DC 20036</u> | \$ <u>7,059.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <u>ADM BOARD-CUYAHOGA</u> <u>2012 W. 25TH ST, 6TH FLOOR</u> <u>CLEVELAND, OH 44113</u> | \$ <u>56,778.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <u>ADM BOARD-SUMMIT</u> <u>1867 W. MARKET ST, B2</u> <u>AKRON, OH 44313</u> | \$ <u>170,877.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <u>AKRON COMMUNITY FOUNDATION</u> <u>345 W. CEDAR ST</u> <u>AKRON, OH 44307</u> | \$ <u>24,662.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <u>ASIAN AND PACIFIC ISLANDER AMERICAN VOTE</u> <u>1612 K ST. SUITE 600</u> <u>WASHINGTON D.C., OH 20006</u> | \$ <u>18,222.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <u>CAPACD</u> <u>1628 16TH STREET, NW</u> <u>WASHINGTON, DC 20009</u> | \$ <u>68,056.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

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 |
|------------|---|----------------------------|---|
| 13 | CDC FOUNDATION 600 PEACHTREE ST. NE #1000 ATLANTA, GA 30308 | \$ 13,855. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | COLEMAN FOUNDATION, WILLIAM E. COLEMAN 102 ASHLEIGH DR CHAGRIN FALLS, OH 44022 | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | DEPARTMENT OF HEALTH AND HUMAN SERVICES-ADMINISTRATION FOR COMMUNITY 251 18TH STREET SOUTH, SUITE 500 ARLINGTON, VA 22202 | \$ 165,894. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | GAR FOUNDATION 277 E. MILL ST., AKRON, OH 44308 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | HEALTHY LAKEWOOD FOUNDATION PO BOX 770230 LAKEWOOD, OH 44107 | \$ 24,452. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | HRSA 5600 FISHER LANE ROCKVILLE, MD 20857 | \$ 85,265. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

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 |
|------------|---|----------------------------|---|
| 19 | JUNID FAMILY FOUNDATION 3900 PARK EAST DR, SUITE 101 BEACHWOOD, OH 44122 | \$ 15,180. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | OFFICE OF VIOLENCE AGAINST WOMEN (OVW) 1970 WEST BROAD STREET, PO BOX 182632 COLUMBUS, OH 43218 | \$ 282,458. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | OHIO ACCESS TO JUSTICE FOUNDATION 88 E. BROAD ST, . SUITE 720 COLUMBUS , OH 43215 | \$ 60,605. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | OHIO ATTORNEY GENERAL-DAVE YOST 30 E. BROAD STREET, 14TH FLOOR COLUMBUS, OH 43215 | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | OHIO CDC FOUNDATION 100 EAST BROAD STREET, SUITE 500 COLUMBUS, OH 43215 | \$ 144,423. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | OHIO DEPARTMENT OF HEALTH 246 N. HIGH STREET COLUMBUS, OH 43215 | \$ 104,011. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

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 |
|------------|---|----------------------------|---|
| 25 | OHIO DEPARTMENT OF JOB AND FAMILY SERVICES (ODJFS) 30 E. BROAD STREET, COLUMBUS, OH 43215 | \$ 377,232. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | OHIO DOMESTIC VIOLENCE NETWORK 174 E. LONG STREET COLUMBUS, OH 43215 | \$ 73,553. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | OHIO JUSTICE FOUNDATION 88 E. BROAD ST, SUIT 170 COLUMBUS, OH 43215 | \$ 131,272. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | OHIO OFFICE OF CRIMINAL JUSTICE SERVICES 1970 W. BROAD ST. COLUMBUS, OH 43223 | \$ 165,274. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | OHIO SUICIDE PREVENTION FOUNDATION 175 S 3RD ST. SUITE 700 COLUMBUS, OH 43215 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | DEPARTMENT OF HEALTH AND HUMAN SERVICES-ACF/ORR OFFICE OF DISCRETIONA 370 L'ENFANT PROMENADE, SW 6TH FLOOR WASHINGTON, DC 20447 | \$ 1,024,233. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

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 |
|------------|---|----------------------------|---|
| 31 | UNITED WAY-CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115 | \$ 148,283. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | UNITED WAY-SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44304 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | WESTERN RESERVE AREA AGENCY ON AGING 825 EUCLID AVE CLEVELAND, OH 44115 | \$ 79,060. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

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

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

| | |
|---|---|
| Name of organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
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 |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

ASIAN SERVICES IN ACTION INC

Employer identification number

34-1798850

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 255,411. | | 255,411. |
| b Buildings | | 760,698. | 135,353. | 625,345. |
| c Leasehold improvements | | 928,838. | 851,766. | 77,072. |
| d Equipment | | 442,236. | 176,526. | 265,710. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 1,223,538. |

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (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, line 12, col. (B)) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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 |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|-----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITIES | 130,476. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 130,476. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 | 8,280,719. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 8,280,719. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 8,280,719. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 7,946,614. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 7,946,614. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 7,946,614. |

Part XIII Supplemental Information

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 IV, LINE 2B:

THE ORGANIZATION HOLDS RENTAL SECURITY DEPOSITS.

PART X, LINE 2:

THE FASB PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEARS ENDED JUNE 30, 2025 AND 2024, MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

| | |
|---|---|
| Name of the organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of nongovernment grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|-----------------------------|--------------|-------------------------------|--|
| | | GALA (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 50,276. | | | 50,276. |
| | 2 Less: Contributions | 10,954. | | | 10,954. |
| | 3 Gross income (line 1 minus line 2) | 39,322. | | | 39,322. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 1,000. | | | 1,000. |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 27,062. | | | 27,062. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 28,062. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 11,260. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ASIAN SERVICES IN ACTION INC

Employer identification number

34-1798850

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name 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 |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

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.

| (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 FOR FOOD, SUPPLIES, UTILITIES, RENT AND TRANSPORTATION | 89 | 186,440. | 0. | | |
| SCHOLARSHIPS | 2 | 10,500. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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:

THE ORGANIZATION ASSISTS INDIVIDUALS IN NORTHEAST OHIO. THE SUPPORT AND ASSISTANCE AMOUNTS WENT TO HELP SEXUAL ASSAULT AND DOMESTIC VIOLENCE VICTIMS. THE CASE MANAGERS FOR THE PROGRAM DETERMINE IF THE CLIENT NEEDS HELP WITH MATERIAL ASSISTANCE SUCH AS SUPPLIES, UTILITIES, FOOD, RENT, AND TRANSPORTATION. ASSISTANCE EXPENSES HAVE TO BE APPROVED BY THE PROGRAM MANAGER AND PROGRAM DIRECTOR. CHECKS ARE REVIEWED AND SIGNED BY ASIA CEO. PROGRAM AND CLIENT REPORTS ARE SUBMITTED TO THE FUNDERS REGULARILY FOR REVIEW.

THE ORGANIZATION HAS 2 DIFFERENT SCHOLARSHIPS THEY GIVE OUT.

1. WANG JI THONG FAMILY SCHOLARSHIP - SCHOLARSHIP RECIPIENTS ARE DETERMINED BY A SELECTION COMMITTEE MADE UP OF TWO DONORS AND ONE FORMER ASIA EMPLOYEE WHO RETIRED FROM MANAGING THE YOUTH PROGRAMMING. RECIPIENTS MUST COMPLETE A DAY OF SHADOWING AT THE CLINIC TO RECEIVE THEIR SCHOLARSHIP CHECK, MADE OUT DIRECTLY TO THEM, IN ADDITION TO SUBMITTING A PROFESSIONAL PHOTO AND SOME VIDEO RECORDINGS OF THEM ANSWERING QUESTIONS ABOUT THEIR ASPIRATIONS AND

Part IV Supplemental Information

MOTIVATIONS FOR FUTURE SCHOLARSHIP PROMOTIONS. WE ACQUIRE A FORM W9 FROM EACH OF THEM. THEY ARE ELIGIBLE TO RECEIVE A BOOK SCHOLARSHIP ONE YEAR FROM THEIR INITIAL AWARD AFTER THEY HAVE SUBMITTED A ONE-PAGE SUMMARY ESSAY OF WHAT THEY'VE ACHIEVED IN THE PREVIOUS YEAR SINCE RECEIVING THE SCHOLARSHIP.

2. AIMING HIGHER SCHOLARSHIP - SCHOLARSHIP RECIPIENTS ARE DETERMINED BY A SELECTION COMMITTEE MADE UP OF TWO DONORS, TWO COMMUNITY MEMBERS, AND ONE FORMER CEO AND FOUNDER OF ASIA. RECIPIENTS MUST SUBMIT A PROFESSIONAL PHOTO AND COMPLETE A FORM W9. SCHOLARSHIP CHECKS ARE MADE OUT TO THE EDUCATIONAL INSTITUTION IN WHICH THEY ARE ENROLLED WITH A VALID STUDENT ID NUMBER, SENT DIRECTLY TO THE BURSAR'S OFFICES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

| | |
|---|---|
| Name of the organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) SIBLEY STRADER PROVIDER | (i) | 173,729. | 0. | 0. | 3,667. | 12,700. | 190,096. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

COMPENSATION ARRANGEMENTS FOR THE CEO AND CFO ARE REVIEWED AND DETERMINED BY THE BOARD OF DIRECTORS. AN INDEPENDENT CONSULTANT IS ALSO USED TO PERFORM AN ANALYSIS OF THE CEO'S SALARY WITH COMPARABILITY DATA. THE FINANCIAL SITUATION OF THE ORGANIZATION IS ALSO CONSIDERED. COMPENSATION IS REVIEWED ON AN ANNUAL BASIS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ASIAN SERVICES IN ACTION INC

Employer identification number

34-1798850

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFE BEYOND THEIR HOMES, AND TO ENGAGE WITH THE GREATER COMMUNITY IN WHICH THEY LIVE. WITH PARTICULAR ATTENTION TO THOSE WITH LIMITED ENGLISH PROFICIENCY, OUR STAFF PROVIDES A WIDE RANGE OF SERVICES FOR CLIENTS SUCH AS NUTRITION AND SAFETY EDUCATION, EMERGENCY FOOD SUPPORT, COMMUNITY RESOURCES, AND MEANINGFUL SERVICE OPPORTUNITIES. THROUGH FINANCIAL LITERACY PROGRAMMING, HEALTH SCREENINGS AND OUTREACH TO HOMEBOUND SENIORS, WE ARE ABLE TO ARRANGE EXTRA SUPPORT FOR THOSE WHO NEED IT MOST. ULTIMATELY, THE GOAL IS TO EMPOWER OLDER ADULTS TO FLOURISH THROUGH PARTICIPATION IN CIVIC LIFE.

AHISMA OFFERS CONFIDENTIAL CONSULTING SERVICES WITH EXPERTS, AIMED AT IMPROVING INDIVIDUAL AND COMMUNITY MENTAL HEALTH. THIS INCLUDES WELLNESS, COUNSELING AND SUPPORT SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, HUMAN TRAFFICKING, AND SEXUAL ASSAULT.

THE COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT SUPPORTS ADVOCACY AND OUTREACH BOTH LOCALLY AND STATEWIDE, SERVING AS A CENTRAL RESOURCE FOR ANALYSIS AND FACILITATION OF DECISION-MAKING ON THE FULL BREADTH OF ISSUES THAT MAY ARISE ACROSS THE AAPI COMMUNITY. PARTICIPATION IN THE DEMOCRATIC PROCESS IS THE MOST POWERFUL WAY TO HAVE YOUR VOICE HEARD, AND IT IS AT THE CORE OF OUR MISSION IN THE COMMUNITY. SOME OF THE PRIMARY GOALS OF THE CIVIC ENGAGEMENT DEPARTMENT ARE PROMOTING VOTER EDUCATION AND REGISTRATION; ENCOURAGING CONSTITUENTS TO BE INFORMED ON THE ISSUES IMPACTING THE AAPI COMMUNITY; HELPING THOSE CONSTITUENTS CONTACT THEIR LEGISLATORS; AND JOINING WITH STATEWIDE PARTNERS TO RAISE AWARENESS AROUND ISSUES OF IMPORTANCE TO THE GREATER AAPI NETWORK OF OHIO.

THE CHILDREN, YOUTH, & FAMILY SERVICES DEPARTMENT, KNOWN AS CYF, IS FOCUSED ON PROVIDING ACTIVITIES SPECIALIZED TO CHILDREN AND YOUTH. CYF PROVIDES PROGRAMMING FOR PRE-K THROUGH 12TH-GRADE DEVELOPMENT, ACCULTURATION, ACADEMIC SUPPORT, AND ENRICHMENT THROUGH A CULTURALLY COMPETENT LENS BY CREATING OPPORTUNITIES FOR POSITIVE PEER EXPERIENCES AND LEADERSHIP BUILDING. AS ASIA'S OLDEST SOCIAL SERVICES DEPARTMENT, WE ARRANGE LANGUAGE-SPECIFIC PEER SUPPORT GROUPS FOR WOMEN, PARENTING EDUCATION, AND ADVOCACY FOR REFUGEE/IMMIGRANT PARENTS OF CHILDREN AND YOUTH.

THE INTERPRETING AND TRANSLATION SERVICES DEPARTMENT PROVIDES A RANGE OF MULTILINGUAL SERVICES ACROSS NORTHEAST OHIO. THESE INCLUDE:

- FACE-TO-FACE INTERPRETING
- PHONE INTERPRETING
- VIRTUAL INTERPRETING
- DOCUMENT TRANSLATION
- PROOFREADING AND EDITING
- CROSS-CULTURAL TRAINING-40-HOUR MEDICAL INTERPRETER TRAINING COURSE

ASIA'S LEGAL SERVICES DEPARTMENT PROVIDES ASSISTANCE WITH FAMILY LEGAL MATTERS (DIVORCE, DISSOLUTION AND CUSTODY), VICTIMS' RIGHTS LAW, AND IMMIGRATION MATTERS TO COMMUNITIES IN NORTHEAST OHIO. THE SUSTAINABILITY SERVICES DEPARTMENT PROVIDES NEWLY-ARRIVING,

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

| | |
|---|---|
| Name of the organization ASIAN SERVICES IN ACTION INC | Employer identification number 34-1798850 |
|---|---|

LOW-TO-MODERATE INCOME, LIMITED ENGLISH PROFICIENT AAPI ADULTS AND THEIR DEPENDENTS WITH LINGUISTICALLY AND CULTURALLY ACCESSIBLE SERVICES ACROSS NORTHEAST OHIO. OUR TEAM OF BILINGUAL CASEWORKERS CAN PROVIDE CULTURALLY APPROPRIATE, COMPREHENSIVE, AND PROFESSIONAL CASE MANAGEMENT SERVICES TO OUR CLIENTS SO THEY GET ON A PATH TO SELF-SUFFICIENCY. TEAM MEMBERS ARE LOCATED IN AKRON AND CLEVELAND. WE OFFER SERVICES SUCH AS VOCATIONAL SKILLS TRAINING, SUPPORTIVE COUNSELING, JOB PLACEMENT, AND RETENTION SERVICES, AND MUCH MORE.

FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS EMAILED TO THE BOARD MEMBERS TO REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT COVERS BOARD MEMBERS, STAFF AND VOLUNTEERS. THE CEO DETERMINES IF A CONFLICT OF INTEREST EXISTS. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST, THEY ARE UNABLE TO VOTE ON THE CONFLICTING ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION ARRANGEMENTS FOR THE CEO AND CFO ARE REVIEWED AND DETERMINED BY THE BOARD OF DIRECTORS. AN INDEPENDENT CONSULTANT IS ALSO USED TO PERFORM AN ANALYSIS OF THE CEO'S SALARY WITH COMPARABILITY DATA. THE FINANCIAL SITUATION OF THE ORGANIZATION IS ALSO CONSIDERED. COMPENSATION IS REVIEWED ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICES IN WRITTEN FORM. THE FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

| | |
|--|------------|
| CONTRACTED SERVICES: | |
| PROGRAM SERVICE EXPENSES | 872,903. |
| MANAGEMENT AND GENERAL EXPENSES | 231,546. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,104,449. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,104,449. |

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **ASIAN SERVICES IN ACTION INC** Employer identification number **34-1798850**

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 EAST MARKET STREET AKRON, OH 44304 | RENTAL | OHIO | 280,854. | | ASIAN SERVICES IN ACTION INC. |
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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 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---------------------------|---|-------------------------------|---|-------------------------------------|--|----------|
| | | | | | | Yes | No |
| APEX FUND FOR ECONOMIC OPPORTUNITIES - 83-1400463, 370 EAST MARKET STREET, AKRON, OH 44304 | BUSINESS SUPPORT SERVICES | OHIO | 501(C)(3) | LINE 10 | | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

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) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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 country) | (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 | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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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?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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) APEX FUND FOR ECONOMIC OPPORTUNITIES | Q | 116,313. | CASH |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

| Type and Entity: INTERPRETING AND TRANS POST-2017 NO | | DETAIL CARRYOVER SCHEDULE | | | | | | | | | | |
|--|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Section 382 Annual Limitation | | Section 382 Carryover | | | | | | | | | | |
| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 06/30/22 | Amount Used for 06/30/23 | Amount Used for 06/30/24 | Amount Used for 06/30/25 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | 2018 | 19,076. | 12,566. | 410. | 9,898. | 1,972. | 286. | | | | | |
| B | 2019 | 51,196. | | | | | | | | | | |
| C | 2020 | 53,144. | | | | | | | | | | |
| D | | | | | | | | | | | | |
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| | Detail Type | E S B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
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**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

| | | |
|---|--|---|
| Type or Print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions. ASIAN SERVICES IN ACTION INC | Taxpayer identification number (TIN) 34-1798850 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 370 EAST MARKET STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44304 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
370 EAST MARKET STREET - AKRON, OH 44304

Telephone No. **330-535-3263** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | |
|---|-----------|--------------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ 0. |

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 4,620,416, D Employer identification number 34-1798850, E Group exemption number, F Check box if an amended return.

Form header section including: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of THE ORGANIZATION Telephone number 330-535-3263

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 72 to 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 0 to 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing credits and tax amounts from 0 to 0.

| Part III Tax and Payments (continued) | | | |
|--|--|-----------|----|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0. |
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | |
| c | Tax deposited with Form 8868 | 6c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded | 11 | |

| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | Yes | No |
|---|--|-----|----|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | | |
| | 624110 | | |
| | Available post-2017 NOL carryover | | |
| | \$ 111,136. | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

| | | | | | |
|-------------------------------|--|----------------------|------------|---|---|
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | | | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Signature of officer | Date | CEO | Title | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | CATHY ROCHE, CPA | CATHY ROCHE, CPA | 05/05/26 | | P00292467 |
| | Firm's name | Firm's address | | Firm's EIN | |
| REA & ASSOCIATES, INC. | 230 N. MARKET ST. WOOSTER, OH 44691 | | 34-1310124 | Phone no. 330-264-0791 | |

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|--|--|
| A Name of the organization ASIAN SERVICES IN ACTION INC | B Employer identification number 34-1798850 |
| C Unrelated business activity code (see instructions) 624110 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **INTERPRETING AND TRANSLATION INCOME**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|-----------|-----------------|--------------|-----------------|
| 1 a Gross receipts or sales <u>271,118.</u> | | | | |
| b Less returns and allowances _____ c Balance | 1c | 271,118. | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 271,118. | | 271,118. |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 Rent income (Part IV) | 6 | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 Advertising income (Part IX) | 11 | | | |
| 12 Other income (see instructions; attach statement) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 271,118. | | 271,118. |

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | | |
|--|-----------|--|--|-----------------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | | | |
| 2 Salaries and wages | 2 | | | 111,023. |
| 3 Repairs and maintenance | 3 | | | |
| 4 Bad debts | 4 | | | 8,691. |
| 5 Interest (attach statement). See instructions | 5 | | | |
| 6 Taxes and licenses | 6 | | | 9,458. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | | 8b |
| 9 Depletion | 9 | | | |
| 10 Contributions to deferred compensation plans | 10 | | | |
| 11 Employee benefit programs | 11 | | | 16,117. |
| 12 Excess exempt expenses (Part VIII) | 12 | | | |
| 13 Excess readership costs (Part IX) | 13 | | | |
| 14 Other deductions (attach statement) SEE STATEMENT 1 | 14 | | | 125,471. |
| 15 Total deductions. Add lines 1 through 14 | 15 | | | 270,760. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | | 358. |
| 17 Deduction for net operating loss. See instructions STMT 2 STMT 4 | 17 | | | 286. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | | 72. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 Total dividends-received deductions included in line 10 | 0. | | | |

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). | |
| Totals | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|--|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---|---|---|----|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0. |

| | | | | |
|--|--|--|--|----|
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0. |

| | | | | |
|--|--|--|--|----|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 | | | | 0. |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 0. |

Part XI Supplemental Information (see instructions)

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 1 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| OFFICE EXPENSE | | 4,949. |
| TRAVEL | | 31,423. |
| EXAM FEE | | 345. |
| INSURANCE | | 5,133. |
| CONTRACTED SERVICES | | 83,621. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 125,471. |

| FORM 990-T (A) | POST 2017 NOL SCHEDULE | STATEMENT 2 |
|-----------------------------|------------------------|----------------------------------|
| PRIOR YEAR POST 2017 NOL | NOL DEDUCTION | CARRYFORWARD OF POST 2017 NOL |
| 111,136. | 286. | 110,850. |

| 990-T SCH A | POST-2017 NET OPERATING LOSS DEDUCTION | | | STATEMENT 3 |
|-----------------------------------|--|-------------------------|----------------|---------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19 | 19,076. | 12,280. | 6,796. | 6,796. |
| 06/30/20 | 51,196. | 0. | 51,196. | 51,196. |
| 06/30/21 | 53,144. | 0. | 53,144. | 53,144. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 111,136. | 111,136. |

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 4

| | |
|--|----------|
| TAXABLE INCOME FROM ALL ENTITIES | 358. |
| THIS ENTITIES PORTION OF TAXABLE INCOME | 358. |
| THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS | 100.00% |
| THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS | 0. |
| TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS | 358. |
| 80% INCOME LIMITATION | 286. |
| POST-2017 AVAILABLE | 111,136. |
| LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION | 286. |

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

| | |
|--|---|
| Name of corporation ASIAN SERVICES IN ACTION INC | Employer identification number (EIN) 34-1798850 |
|--|---|

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|--------------------------------|---------------------------------|--------------------------------|
| 1 Net income or loss per applicable financial statement(s) (AFS) (see inst): | | | |
| a Consolidated net income or loss per the AFS of the corporation | 1a | | |
| b Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | | |
| c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | | |
| d Adjustment for certain consolidating entries (see instructions) | 1d | | |
| e Specified additional net income or loss item B. Reserved for future use | 1e | | |
| f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d | 1f | | |
| 2 Adjustments (see instructions): | | | |
| a Financial statements covering different tax years | 2a | | |
| b Corporations that are not included on the taxpayer's consolidated return | 2b | | |
| c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG) | 2c | | |
| d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) | 2d | | |
| e Certain taxes | 2e | | |
| f Patronage dividends and per-unit retain allocations (cooperatives only) | 2f | | |
| g Alaska native corporations | 2g | | |
| h Certain credits | 2h | | |
| i Mortgage servicing income | 2i | | |
| j Tax-exempt entities (organizations subject to tax under section 511) | 2j | | |
| k Depreciation | 2k | | |
| l Qualified wireless spectrum | 2l | | |
| m Covered transactions | 2m | | |
| n Adjustments related to bankruptcy and insolvency | 2n | | |
| o Certain insurance company adjustments | 2o | | |
| p Adjustment P - Reserved for future use | 2p | | |
| q Adjustment Q - Reserved for future use | 2q | | |
| r Adjustment R - Reserved for future use | 2r | | |
| s Adjustment S - Reserved for future use | 2s | | |
| z Other | 2z | | |
| 3 Specified adjustment. Reserved for future use | 3 | | |
| 4 Total adjustments. Combine lines 2a through 2z | 4 | | |
| 5 AFSI. Combine lines 1f and 4 | 5 | | |
| 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 | | | 6 |
| 7 3-year average annual AFSI (see instructions) | | | 7 |

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|---|--|---|
| 10 AFSI for purposes of the \$100 million test before adjustments: | | | |
| a AFSI from line 5 | 10a | | |
| b Aggregation differences (see instructions) | 10b | | |
| c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b | 10c | | |
| 11 Adjustments: | | | |
| a Income not effectively connected to a U.S. trade or business | 11a | | |
| b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions) | 11b | | |
| c Reserved for future use - Other adjustments 1 | 11c | | |
| d Reserved for future use - Other adjustments 2 | 11d | | |
| 12 Total adjustments. Combine lines 11a and 11b | 12 | | |
| 13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 | 13 | | |
| 14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 | 14 | | |
| 15 3-year average annual AFSI for purposes of the \$100 million test | 15 | | |

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

| | | |
|--|-----------|---------|
| 1 Net income or loss per AFS (see instructions): | | |
| a Consolidated net income or loss per the AFS of the corporation | 1a | - 642 . |
| b Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | |
| c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | |
| d Adjustment for certain consolidating entries (see instructions) | 1d | |
| e Specified additional net income or loss item D. Reserved for future use | 1e | |
| f AFS net income or loss before adjustments. Combine lines 1a through 1d | 1f | - 642 . |
| 2 Adjustments (see instructions): | | |
| a Financial statements covering different tax years | 2a | |
| b Reserved for future use - Adjustment 2b | 2b | |
| c Corporations that are not included on the taxpayers - consolidated return (see instructions) | 2c | |
| d The corporation's distributive share of adjusted financial statement income of partnerships | 2d | |
| e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 | 2e | |
| f Amounts that are not effectively connected to a U.S. trade or business | 2f | |
| g Certain taxes. Enter the amount from Part III, line 7 | 2g | |
| h Patronage dividends and per-unit retain allocations (cooperatives only) | 2h | |
| i Alaska native corporations | 2i | |
| j Certain credits | 2j | |
| k Mortgage servicing income | 2k | |
| l Covered benefit plans described in section 56A(c)(11)(B) | 2l | |
| m Tax-exempt entities (organizations subject to tax under section 511) | 2m | |
| n Depreciation | 2n | |
| o Qualified wireless spectrum | 2o | |
| p Covered transactions | 2p | |
| q Adjustments related to bankruptcy and insolvency | 2q | |
| r Certain insurance company adjustments | 2r | |
| s AFSI adjustment S - Reserved for future use | 2s | |
| t AFSI adjustment T - Reserved for future use | 2t | |
| u AFSI adjustment U - Reserved for future use | 2u | |
| z Other | 2z | |
| 3 Total adjustments. Combine lines 2a through 2z | 3 | |
| 4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 | 4 | - 642 . |
| 5 Financial statement net operating loss (FSNOL) (see instructions) | 5 | |
| 6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0- | 6 | |
| 7 Multiply line 6 by 15% (0.15) | 7 | |
| 8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) | 8 | |
| 9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- | 9 | |
| 10 Regular tax liability (see instructions) | 10 | |
| 11 Base erosion minimum tax (see instructions) | 11 | |
| 12 Combine lines 10 and 11 | 12 | |
| 13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 13 | |

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

| | | |
|--|-----------|--|
| 1 Current income tax provision - Foreign | 1 | |
| 2 Current income tax provision - Federal | 2 | |
| 3 Deferred income tax provision - Foreign | 3 | |
| 4 Deferred income tax provision - Federal | 4 | |
| 5 Income taxes included in equity method investment income | 5 | |
| 6a Adjustment A - Reserved for future use | 6a | |
| b Adjustment B - Reserved for future use | 6b | |
| c Adjustment C - Reserved for future use | 6c | |
| d Adjustment D - Reserved for future use | 6d | |
| e Adjustment E - Reserved for future use | 6e | |
| f Adjustment F - Reserved for future use | 6f | |
| g Adjustment G - Reserved for future use | 6g | |
| h Adjustment H - Reserved for future use | 6h | |
| z Income taxes in other places | 6z | |
| 7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | 7 | |

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

| | | | | |
|----------|---|-----------|-----|-----------|
| 1 | Domestic corporation CAMT foreign income taxes: | | | |
| a | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) | 1a | | |
| b | Adjustment | 1b | | |
| c | Adjustment | 1c | | |
| d | Adjustment | 1d | | |
| e | Adjustment | 1e | | |
| f | Adjustment | 1f | | |
| g | Adjustment | 1g | | |
| 2 | Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g..... | | | 2 |
| 3 | Allowable CFC CAMT foreign income taxes: | | | |
| a | Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n) | 3a | | |
| b | Other | 3b | | |
| c | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) | 3c | | |
| d | Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c | | | 3d |
| e | Percentage specified in section 55(b)(2)(A)(i) | 3e | 15% | |
| f | Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions) | 3f | | |
| g | CFC CAMT FTC limitation (multiply line 3e by line 3f) | | | 3g |
| h | Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g) | | | 3h |
| 4 | CAMT FTC Line 4 - Reserved for future use | | | 4 |
| 5 | CAMT FTC Line 5 - Reserved for future use | | | 5 |
| 6 | Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8..... | | | 6 |