

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

SEPTEMBER 30, 2021

Prepared for	
	SOUTHEAST ASIA RESOURCE ACTION CENTER 1628 16TH STREET, N.W. WASHINGTON, DC 20009-3099
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
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. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

			** PUBLIC DISCLOSURE COPY	* *			
	0	90	Return of Organization Exempt From		OMB No. 1545-0047		
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2020		
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it m		Open to Public		
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection		
AF	or th	e 2020 calend	ar year, or tax year beginning $ ext{OCT} \ 1$ , $\ 2020$ and ending	SEP 30, 2021			
<b>B</b> C a	3 Check if applicable:       C Name of organization       D Employer identificat         Address change       SOUTHEAST ASIA RESOURCE ACTION CENTER       D						
	Name change         Doing business as         52-116147						
	chang	ge Doing b		52-11614/3			
	_return ]Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/su 16TH STREET, N.W.	uite E Telephone number 202-601-29	60		
	Terturn/ termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$						
Amended WASHINGTON, DC 20009-3099 H(a) Is this a group return							
Applica- tion <b>F</b> Name and address of principal officer: <b>QUYEN DINH</b> for subordinates?							
	pendi		AS C ABOVE	H(b) Are all subordinates includ			
<u> </u>	ax-ex	empt status:		527 If "No," attach a list			
			SEARAC.ORG	H(c) Group exemption n			
				'ear of formation: 1979 M St			
	rt I						
	1		e the organization's mission or most significant activities: SEE PART	III. LINE 1.			
ЭС	.	Drieffy debolit		,			
naı	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of n	nore than 25% of its net asset			
Governance			ting members of the governing body (Part VI, line 1a)				
	4		lependent voting members of the governing body (Part VI, line 1a)		15		
s S			of individuals employed in calendar year 2020 (Part V, line 2a)		30		
itie			of volunteers (estimate if necessary)		15		
Activities &			d business revenue from Part VIII, column (C), line 12		0.		
Ă			business taxable income from Form 990-T, Part I, line 11		0.		
		Net difference		Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	1,389,942.	2,568,924.		
Revenue	9			16,800.	22,514.		
ivel		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	3,546.	2,076.		
Å			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,071.	4,687.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,415,359.	2,598,201.		
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	126,644.		
			to or for members (Part IX, column (A), line 4)	0.	0.		
			r compensation, employee benefits (Part IX, column (A), line 4)	764,824.	1,101,569.		
sec				0.	0.		
Expense			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 44,058.				
Ĕ			<b>y</b> -	789,096.	347,743.		
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,553,920.	1,575,956.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-138,561.	1,022,245.		
-s	19	Revenue less	expenses. Subtract line 18 from line 12				
Net Assets or Fund Balances		Total accete "	Part V line 16)	Beginning of Current Year 1,795,229.	End of Year 2,792,698.		
Asse Bal		Total assets (I		313,471.	283,616.		
let / und			(Part X, line 26)	1,481,758.	2,509,082.		
	22 Irt II		fund balances. Subtract line 21 from line 20	±,±0±,/J0•	4,503,004.		
		-	DIOCK I declare that I have examined this return, including accompanying schedules and sta	tomonte and to the heat of my lin	owladge and balief it is		
				· · · · · · · · · · · · · · · · · · ·	owieuge and beller, it is		
uue,	corre	u, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	iaiti ilas ally kilowiedye.			

Sign Here	Signature of officer QUYEN DINH, EXECUTIVE DIRECTOR Type or print name and title	Date
	Print/Type preparer's name Preparer's signature,	Date Check PTIN
Paid	RICHARD J. LOCASTRO, CPA Duland belants	08/15/22 <sup>If</sup> self-employed P00288314
Preparer	Firm's name 🕨 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN <b>52-1392008</b>
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2020)

Par	990 (2020) SOUTHEAST ASIA RESOURCE ACTION CENTER 52-1161473
	rt III Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEARAC IS A NATIONAL CIVIL RIGHTS ORGANIZATION THAT EMPOWERS
	CAMBODIAN, LAOTIAN, AND VIETNAMESE AMERICAN COMMUNITIES TO CREATE A
	SOCIALLY JUST AND EQUITABLE SOCIETY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
td	(Code:) (Expenses \$ SUS , 509, 506 · including grants of \$ IU, 500 ·) (Revenue \$ ZZ , 5 EDUCATION PROGRAM: SEARAC'S SAVE PROJECT FOCUSES ON DOMESTIC EDUCATI
	POLICIES AND ADVOCACY AFFECTING SOUTHEAST ASIAN AMERICAN STUDENTS.
	WHILE THERE IS A FOCUS ON CLOSING THE ACHIEVEMENT GAP OF SOUTHEAST
	ASIAN AMERICAN STUDENTS, THE SAVE PROGRAM ALSO WORKS ON ISSUES THAT
	AFFECT ALL ASIAN AMERICAN AND PACIFIC ISLANDERS (AAPI) AND ALL
	COMMUNITIES OF COLOR. THE SAVE PROGRAM COMBINES CAPACITY BUILDING,
	ORGANIZING, ADVOCACY, AND ACTION-ORIENTED RESEARCH TO CONNECT THE RE
	EXPERIENCES OF SOUTHEAST ASIAN AMERICAN STUDENTS TO THE CONVERSATION
	OF OTHER AAPI ORGANIZATIONS AND CIVIL RIGHTS ORGANIZATIONS SO THAT T
	CAN MOVE POLICY AT THE LOCAL, STATE, AND FEDERAL LEVELS.
	· · ·
1b	(Code: ) (Expenses \$ 175,345. including grants of \$ 18,000.) (Revenue \$
ŧIJ	(Code: ) (Expenses \$ 1/5,345. including grants of \$ 18,000.) (Revenue \$ IMMIGRATION: THROUGH ADVOCACY, COMMUNITY BUILDING AND MOBILIZATION,
	LEADERSHIP DEVELOPMENT, AND COMMUNICATIONS WORK, SEARAC'S IMMIGRATIO
	WORK FOCUSES ON DISMANTLING THE DEPORTATION PIPELINE FOR SOUTHEAST
	ASIAN AMERICANS, PARTICULARLY FOR THOSE WITH PAST CRIMINAL CONVICTIO
	RECORDS TO HAVE THE RIGHT TO STAY TOGETHER WITH THEIR FAMILIES. SEAR
	ALSO FIGHTS TO PRESERVE OUR FAMILY BASED IMMIGRATION SYSTEM,
	IMMIGRATION INTEGRATION SERVICES, AND SUPPORT TO OTHER IMMIGRANT AND
	IMMIGRATION INTEGRATION SERVICES, AND SUPPORT TO OTHER IMMIGRANT AND REFUGEE COMMUNITIES.
4c	REFUGEE COMMUNITIES.
4c	REFUGEE COMMUNITIES.           (Code:         ) (Expenses \$ 168,022. including grants of \$ 29,300.) (Revenue \$
4c	REFUGEE COMMUNITIES. (Code: ) (Expenses \$ 168,022. including grants of \$ 29,300.) (Revenue \$ HEALTH: THE GOAL OF THE HEALTH CALIFORNIA PROGRAM IS TO DEVELOP
4c	REFUGEE COMMUNITIES.         (Code:) (Expenses \$168,022. including grants of \$29,300.) (Revenue \$
4c	REFUGEE COMMUNITIES. (Code:)(Expenses \$168,022. including grants of \$29,300.) (Revenue \$ HEALTH: THE GOAL OF THE HEALTH CALIFORNIA PROGRAM IS TO DEVELOP LOCALIZED AND STATEWIDE ADVOCACY CAPACITY TO ADVANCE HEALTH POLICY CHANGES THAT IMPROVE THE HEALTH OF SOUTHEAST ASIAN AMERICANS IN LONG
4c	REFUGEE COMMUNITIES.         (Code:) (Expenses \$
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	REFUGEE COMMUNITIES.         (Code:)(Expenses \$
4d	REFUGEE COMMUNITIES.         (Code:) (Expenses \$ 168,022. including grants of \$ 29,300.) (Revenue \$         HEALTH: THE GOAL OF THE HEALTH CALIFORNIA PROGRAM IS TO DEVELOP         LOCALIZED AND STATEWIDE ADVOCACY CAPACITY TO ADVANCE HEALTH POLICY         CHANGES THAT IMPROVE THE HEALTH OF SOUTHEAST ASIAN AMERICANS IN LONG         BEACH, MERCED, SOUTH SACRAMENTO AND STATEWIDE. THE PROGRAM INTEGRAT         TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY BASED ORGANIZATIONS,         LOCAL ADVOCACY, AND STATE ADVOCACY.         Other program services (Describe on Schedule 0.)         (Expenses \$ 424, 405. including grants of \$ 69, 344.) (Revenue \$ )
4d	REFUGEE COMMUNITIES.         (Code:       ) (Expenses \$       168,022. including grants of \$       29,300.) (Revenue \$         HEALTH:       THE GOAL OF THE HEALTH CALIFORNIA PROGRAM IS TO DEVELOP         LOCALIZED AND STATEWIDE ADVOCACY CAPACITY TO ADVANCE HEALTH POLICY         CHANGES THAT IMPROVE THE HEALTH OF SOUTHEAST ASIAN AMERICANS IN LONG         BEACH,       MERCED, SOUTH SACRAMENTO AND STATEWIDE. THE PROGRAM INTEGRAT         TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY BASED ORGANIZATIONS,         LOCAL ADVOCACY, AND STATE ADVOCACY.         Other program services (Describe on Schedule 0.)         (Expenses \$       424,405. including grants of \$         69,344.)       (Revenue \$         )       Total program service expenses
4d 4e	REFUGEE COMMUNITIES.         (Code:)(Expenses \$
4d 4e	REFUGEE COMMUNITIES.         (code:)(Expenses \$ 168,022. including grants of \$ 29,300.) (Revenue \$         HEALTH: THE GOAL OF THE HEALTH CALIFORNIA PROGRAM IS TO DEVELOP         LOCALIZED AND STATEWIDE ADVOCACY CAPACITY TO ADVANCE HEALTH POLICY         CHANGES THAT IMPROVE THE HEALTH OF SOUTHEAST ASIAN AMERICANS IN LONG         BEACH, MERCED, SOUTH SACRAMENTO AND STATEWIDE. THE PROGRAM INTEGRAT         TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY BASED ORGANIZATIONS,         LOCAL ADVOCACY, AND STATE ADVOCACY.
1d 1e	REFUGEE COMMUNITIES.         (Code:)(Expenses \$

Form 9	aan (	20201

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
'	the environment biotoxic land except or biotoxic structures? If "Yes," complete Schodule D. Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
IZa	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
20-	complete Schedule G, Part III	19 20a		 X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	l	<u> </u>
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
032003				(2020)

032003 12-23-20

08520815 745960 30802

2020.06000 SOUTHEAST ASIA RESOURCE ACT 30802\_\_1

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Form 990 (2020)	SOUTHEAST	ASIA	RESC
Part IV Checklis	t of Required Schedu	<b>lles</b> (cont	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
032004	12-23-20 <b>_</b>	Form	990	(2020)
	5			

Form 990	(2020)	)	SOUTHEAS	ST A	SIA	RESOU	RCE	ACTION	CENTER
Part V	St	atements	Regarding Otl	ner IR	S Fili	ngs and	Tax (	Compliance	(continued)

2a         Inter the number of employees reported on from W-3, Transmital of Wage and Tax Statements,         2a         30           b         If a least one is reported on fine 2, did the organization file all required federal employment tax returns?         2b         X           3a         Did the organization have number of a 2, did the organization file all required federal employment tax returns?         2b         X           3a         Did the organization have number of all source of the organization have an interest in, or a signature or other authorty over, a financial account is free organization have an interest in, or a signature or other authorty over, a financial account (Field).         3a         X           3b         If 'Yes, 'inter the number of the forgin country 'second the analytic meeting or a signature or other authorty over, a financial account (FIEAPI).         5a         X           3b         If 'Yes, 'inter the organization file PGNE PROFINES         5a         X           3c         Was the organization approximation that it was or is a party to a prohibited tax shells?         5b         X           3c         Was the organization shell transcion?         5a         X           3c         Was the organization for PGNE PROFINES         5a         X           3c         Was the organization for PGNE PROFINES         5a         X           3c         Was the organization nelene PROFINES         5a         X						Yes	No
b         If a last one is reported on line 2a, did the organization file all required foer-life (see instructions)         2a         X           3a         D d the organization have unrelated Dualness gross income of \$1,000 or more during the year?         3a         X           3b         D f the organization have unrelated Dualness gross income of \$1,000 or more during the year?         3a         X           3b         I "Yes," hast it fled a form 930 T for this year? If "No" to the 3b, provide an explanation or Schedule O         3b         X           3b         I "Yes," instit fled a form 930 T for this year? If "No" to the 3b, provide an explanation or other matchity over, a financial accountly year, dith organization have numal years during the suscept         See instructions for fling requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR).         See instructions for fling requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR).         See X           5b         W Ste for organization have annual gross excepts that are normally greater than \$100,000, and did the organization solut any contributions or gifts were not tax deductibles contributions under section 170(c).         Do the organization eavy munal gross respects that are normally greater than \$100,000, and did the ergenization sector the value of the outpoint year in the subscent by outpoint of tax sectors or the value of the outpoint year in the sector 170(c).         Do the organization have normal gross tatiment that such contributions or gifts were not tax deductibles contributions or devise duary there year in the sectore 170(c).         Do the o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note:         It is und lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         Image: Control of		filed for the calendar year ending with or within the year covered by this return	2a	30			
3a       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If ''ss', 'hast lifes a Form 9000 Tork this year! White No it is as provide an explanation on Schedule O       3b         b       If ''ss', 'hast lifes a Form 9000 Tork this year! White No its is as provide an explanation on Schedule O       3b         b       If ''ss', 'hast lifes a Form 9000 Tork this year! White No its is a park account, or other financial account?       4a       X         b       If ''ss', 'hast lifes a Form 9000 Tork this year! White No its is park to a prohibite tax shelts' transaction?       5a       X         b       Dist any taxable park notify the organization the from 886617.       5a       X         b       I''ss', 'and the organization is the man evolutible as chartable contributions?       6a       X         b       I''ss', 'and the organization is the man evolutible as chartable contributions?       6a       X         b       I''ss', 'and the organization is oblication an express statement that such contributions notified with a way or the south sub contributions or gifts were not tax deductible?       6a       X         b       I''ss', 'and the organization include with every is oblication an express attemment that such contributions or any the south as or antivation and part for poots and services provided to the pare of the organization is the way or other value of the goads or services prowided?       7a       X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? <sub>.</sub>		2b	Х	
b       If "Yes," has it filed a Form 980 T for this year? If 'No' to line 3b, provide an explenation on Schedule 0       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         b       If "Yes," enter the name of the foreign country bc.       5a       X         b       B'res," enter the name of the foreign country bc.       5a       X         b       Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       5a       X         b       Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       5a       X         b       Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction?       5a       X         c)       Did the organization neural gross mecily to a prohibited tax shelter transaction solid       5a       X         if "*s," did the organization neural gross mecily to a prohibitited tax shelter transaction solid       5a       X         if "*s," and the organization notify the down of the value of the goods or services provided to the payof?       7a       X         if "*s," and the organization notify the down of the value of the goods or services provided to the payof?       7a       X         if "*s," and the organization notify the down of the			is)				
4a       At any time during the calendar year, ald the organization have an interest in, or a signature or other authority over, a       4a       X         b       If "Yes," enter the name of the foreign country (such as a bank account, erother financial account; or enter financial accounts (FBAR).       5a       X         b       Was the organization aparty to a prohibited tas shelter transaction?       5a       X         b       Did any taxable party notify the organization financial accounts or is a party to a prohibited tas shelter transaction?       5a       X         c       If "Yes": lot is 5a or 5b, did the organization inform BB8-F?.       5a       X         c       Dos the organization nary to a prohibited is schettransaction?       5a       X         did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts       6a       X         dif the organization nickle with every solicitation an express statement that such contributions or gifts       6a       X         dif the organization nickle weak or the value of the gods or services provided?       7a       X         dif the organization nickle weak organization file gods or services provided?       7b       7a       X         dif the organization nickle decountible weaks of size bard account in ordinect, on a personal benefit contract?       7b       7c       X         dif the organization nickle decounti							X
In minimal account in a foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b If "Yes," enter the name of the foreign country       >       5a       X         See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?       5a       X         6a Does the organization are any annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization near years statement that such contributions orgits were not tax deductible contributions under section 170(c).       6a       X         b If the organization near years statement that such contributions orgits       6b       7a       X         c Did the organization near years of the donor of the value of the goods or services provided to the payo?       7a       X         c Did the organization near years of the doning the year       7a       X       7b       7a       X         d If "Yes," indicat the number of forms 8282 filed during the year       7a       X       7a       X         f Did the organization receive a grind fund. Ricettary or indirectly, to pay premiums on a personal benefit contract?       7e       X					3b		
b If "Yes," enter the name of the foreign country ► See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization aperty to a prohibited wishelter transaction? 5 If "Yes" to be 5 ar of 5, dif the organization fing Form 880-77 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes" (the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Uf the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 Of the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required? 7 If "X" 7 Uf the organization receive a payment in excess of \$/5 made partly as a controllution and parly for groupds and services provided to the payor? 7 C X" 7 Of the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required? 7 If the organization receive a controllution of qualified intellectual property, did the organization file form 8899 as required? 7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8899 as required? 7 If the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required? 8 Sponsoring organization maintaining door advised funds. 9 Sponsoring organization make ary taxable distributions under section 4966? 10 Adv the sponsoring organization make ary taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter: 10 Gross income from members or shareholders 10 Cores section from (10, 11, 12, 12, 12a) 11 Section	4a			-			v
See instructions for fling requirements for Fin/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         5b       Otd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       So       So         5c       C       TYes; to line 5a or 5b, did the organization file Form 1898-17?       So       So         6c       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the very solicitation an express statement that such contributions or gifts were not tax deductible?       So       Co         7       Organization recele a party Inde prohibitity as a contribution and party for goods and services provided to the payo?       Ta       X         10       Horse, "indicate the number of Forms 8282 field during the year       Ta       Zd       To         2       Did the organization receles a gary funds, directly or indirectly, to a presonal benefit contract?       Te       X         4       HYes, "indicate the number of Forms 8282 field during the year       Ta       Zd       To       X         6       Did the organization receles a gary funds, directly or indirectly, on a personal benefit contract?       Te       X <td< th=""><th></th><th></th><th>accol</th><th>unt)?</th><th>4a</th><th></th><th></th></td<>			accol	unt)?	4a		
5a     Was the organization a party to a prohibited tax shelter transaction?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       6b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       6c     Dids any taxable party notify the organization file Form 8886 17     5a     X       6c     A     A     A       6c     Did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts     6b       7     Organization stat may receive deductible contributions under section 170(c).     A     X       7     Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payr     7a     X       7     O the organization notify the door of the value of the goods or services provided?     7c     X       7     Did the organization notify the door of the value of the goods or services provided to the payr     7a     X       8     Did the organization notify the door of the value of the goods or services provided to any contribution of any contribution of any excess provided to any contribution of any contribution of any excess provided to any contribution of any contribution of any excess provided to any contribution of any excess provided to any contribution of any excess business holdings at any time during the year	b	· · · · · · · · · · · · · · · · · · ·					
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If Yes' to line 5a or 5b, did the organization file Form 8886 T?       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible?       5c       5c         d       If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         d       If Yes, 'did the organization neckey apprentin excess of \$75 made party as a contribution and party for goods and services provided to the part?       7a       X         d       If Yes, 'did the organization neckey apprentin excess of \$75 made party to pay oreniums on a personal benefit contract?       7c       X         d       If Yes, 'indicate the number of Form 8282 filed dumg the year       2d       7c       X         f       Did the organization neckey any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         g       If the organization neckey act contribution of qualified intellectual property. did the organization neckey also contribution of cars, boats, anjing manes, or the vielics, did the organization neckey affect on any base distributions under section 4986?       N/A       8         g       Sponsoring organization	<b>F</b> -				5.0		v
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       60     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7       7     Organizations that may receive deductible contributions under section 170(c).     10 the organization notify the doors of the goods or services provided to the payof     7a     X       0     If "Yes," did the organization notify the doors of the goods or services provided to the payof     7c     X       0     If "Yes," did the organization notify the doors of the value of the goods or services provided to the payof     7c     X       0     If "Yes," did the organization notify the doors of the value of the goods or services provided to the payof     7c     X       1     If the organization neceived a contribution of the value of the goods or services provided to the payof     7c     X       1     If the organization neceived a contribution of qualified intellectual property for which it was required?     7d     X       1     If the organization maintaining door advised funds. Did a door advised fund maintaned by the sponsoring organization maintaining door advised funds. Did a door advised funds. Did a born organization fayof and advised funds.     9d							
6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         c       Organizations that may receive deductible contributions under section 170(c).       6b       56         a       Did the organization neity the donor of the value of the goods or services provided?       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7d       X         f       Did the organization neity the state of qualified intellectual property for which it was required to file Form 8289 as required?       7d       X         f       Did the organization neity as a pay premiums, directly or indirectly, or a personal benefit contract?       7d       X         f       If the organization neity make any taxable distributions under section 49667       N/A       8       8         gonsoring organization neave excess business holdings at any the during the year?       N/A       8       9       9         Sobensoring organization make any taxable distributions							- 23
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     Zd     7c     X       d     Did the organization receive any funds, directly or indirectly, or a personal benefit contract?     7f     X       g     If the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?     7f     X       g     Sponsoring organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?     7f     X       g     Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     N/A     8       g     Sponsoring organization make any taxable distributions under section 4966?     N/A     9a       g     Did the sponsoring organization make any taxable distributions under section 4966?     N/A							
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization notify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provide?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provide?       7a       X         b       If "Yes," did the organization neceive apymentine occase of \$TS made party as a contribution on a personal benefit contract?       7c       X         d       If "Yes," did the organization receive a contribution of qualified intelectual property for which it was required?       7d       X         d       If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8089 as required?       7d       X         f       If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 10808-C?       7h       X         g If the organization neceive as obligets sholdings at any time during the year?       N/A       8       8         9 Sponsoring organization have excess business holdings at any time during the year?       N/A<	ou				6a		x
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7       a Did the organization neetive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a       c Did the organization neetive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7b       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 2822?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     [7d]     7c     X       d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     X       8 Sponsoring organizations maintaining doora advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     N/A     8       a Did the sponsoring organization make a distribution to a donor, doror adviser, or related person?     N/A     8       b Gross income from members or shareholders     M/A     1a     10b       11     Section 501(c)(12) organizations. Enter:     11b     12a       a for sinceme from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	b						
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization necket a payment in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b) If 'Yes, 'i did the organization notity the donor of the value of the goods or services provided?       7c       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d) If 'Yes, 'indicate the number of Forms 8282? Elied during the year       [2d]       7e       X         d) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f) Did the organization received a contribution of qualified intellectual property (ald the organization file a Form 1098-C?       7h       7h         f) If the organization maintaining donor advised funds.       B) Sponsoring organization make any taxable distributions under section 4966?       N/A       8         g) Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9b         l) Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9b         l) Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9b       10a       10a       10a				-	6b		
a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization neithy the donor of the value of the goods or services provided?       7b       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8099 as required?       7f       X         g       If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8090 as required?       7g       Td         A       Sponsoring organization maintaining door advised funds. Did a door advised fund anintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A       8         9       Section 501(c)(7) organizations. Enter:       Ida       Ida       Ida       Ida         10       Bort escipts, includeed or Form 90, Part VIII, line 12, for public use of club facilities       Ida       Ida       Ida       Ida <t< th=""><th>7</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	7						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Ves," Indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C7       7h       X         9       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organizations maintaining door advised funds.       10a       9b       9         9       Sonton 501(c)(12) organizations. Enter:       10a       9b       9         9       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11b       10a       10b       10c         13       Section 501(c)(2) organizations. Enter:       11b       10b       10c	а		ervices	provided to the payor?	7a		Х
to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  d If "Yes," indicate the number of Forms 8282 filed during the year  f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  f Did the organization received a contribution of qualified funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  D Did the sponsoring organization make any taxable distributions under section 4966?  D Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  D Did the sponsoring organizations. Enter:  a Gross income from members or shareholders  f Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(2) qualified nonprofit health insurance issuers.  f If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A  f If "Yes," enter the amount of reserves the organization more than one state?  f If "Yes," enter the amount of reserves on hand  f If "Yes," as it file a Grom 720 to reparization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  f If "Yes," as it files dorm 720 to reparization in required to maintain by the states in which the organization receives on hand  f If wes," as in files dorm 720 to reparization in required	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Tf       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9 Sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9a         D did the sponsoring organization make a distribution to a donor, donor advised runds. Did a fonor advised funds       9a       9a       9a         D Section 501(c)(Z) organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       10b         13 Section 501(c)(Z) organizations. Enter:       a Gross income from members or shareholders       N/A       11a       12a         14 Section 501(c)(Z) organizations. Enter:       a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas ree	quired			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9b         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b <th></th> <th>to file Form 8282?</th> <th></th> <th></th> <th>7c</th> <th></th> <th>X</th>		to file Form 8282?			7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       7n         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organizations. Enter:       a lot the sponsoring organizations. Enter:       10d       10d       10d       9d         0       Gross income from members or shareholders       N/A       10d	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?,       7         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7         8 Sponsoring organizations maintaining donor advised funds.       N/A       8         9 Sponsoring organizations maintaining donor advised funds.       N/A       8         9 Sponsoring organizations maintaining donor advised funds.       N/A       9         9 Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         9 Did the sponsoring organizations. Enter:       10a       10a       9b         11 Section 501(c)(7) organizations. Enter:       10b       10b       11a       12a         12 Section 501(c)(2) organizations. Enter:       10b       11a       12a       12a       12a         13 Section 501(c)(2) organizations. Enter:       11a       12a       <	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       N/A         9 Sponsoring organizations maintaining donor advised funds.       N/A         a Did the sponsoring organization make any taxable distributions under section 4966?       N/A         9 Did the sponsoring organizations. Enter:       10a         10 Initiation fees and capital contributions included on Part VIII, line 12       N/A         11 Section 501(c)(12) organizations. Enter:       10a         11 Section 501(c)(12) organizations. Enter:       10a         12 Section 501(c)(12) organizations. Enter:       10a         13 Gross income from members or shareholders       N/A         14 Gross income from members or shareholders       N/A         15 Gross income from othax exempt interest received or accrued during the year       N/A         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         14 If 'Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       N/A         13a       13a         Inter the amount of reserves the organizatio	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?		7f		X
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization nave excess business holdings at any time during the year?       N/A         9       Sponsoring organization make any taxable distributions under section 4966?       N/A         9       Did the sponsoring organization make any taxable distributions under section 4966?       N/A         9       Did the sponsoring organization make any taxable distributions under section 4966?       N/A         9       Section 501(c)(7) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       N/A         10       Section 501(c)(2) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initia         11       B       Gross income from members or shareholders       N/A       Initia         12       Section 501(c)(2) organizations. Enter:       Initia       Initia       Initia         12       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       Initia       Initia         12       Section 501(c)(22) qualified nonprofit health insurance issuers.       Is the organization licensed to issue qualified health plans in more than one state?       N/A       Initia         13       Is the organization is required to maintain by the states in which th	g						
sponsoring organization have excess business holdings at any time during the year?       N/A       8         9       Sponsoring organizations maintaining donor advised funds.       N/A       9         a Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         b Did the sponsoring organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       10a         a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(7) organizations. Enter:       a Gross income from members or shareholders       N/A       11a       10b       10b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       13a       13a         13       Section 501(c)(29) qualified health plans in more than one state?       N/A       13a       13a         14a       X       13a       13a       13a       13a       13a         14a       X       14a       X       14a       X         15       K       If "Yes," has it filed a Form 720 to report these payments? If "No,					7h		
9       Sponsoring organizations maintaining donor advised funds.       N/A       9a         a       Did the sponsoring organization make a distributions under section 4966?       N/A       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A       9b         10       Section 501(c)(7) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       10b         11       Section 501(c)(12) organizations. Enter:       I0a       10b       10b       10c         11       Section 501(c)(12) organizations. Enter:       Initiation ferom ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       Initiation feeseres the instructions for additional information the organization must report on Schedule O.       Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       X       Did the organization subject to the section 4960 are papanation on Schedule O.       14b       14a       X <th>8</th> <th></th> <th></th> <th></th> <th>-</th> <th></th> <th></th>	8				-		
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b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A       9b         10       Section 501(c)(7) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       Ioa         11       Bection 501(c)(12) organizations. Enter:       Iob       Iob       Iob       Iob         12       Section 501(c)(12) organizations. Enter:       Iob       Iob       Iob       Iob         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       I2a       I2a       Iaa         14       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       Iaa       Iaa       Iaa         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       Ia is the organization licensed to issue qualified health plans in more than one state?       N/A       Iaa       Iaa         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       N/A       Iaa       Iaa         14       Did the organization is licensed to issue qualified health plans       Iaa       Iaa       Iaa         13       Section 501(c)(29) qualified nonprofit health plans       Iaa       Iaa       Iaa       Iaa         14				N / A	0-		
10       Section 501(c)(7) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       a       Inta       10b       11a       10b         12       Gross income from members or shareholders       N/A       11a       11b       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       13a       13a         13       Section 501 (c)(29) qualified nonprofit health plans in more than one state?       N/A       13a       13a         14a       Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       X       14a				/ -			
a       Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       N/A       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         3       Note: See the instructions for additional information the organization must report on Schedule O.       Is the organization is licensed to issue qualified health plans       13b       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					ae		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       N/A       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see i			10a				
11       Section 501(c)(12) organizations. Enter:       N/A       11a         a       Gross income from members or shareholders       N/A       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       13c         tilt "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         tilts the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         lf "Yes," s							
a       Gross income from members or shareholders       N/A       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       N/A       13a       13a         14a       X       Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b       13c         14a       Did the organization is licensed to issue qualified health plans       13b       13c       14a       X         14a       Did the organization is licensed to issue qualified health plans       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         15       X       15       X       16							
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X			11a				
amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A.       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       X		amounts due or received from them.)					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Im		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
<ul> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</li> <li>c Enter the amount of reserves on hand</li> <li>13b</li> <li>13c</li> <li>14a</li> <li>X</li> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>14b</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> </ul>	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $M/A$	12b				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the section of the s							
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а			N/A	13a		
organization is licensed to issue qualified health plans       13b       13b       13c         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X							
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b		1	1			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	_						
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X				1	140		x
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X							
excess parachute payment(s) during the year?					14D		
If "Yes," see instructions and file Form 4720, Schedule N.         16         X         16         X	IJ				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					15		
	16		nt inco	ome?	16		х
If "Yes," complete Form 4/20, Schedule O.		If "Yes," complete Form 4720, Schedule O.			-		

Form **990** (2020)

032005 12-23-20

08520815 745960 30802

Form 990 (2020)	Form	990	(2020)
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#### SOUTHEAST ASIA RESOURCE ACTION CENTER

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

**Section A. Governing Body and Management** 

Х

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.

nter the number of voting members of the governing body at the end of the tax year	1a 1b		15		
bdy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent	1b				
nter the number of voting members included on line 1a, above, who are independent	1b				
id any officer, director, trustee, or key employee have a family relationship or a business relationshi	1b				
id any officer, director, trustee, or key employee have a family relationship or a business relationshi			15		
fficer, director, trustee, or key employee?	p with a	any other			
			2		X
id the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
f officers, directors, trustees, or key employees to a management company or other person?			. 3		X
id the organization make any significant changes to its governing documents since the prior Form §	990 wa	s filed?	. 4		X
id the organization become aware during the year of a significant diversion of the organization's as					X
id the organization have members or stockholders?			6		X
id the organization have members, stockholders, or other persons who had the power to elect or a					
			. 7a		X
			. <b>7b</b>		X
	-	-			
					—
			8b		—
			9		X
on B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		1	
				Yes	No X
			. <b>10a</b>		
					─
	y befor	e filing the form'	, <b>11</b> a		
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			. 12b		<u> </u>
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id the exception have a written whistlahlawar policy?			. 120		┼──
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			16a		x
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			16b		
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	nd 990	-T (Section 501(	c)(3)s onl	v) avai	lable
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	oks an	d records 🕨			
			Forr	n <b>990</b>	(2020
Jeikes her virvivieks van seites seites	re any governance decisions of the organization reserved to (or subject to approval by) members, series on other than the governing body? if the organization contemporaneously document the meetings held or written actions undertaken during the year he governing body? ach committee with authority to act on behalf of the governing body? if there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear granization's mailing address? /f "Yes," <i>provide the names and addresses on Schedule</i> O on <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> id the organization have local chapters, branches, or affiliates? "Yes," did the organization have written policies and procedures governing the activities of such cl nd branches to ensure their operations are consistent with the organization's exempt purposes? as the organization provided a complete copy of this Form 990 to all members of its governing bod escribe in Schedule O the process, if any, used by the organization to review this Form 990. if the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "No" schedule O how this was done</i> if the organization have a written whistleblower policy? if the organization have a written document retention and destruction policy? if the organization have a written document retention and destruction policy? if the organization invest in, contribute assets to, or participate in a joint venture or similar arranger wable entity during the yea? "Yes," did the organization follow a written applicable federal tax law, and take steps to safeguard the organization invest in, contribute assets to, or participate in a joint venture or similar arranger wable entity during the yea? "Yes," did the organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a public inspection. Indicate how you made these available. Check all that apply	re any governance decisions of the organization reserved to (or subject to approval by) members, stockhol ersons other than the governing body? ath committee with authority to act on behalf of the governing body? ath committee with authority to act on behalf of the governing body? ath committee with authority to act on behalf of the governing body? ath committee with authority to act on behalf of the governing body? ath committee with authority to act on behalf of the governing body? ath committee with authority to act on behalf of the governing body? ath committee with authority to act on behalf of the governing body? ath committee with authority to act on behalf of the governing body? There any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a granization's mailing address? <i>II</i> "Yes," <i>provide the names and addresses on Schedule O</i> on <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Revenue</i> id the organization have local chapters, branches, or affiliates? "Yes," did the organization nave written policies and procedures governing the activities of such chapters as the organization nave a written operations are consistent with the organization is exempt purposes? as the organization nave a written conflict of interest policy? <i>II</i> "No," go to <i>line 13</i> free officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to confl id the organization nave a written document retention and destruction policy? id the organization nave a written document retention and destruction policy? id the organization inves a written document retention and destruction policy? id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement we vasible entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its po i point venture arrangements: <u>on</u>	re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body?  di the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization's mailing address? <i>II</i> . "Ves," <i>provide the names and addresses on Schedule O</i> <b>on B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> )  di the organization have local chapters, branches, or affiliates?  "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? as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? escribe in Schedule O the process, if any, used by the organization to review this Form 990. if the organization nave a written conflict of interest policy? <i>II</i> 'No," go to <i>line</i> 13 free officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? if the organization have a written document retention and destruction policy? if di the organization have a written document retention and destruction policy? if the organization have a written document retention and destruction policy? if the organization have a written document retention and destruction policy? if the organization have a written policy or por paraloging the organization to evaluate its participation invest in, contribute assets to, or participate in a joint venture or similar arrangement with a xable entity during the year? "Yes,* did the organization follow a written policy or procedure requiring the organization to evaluate its participation ipoint venture arrangements with a spoilicable f	re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ro- ersons other than the governing body? To different the meetings held or written actions undertaken during the year by the following: Ba ach committee with authority to act on behalf of the governing body? Ba ach committee with authority to act on behalf of the governing body? Ba ach committee with authority to act on behalf of the governing body? Ba ach committee with authority to act on behalf of the governing body? Ba ach committee with authority to act on behalf of the governing body? Ba ach committee with authority to act on behalf of the governing body? Ba De D. P. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) If the organization have local chapters, branches, or affiliates? To "yes," did the organization ave written policies and procedures governing the activities of such chapters, affiliates, ind branches to ensure their operations are consistent with the organization's exempt purposes? Ba the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form? Ba the organization have a written conflict of interest policy? If "No," go to line 13 Ba the organization nevus a written donsiter thy monitor and enforce compliance with the policy? If "Yes," describe Schedule O have a constitet monitor and enforce compliance with the policy? If "Yes," describe Schedule O have a written document referition and destruction policy? Ba or 15, beschedule D the process to determining compensation of the following persons include a review and approval by independent ersons, comparability data, and contemporaneous substantiation of the deliberation and decision? Ba organization have a written document referition and destructions. Ba organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a vable entry during the year? Ba or 15, describe the proces	re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body?

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(da	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	offi	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	Jal tru	onal		ploye	ee com				and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) QUYEN DINH	40.00	드	드	5	ž	шъ	문			
EXECUTIVE DIRECTOR		1		x				101,970.	Ο.	14,261.
(2) KABO YANG	2.00							-		
BOARD CHAIR		x		X				0.	0.	0.
(3) YEN LE	2.00									
BOARD CHAIR		X		Х				0.	0.	0.
(4) KATHY DUONG	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) HUONG NGUYEN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SOPHIA GIDDENS	2.00							_	_	
TREASURER		х		X				0.	0.	0.
(7) MICHAEL S. TITH	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) ANA PHAKHIN	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) ANTHONY NGUYEN	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(10) CHANDA WOMACK	2.00								0	0
BOARD MEMBER		X						0.	0.	0.
(11) PHAL SOK	2.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(12) SENG SO	2.00							0	0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(13) VAN HUYNH	2.00							0	0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(14) JULIE MAO	2.00	v						0.	0	0
BOARD MEMBER	2.00	X						0.	0.	0.
(15) MONICA THAMMARATH	2.00	x						0.	0.	0.
BOARD MEMBER (16) MIKE NGUYEN	2.00	<u>^</u>		<u> </u>		-		0.	0.	0.
(16) MIKE NGUYEN BOARD MEMBER	2.00	x						0.	0.	0.
DOWD WENDER		<u>^</u>				-		0.	0.	0.
	1	L	L	L	L	L	L	1		- 000 (2222)

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Form 990 (2020)

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Form 990 (	2020) SOUTHEAS	r asia b	RES	SOU	JRC	CE	AC	CT:	ION	CENTER	52-1	161	<u>473</u>	Page <b>8</b>
Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	and	d Hi	ghe	st C	Compe	ensated Employ	ees (continued)			
	(A) Name and title		box offi	not cl , unles cer an	ss per	ition more rson i	than is bot	h an	с	<b>(D)</b> Reportable ompensation from	(E) Reportable compensation from related	on d	am	<b>(F)</b> timated ount of other
			(list any hours for provide the structure of the structur			Highest compensated employee	Former		the organization -2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	pensation om the anization I related nizations	
			-											
			•											
	otal I from continuation sheets to Part VI									101,970	•	0.		4,261. 0.
2 Tota	I (add lines 1b and 1c) number of individuals (including but n bensation from the organization								eceive	101,970 d more than \$1		0. ple		4,261. 1 Yes No
line 1	he organization list any <b>former</b> officer, la? <i>If "Yes," complete Schedule J for s</i> iny individual listed on line 1a, is the su	uch individual								·			3	X
and i 5 Did a	related organizations greater than \$15 any person listed on line 1a receive or a ered to the organization? <i>If</i> "Yes," com	0,000? <i>If "Yes,</i> accrue compe	" co nsat	<i>mple</i> ion f	ete S rom	Sche any	edule / unr	e <i>J f</i> elat	for suc ted org	<i>h individual</i>	ividual for services	 S	4	x
	B. Independent Contractors			0/ 30	1011	00/0								
	plete this table for your five highest co organization. Report compensation for	-	-							organization's ta		mpens I		
	(A) Name and business	address	N	ONE	2					(B) Description o	fservices	с	(C omper	) Isation
	number of independent contractors (i 0,000 of compensation from the organi		iot li	mite	d to		se lis 0	sted	d abov	e) who received	more than		Form <b>S</b>	<b>990</b> (2020)
														()

032008 12-23-20

	1 990 rt V	(2020) SOUTHEAST ASI	A RESOUR	CE ACTION	CENTER	52-1161	<b>473</b> Page <b>9</b>
			or note to any lin	e in this Part VIII			
		Check if Schedule O contains a response of		(A) Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	         	All other contributions, gifts, grants, and		2,568,924.			
Program Service Revenue	- - - - - - - - - - - - - - - - - - -		Business Code 900099 900099	19,585. 2,929.	2,929.		
	3	g Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts)	st, and	22,514. 2,076.			2,076.
	4 5 6 a	a Gross rents					
	(	b       6b         c       6c         d       Net rental income or (loss)					
venue	I	a Gross amount from sales of assets other than inventory     (i) Securities       b Less: cost or other basis and sales expenses     7a       c Gain or (loss)     7c	(ii) Other				
		1 Net gain or (loss)	•				
Other Re		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	× × × × × × × × × × × × × × × × × × ×				
	I	b Less: direct expenses 8b					
		<ul> <li>Net income or (loss) from fundraising events</li> <li>a Gross income from gaming activities. See Part IV, line 19</li> </ul>	•				
	I	b Less: direct expenses					
		Gross sales of inventory, less returns	►				
		and allowances       10a         Less: cost of goods sold       10b         Net income or (loss) from sales of inventory					
s			Business Code				
Miscellaneous Revenue	11 a I	MISCELLANEOUS	900099	4,687.			4,687.
Scel	(						
Mis		All other revenue	<b>L</b>	1 207			
	12	• Total. Add lines 11a-11d Total revenue. See instructions		4,687. 2,598,201.		0.	6,763.
03200	9 12-2		····· <b>/</b>	_,			Form <b>990</b> (2020)

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SOUTHEAST ASIA RESOURCE ACTION CENTER Part IX Statement of Functional Expenses

52-1161473 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dono	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	126,644.	126,644.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
С	organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5 (	Compensation of current officers, directors,	101 500	96 220	12 594	01 710
	rustees, and key employees	121,533.	86,230.	13,584.	21,719
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	812,880.	739,453.	60,163.	13,264
	Other salaries and wages	012,000.	755,455.	00,105.	15,204
	Pension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)	17,397.	13,610.	3,510.	27
	Dther employee benefits	81,864.	63,998.	16,464.	1,402
	· · · · · · · · · · · · · · · · · · ·	67,895.	53,078.	13,655.	1,162
	Payroll taxes Fees for services (nonemployees):	07,055.	55,070.	13,033.	1,10
	Aanagement				
	_egal				
	Accounting	94,349.		94,349.	
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	90,895.	52,045.	38,850.	
	Advertising and promotion	/	- ,		
	Diffice expenses	27,171.	23,845.	1,852.	1,474
	nformation technology	2,556.	,	2,556.	
	Royalties				
	Dccupancy	54,751.	48,381.	4,276.	2,094
	Travel	459.	405.	36.	18
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,416.	1,398.	12.	
	nterest				
<b>1</b> F	Payments to affiliates				
	Depreciation, depletion, and amortization	801.	707.	63.	31
3 lı	nsurance	10,363.	9,158.	809.	390
a li	Other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A)				
	mount, list line 24e expenses on Schedule 0.) DUES AND SUBS.	23,290.	21,051.	1,443.	796
_	STAFF DEVELOPMENT	19,419.	17,379.	1,369.	671
	PAYROLL PROC. FEES	7,368.	6,511.	575.	282
	SPONSORSHIP	6,563.	5,806.	508.	249
-	All other expenses	8,342.	7,679.	446.	21
	Total functional expenses. Add lines 1 through 24e	1,575,956.	1,277,378.	254,520.	44,058
	loint costs. Complete this line only if the organization		_,_,,,,,,,,,,,,,,		,000
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here Figure 1 if following SOP 98-2 (ASC 958-720)				
	12-23-20				Form <b>990</b> (20

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Form 990 (2020)

Form 990 (	(2020) <b>S</b>	OUTHEAST	ASIA	RESOURCE	ACTION	CENTER	52-	1161473	Page <b>11</b>
Part X	Balance Sheet								
	Check if Schedule O c	ontains a respons	se or note	to any line in this	Part X				X
						<b>(A)</b> Beginning of year		<b>(B)</b> End of y	'ear
1	Cash - non-interest-bea	aring				88,737.	1		2,426.
2	Savings and temporar	y cash investmen	its			1,104,830.	2	1,665	5,555.
3	Pledges and grants red					549,733.	3	912	2,206.
4	Accounts receivable, r	net			Γ	474.	4		0.

4 Accounts receivable, net

controlled entity or family member of any of these persons

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

*	1 '	Notes and loans receivable, het				'	
Asset	8		e			8	
◄	9	Prepaid expenses and deferred charges			5,321.	9	537.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,898.			
	b	Less: accumulated depreciation	10b	26,923.	2,776.	10c	1,975. 42,448.
	11	Investments - publicly traded securities			35,807.	11	42,448.
	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			7,551.	15	7,551.
	16	Total assets. Add lines 1 through 15 (must equ			1,795,229.	16	2,792,698.
	17	Accounts payable and accrued expenses			91,114.	17	92,431.
	18	Grants payable			73,320.	18	28,172.
	19	Deferred revenue			800.	19	800.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
es	22	Loans and other payables to any current or form	cer, director,				
liti		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ons		22		
_	23	Secured mortgages and notes payable to unrela	ird parties		23		
	24	Unsecured notes and loans payable to unrelate	parties	148,237.	24	162,213.	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			313,471.	26	283,616.
ú		Organizations that follow FASB ASC 958, che	eck her	e 🕨 🔀			
S		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			232,583.	27	130,798.
ЦВ	28	Net assets with donor restrictions			1,249,175.	28	2,378,284.
ŭ		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄			
ц Г		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec	nt fund		30		
tĄŝ	31	Retained earnings, endowment, accumulated in	or other funds		31		
Ne.	32	Total net assets or fund balances		1,481,758.	32	2,509,082.	
	33	Total liabilities and net assets/fund balances		1,795,229.	33	2,792,698.	

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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       2, 598, 201.         2       Total expenses (must equal Part X), column (A), line 25)       2       1, 757, 5956.         3       Total expenses (must equal Part X), line 25)       2       1, 757, 5956.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1, 481, 758.         5       Donated services and use of facilities       5       5, 079.         6       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances (explain on Schedule 0)       9       0.         11       Accounting method used to prepare the Form 990:       Cash       A Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       A Accrual       Other       2		990 (2020) SOUTHEAST ASIA RESOURCE ACTION CENTER	52-11	61473	Paç	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       2, 598, 201.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 575, 955.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 022, 245.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1, 481, 758.         5       Net unrealized gains (losses) on investments       5       5, 079.         6       6       7         7       8       Prior period adjustments       6         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       2, 509, 082.         Part XII       Financial Statements and Reporting       7       7       7         Check if Schedule O contains a response or note to any line in this Part XII       7       7       7         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       7         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         If "Yes,"	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,575,956.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,022,245.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,481,758.         5       Net unrealized gains (losses) on investments       6       7         6       7       6         7       7       6         8       9       0.         9       0.       9         0 ther 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       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contain		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,575,956.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,022,245.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,481,758.         5       Net unrealized gains (losses) on investments       6       7         6       7       6         7       7       6         8       9       0.         9       0.       9         0 ther 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       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.          Check if Schedule O contain						
3       Revenue less expenses. Subtract line 2 from line 1       3       1,022,245.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,481,758.         5       Net unrealized gains (losses) on investments       5       5,079.         6       6       7         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule 0)       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       2,509,082.         Part XII Financial Statements and Reporting	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,481,758.         5       Net unrealized gains (losses) on investments       5       5,079.         6       5       5,079.         7       6         8       7         9       0.         9       0.         10       2,509,082.         Part XI       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting method used to prepare the Form 990:       Cash         2a       X       Yes         1       Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis         3b       Were the organization's financial statements audited by an independent accountant?       Zb       X         1	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       5,079.         6       7       6         7       7       6         8       7       7         9       0.       7         9       0.       8         9       0.       9       0.         10       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))       2, 509, 082.         Part XII       Financial Statements and Reporting       10       2, 509, 082.         Check if Schedule O contains a response or note to any line in this Part XII       10       2, 509, 082.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         12       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         14       Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       2b       X </th <td>3</td> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td>-</td> <td>-</td> <td></td>	3	Revenue less expenses. Subtract line 2 from line 1	3	-	-	
6 Donated services and use of facilities   7   8   9   9   0 ther changes in net assets or fund balances (explain on Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10   Pert XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Separate basis   Consolidated basis   b   Were the organization's financial statements and selection of an independent accountant?   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?   If "Yes," to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b   b   If "Y	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   X Accrual   Other Yes   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   b Were the organization's financial statements and selection of an independent accountant?   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 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 for	5	Net unrealized gains (losses) on investments	5		<u>5,0</u>	<u>79.</u>
<ul> <li>a Prior period adjustments</li> <li>a Prior period adjustments</li> <li>b Other changes in net assets or fund balances (explain on Schedule O)</li> <li>b Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>column (B)</li> <li>check if Schedule O contains a response or note to any line in this Part XII</li> <li>check if Schedule O contains a response or note to any line in this Part XII</li> <li>check if Schedule O contains a response or note to any line in this Part XII</li> <li>check if Schedule O contains a response or note to any line in this Part XII</li> <li>check if Schedule O contains a response or note to any line in this Part XII</li> <li>check if Schedule O contains a tatements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its ov</li></ul>	6	Donated services and use of facilities	6			
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       2,509,082.         Part XII       Financial Statements and Reporting       10       2,509,082.         Check if Schedule O contains a response or note to any line in this Part XII       10       2,509,082.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       2,509,082.         Part XII       Financial Statements and Reporting	8		8			
column (B)       10       2,509,082.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       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:       2b       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:       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       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:       2c       X         If "Yes," theck a box below to indic	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Image: Cash image:	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the second in the second		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Definition's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   Definition's financial statements audited by an independent accountant?   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:   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:   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:   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?   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 Single Audit Act and OMB Circular A-133?   b   If "Yes," did the organization undergo the required audit or audits? If the organizat					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       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:       2b       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:       2b       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:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain 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 Single Audit       3a       X <t< th=""><td>1</td><td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td><td></td><td></td><td></td><td></td></t<>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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:       Image: Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       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:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X						
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   Consolidated basis   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:   Image: The text of the separate basis   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?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       I						
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:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Consolidated audit or audits? If the organization did not undergo the required audit       Image: Consolidated audit or audits?       Image: Consolidated audit or aud	b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidated basis       Consolidated basis <t< th=""><td></td><td>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat</td><td>e basis,</td><td></td><td></td><td></td></t<>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Committee the organization of the required audit       Image: Committee the organization of the tax year of the tax year of the tax year of tax year						
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       X		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Control of the organization of the required audit       Image: Control of the organization of the org		If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		ngle Audit			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				3a		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SCHEDULE A	
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1	Form	990	or	990-EZ
1		550		

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

Department	of the Treasury enue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of	the organizati		- GO to www.ii3.go			ne latest i	mormation.	Employer	Inspection identification number			
Nume of	the organizati			RESOURCE AC	и Т П	CENTE	R		2-1161473			
Part I	Reason			(All organizations must c					2 11014/5			
				(For lines 1 through 12, o								
<b>1</b>				on of churches describe								
2				Attach Schedule E (Forn			•//•//•					
3				anization described in se			ii)					
4	•	•		njunction with a hospita			•	(iii). Enter	the hospital's name			
- L	city, and stat	-		injunioni with a noopita					the hoopital o hame,			
5		-	or the benefit of a co	ollege or university owned	d or opera	ted by a d	overnmental	unit descrit	oed in			
•						.cu sy u g	ovonninontai					
6	<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> </ul>											
7 X				antial part of its support 1				the general	public described in			
	0		omplete Part II.)					site general				
8				(1)(A)(vi). (Complete Par	t II.)							
9	-			l in section 170(b)(1)(A)(		ed in coniu	unction with a	a land-grant	college			
				culture (see instructions).								
	university:		5 5 5	,		, .	,					
10	· _	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. members	ship fees. a	nd gross receipts from			
				ct to certain exceptions;								
				e (less section 511 tax) fr								
			mplete Part III.)	, , , , , , , , , , , , , , , , , , ,		·	,	0				
11 🗌	An organizati	on organized a	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).					
12	An organizati	on organized a	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or			
	more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3).	Check the box in			
	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	nd 12g.				
a	<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving			
	the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting			
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.								
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving			
	control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported			
_	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.								
c	Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and function	ally integrat	ed with,			
_		-		s). <b>You must complete l</b>								
d	_ Type III no	n-functionally	y integrated. A supp	porting organization oper	rated in co	nnection \	with its suppo	orted organ	ization(s)			
		-		zation generally must sa	-		-	nd an attent	iveness			
_	requiremer	nt (see instruct	tions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	, and Part	<b>V</b> .					
e 🗆		•		written determination fro			а Туре I, Туре	e II, Type III				
				onally integrated support								
			n about the supporte	i .	(iv) Is the ora	anization listed	(u) Amount o	f man at an a	(ui) A maximum of others			
	<ul> <li>(i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	-	(vi) Amount of other support (see instructions)			
	organization			above (see instructions))	Yes	No						
Total												
									1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

#### Schedule A (Form 990 or 990-EZ) 2020 SOUTHEAST ASIA RESOURCE ACTION CENTER 52-1161473 Page 2 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	996,118.	1,988,209.	1,976,901.	1,389,942.	2,568,924.	8,920,094.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	996,118.	1,988,209.	1,976,901.	1,389,942.	2,568,924.	8,920,094.
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)						5,433,725.
6	Public support. Subtract line 5 from line 4.						3,486,369.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	996,118.	1,988,209.	1,976,901.	1,389,942.	2,568,924.	8,920,094.
8	Gross income from interest,		, , -	, , , -	, , -	, , -	, , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,629.	1,971.	4,571.	3,546.	2,076.	13,793.
۵	Net income from unrelated business				0,0100	270700	2077500
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	96.	2,511.	3,109.	5,071.	4,687.	15,474.
44	Total support. Add lines 7 through 10	501	275110	572051	570710	170071	8,949,361.
	Gross receipts from related activities,	oto (soo instructi				12	78,248.
	First 5 years. If the Form 990 is for th	•	,	iourth or fifth tax y			,2101
10	organization, check this box and stop			-			
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2020 (		-	column (f))		14	38.96 %
	Public support percentage from 2019		•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	36.64 %
	<b>33 1/3% support test - 2020.</b> If the c						, -
100	stop here. The organization qualifies	0		-			► X
h	33 1/3% support test - 2019. If the c		-				······ • —
Ň	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
174							
	and if the organization meets the fact			-	-	-	
h	meets the facts-and-circumstances te	-		• • • •		17a, and line 15 is i	
0	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
10	organization meets the facts and circ				• •		
18	Private foundation. If the organization	п ий пот спеск а		a, 100, 178, 01 170		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990 EZ) 2020 SOUTHEAST ASIA RESOURCE ACTION CENTER 52-1161473 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	, .						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			-			
D	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
	check this box and <b>stop here</b>	-			-		
Sec	ction C. Computation of Publ						ŕ
	Public support percentage for 2020 (		-	column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Invest					10	//
	Investment income percentage for 20		-		1	17	%
			'			18	<u>%</u>
	Investment income percentage from 2		•	en line 14 and lin			
198	33 1/3% support tests - 2020. If the	-					
	more than 33 1/3%, check this box a						<b>P</b>
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
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		<b>-</b> -		16			
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### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

17

# Schedule A (Form 990 or 990-EZ) 2020 SOUTHEAST ASIA RESOURCE ACTION CENTER 52-1161473 Page 5

1 4		cupporting organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
~	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* 

Section	<b>C</b> . I	уре п 5	upporting	Organizations	

			Yes	No
	1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
- 5	ection D. All Type III Supporting Organizations			

000	Alon D. All Type in Supporting Organizations
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 p
	year (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of

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

supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

Yes

1

2

3

2a

2b

За

3b

Yes No

Yes No

No

18

Schedule A	(Form 990 or 990-EZ) 2020	SOUTHEAST	ASIA	RESOURCE	ACTION	CENTER	52-1161473	Page 6
Part V	Type III Non-Function	onally Integrate	d 509(a)	)(3) Supporting	g Organizat	tions		

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.

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integra	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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### Schedule A (Form 990 or 990-EZ) 2020 SOUTHEAST ASIA RESOURCE ACTION CENTER 52-1161473 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio	ns	(iii) Distributable
0000			Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5,	Information. Pro lines 1, 2, 3b, 3c, 4b tion D, lines 2 and 3;	ovide the explana o, 4c, 5a, 6, 9a, 9 Part IV, Section	ations requ b, 9c, 11a, E, lines 1c	ired by Part II, lir 11b, and 11c; P 2a, 2b, 3a, and	ne 10; Part art IV, Sect 3b; Part V,	II, line 17a or 1 ion B, lines 1 a line 1; Part V, 3	nd 2; Part IV, S Section B, line	e 12; Section C.
	(See instructions.)		,			•	-		
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, I 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, ine 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, lin Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informatior								
	Supplemental information. Provide the explanations required by Part II, line 10; Part III, line 17, and 110; Part III, line 17, and 110; Part III, line 17, and 110; Part III, Section II, Jines 30, 60; Aug, 40; S, 60; S, 60; Sup, 60; S, 61; Aug, 40; S, 60; Aug, 40; S, 60; Sup, 40; Sup,								
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, lin 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, 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, lin 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								
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Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Employer identification number

SOUTHEAST	ASIA	RESOURCE	ACTION	CENTER	52-1161473
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<b>O</b>	A	(-11-		
Organization	type	cneck	one	):

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

52-1161473

#### SOUTHEAST ASIA RESOURCE ACTION CENTER

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 180,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 375,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 170,000. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.06000 SOUTHEAST ASIA RESOURCE ACT 30802\_\_1

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08520815 745960 30802

Name of organization

Page 2 Employer identification number

52-1161473

#### SOUTHEAST ASIA RESOURCE ACTION CENTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 148,237. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 8 Person Payroll 80,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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SOUTHEAST ASIA RESOURCE ACTION CENTER

Name of organization

Employer identification number

52-1161473

#### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 25

Page 3

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)			Page
Name of o	organization			Employer identification number
SOUTH	EAST ASIA RESOURCE ACT	ION CENTER		52-1161473
Part III		utions to organizations described (a) through (e) and the following line s, charitable, etc., contributions of \$1,000	entry For organizations	0) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of	 gift	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ransferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address,	(e) Transfer of and ZIP + 4	-	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of		
·	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
023454 11-28	5-20	26	Schedul	e B (Form 990, 990-EZ, or 990-PF) (202

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SCHEDULE C	Pc	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)				-	-	2020
		anizations Exempt From Income				LULU
Department of the Treasury	-	if the organization is described			Ю-ЕZ.	Open to Public Inspection
Internal Revenue Service		to www.irs.gov/Form990 for in				-
-		Form 990, Part IV, line 3, or For		e 46 (Political Campa	lign Acti	vities), then
		plete Parts I-A and B. Do not com		Do not complete Dort		
		01(c)(3)) organizations: Complete F	arts I-A and C below.	Do not complete Part	I-B.	
<ul> <li>Section 527 organization</li> </ul>	•	•	m 000 EZ Davit VI liv	o 47 (Lobbying Activi	itica) th	<b>0</b> 12
-		<b>1 Form 990, Part IV, line 4, or For</b> have filed Form 5768 (election unc			-	
		have NOT filed Form 5768 (election dire		-		
		Form 990, Part IV, line 5 (Proxy				-
Tax) (See separate inst					000 LL,	
		tions: Complete Part III.				
Name of organization		-		E	mployer	identification number
	SOUTHEA	ST ASIA RESOURCE	ACTION CENT	ER	5	2-1161473
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 52	7 orga	nization.
	-					
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
		ures			►\$	
		gn activities				
		-				
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955	)	►\$	
2 Enter the amount o	f any excise tax	incurred by organization manager	s under section 4955		►\$	
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?			Yes No
4a Was a correction m	ade?					Yes No
b If "Yes," describe in						<u>.</u>
		anization is exempt unde				3).
	• •	d by the filing organization for sect	-		►\$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for sec			
exempt function ac				J	►\$	
		Add lines 1 and 2. Enter here and				
					►\$	
		1120-POL for this year?				
		nployer identification number (EIN)				
	-	tion listed, enter the amount paid omptly and directly delivered to a s				•
		additional space is needed, provid	• • •		parate se	egregated fund of a
		(b) Address	(c) EIN	(d) Amount paid fro		e) Amount of political
<b>(a)</b> Name	5	(b) Address		filing organization's		ntributions received and
				funds. If none, enter	-0	promptly and directly
						elivered to a separate political organization.
						If none, enter -0
						,

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Sche		EAST ASIA RESOURCE ACTION CE		161473 Page 2
Pa	rt II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and fil	led Form 5768 (el	ection under
A C	heck 🕨 🛄 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
BC	heck 🕨 🛄 if the filing organization check	ed box A and "limited control" provisions apply.		
		ying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	ic opinion (grassroots lobbying)	8,387.	
b	Total lobbying expenditures to influence a leg	jislative body (direct lobbying)	7,539.	
с		i 1b)	15,926.	
d			1,560,030.	
е		s 1c and 1d)	1,575,956.	
f	Lobbying nontaxable amount. Enter the amo		228,798.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	f line 1f)	57,200.	
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, en	nter -0-	0.	
j	war autient anation 4011 tau fau this war	r line 1h or line 1i, did the organization file Form 4720		Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expanditures During 4-Year Averaging Period

Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> Total
216,820.	238,107.	227,696.	228,798.	911,421.
				1,367,132.
918.	1,952.	1,787.	15,926.	20,583.
54,205.	59,527.	56,924.	57,200.	227,856.
				341,784.
918.	1,952.		8,387.	11,257.
	(a) 2017 216,820. 918. 54,205.	(a) 2017 (b) 2018 216,820. 238,107. 918. 1,952. 54,205. 59,527.	216,820.       238,107.       227,696.         918.       1,952.       1,787.         54,205.       59,527.       56,924.	(a) 2017       (b) 2018       (c) 2019       (d) 2020         216,820.       238,107.       227,696.       228,798.         918.       1,952.       1,787.       15,926.         54,205.       59,527.       56,924.       57,200.

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

## Schedule C (Form 990 or 990-EZ) 2020 SOUTHEAST ASIA RESOURCE ACTION CENTER 52-1161473 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b	)
of the	olobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

**SCHEDULE D** 

(Form 990)

. . .

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.



Department of the Treasury Internal Revenue Service Name of the organization

SOUTHEAST ASIA RESOURCE ACTION CENTER

Employer identification number 52-1161473

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised fu	unds (	<b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		in donor advised fun	nds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes 🛛 🗆 N
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	reservation of a histo	prically important land area
	Protection of natural habitat		reservation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	on in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic struct			2c
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	,		2d
;	Number of conservation easements modified, transferred, relea			
	year ►			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the peric	dic monitoring, inspectior	n, handling of	
	violations, and enforcement of the conservation easements it h	iolds?		Yes 🛛 N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and	enforcing conservati	on easements during the year
	▶			
•	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enfor	cing conservation ea	asements during the year
	►\$			
3	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes 📖 N
)	In Part XIII, describe how the organization reports conservation	n easements in its revenue	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's fir	nancial statements th	nat describes the
	organization's accounting for conservation easements.			
a	t III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
а	If the organization elected, as permitted under FASB ASC 958	, not to report in its reven	ue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or	research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance			·
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public e			
	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 treas			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		. ► \$
-	Assets included in Form 990, Part X			
h				· 📂 Ψ
	For Paperwork Reduction Act Notice see the Instructions	for Form 990		
IA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 20
ΙA	For Paperwork Reduction Act Notice, see the Instructions 1 12-01-20			
<b>-IA</b> 205 ·	12-01-20	30	T ASTA RES	

		ST ASIA RE							52-11			age <b>2</b>
Pai	t III   Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	reasures	, or Oth	er S	imila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	e following t	hat make	signif	icant	use of its			
	collection items (check all that apply):	_										
a	Public exhibition	c			change prog							
b	Scholarly research	e		ther								
c	Preservation for future generations											
4	Provide a description of the organization's co								se in Par	t XIII.		
5	During the year, did the organization solicit o									-		7
Dee	to be sold to raise funds rather than to be ma									Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the c	organizatio	on answere	d "Yes" o	n Fori	n 990	, Part IV,	line 9, o		
	reported an amount on Form 990, Par		-l'				4 1 1					
та	Is the organization an agent, trustee, custodi									7.		٦
	on Form 990, Part X?								······ L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing ta	ble:			Г					
							-	_		Amoun	t	
	Beginning balance							1c				
	Additions during the year							1d				
-	Distributions during the year							<u>1e</u>				
f	Ending balance							1f		1		1
	Did the organization include an amount on Fo						-		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>	<u></u>		
Pa	t V Endowment Funds. Complete in											<u> </u>
		(a) Current year	<b>(b)</b> Pri	or year	(c) I wo y	ears back	(d)	hree y	ears back	<b>(e)</b> ⊦ou	r years	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g	, column (	a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
с	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and adminis	stered for	the o	rganiz	ation			
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations											
b	If "Yes" on line 3a(ii), are the related organiza											
4	Describe in Part XIII the intended uses of the									·		
Pa	t VI Land, Buildings, and Equipm											
	Complete if the organization answered		0, Part IV,	line 11a.	See Form 9	90, Part X	(, line	10.				
	Description of property	(a) Cost or c			t or other	1		nulate	d	(d) Boo	k valu	e
		basis (investi			(other)		preci			,, 200		
1a	Land				. ,		-					
	Buildings											
	Leasehold improvements											
	Equipment					1						
	Other			2	28,898		2.6	5,92	23.		1,9	75.
	Add lines 1a through 1e. (Column (d) must e		· X columi		-	-		, , , ,			$\frac{1}{1}, 9$	
TOLA	- Aud miles ta through te. (Column (a) must e	quari 0111 330, Parl	Λ, ΟΟΙΔΙΠΙ	, ( <i>D)</i> , III IE	100./				Schedule		-	
									schedule	ווט דו ע	n 330)	2020

Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b></b>	
Part X Other Liabilities.	: 15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1.         (a) Description of liability	5111 0111 550, 1 art 10, inte		. (b) Book value
(1) Federal income taxes			(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	<b></b>	
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			that reports the
organization's liability for uncertain tax positions. In Part XIII, provide		-	
		iore in the text of the loothole has been pl	

SOUTHEAST ASIA RESOURCE ACTION CENTER

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2020 SOUTHEAST ASIA RESOURCE AC				1161473 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	2,603,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	5,079.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	5,079.
3	Subtract line 2e from line 1			3	2,598,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,598,201.
			_		
Ра	rt XII Reconciliation of Expenses per Audited Financial Staten		Expenses per	Retu	rn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	a.		Retu	rn. 1,575,956.
	rt XII         Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	a. 			
1 2	Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	a. 			
1 2 a b	Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	a. <b>2a</b> <b>2b</b>			
1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	a. 2a 2b 2c			1,575,956.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d		1 2e	1,575,956.
1 2 b c d	Image: Second	2a 2b 2c 2d		1	1,575,956.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d		1 2e	1,575,956.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d		1 2e	1,575,956.
1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d		1 2e	1,575,956. 0. 1,575,956.
1 2 3 4 4 b	Image: constraint of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 4a 4b		1 2e 3 4c	1,575,956. 0. 1,575,956. 0.
1 2 a b c d e 3 4 a b c 5	Image: construction of expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b		1 2e 3	1,575,956. 0. 1,575,956.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, SEARAC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

032054 12-01-20

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, an lete if the organization Go to www.ir	d Individua	I <mark>s in the Ŭni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
		SOURCE ACTIO	N CENTER				52-1161473
Part I General Information on Grants a		a amount of the grants	or acciptance the	arantaaa' aliaihilit	v for the grante or an	istance and the color	tion
1 Does the organization maintain records a criteria used to award the grants or assisted to award the grants or assisted to a solution of the grant							
<ul><li>2 Describe in Part IV the organization's pro</li></ul>	cedures for mon	itoring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to					anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	. –						
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES - 1940 N. FRESNO STREET		501 (0) (0)	0.050				
- FRESNO, CA 93703	77-0357297	501(C)(3)	8,850.	0.			RE-GRANT - CA BMOC
MEKONG NYC 2471 UNIVERSITY AVE #BSMT BRONX, NY 10468	80-0834777	501(C)(3)	18,000.	0.			RE-GRANT - IMMIGRATION
KHMER GIRLS IN ACTION 1085 REDONDO AVE LONG BEACH, CA 90804	27-3087079	501(C)(3)	5,600.	0.			RE-GRANT - CA BMOC
CRW STRATEGY LLC 18 THUNDER TRAIL IRVINE, CA 92614	82-2695901	OTHER	10,000.	0.			RE-GRANT - EDUCATION
ASIAN PACIFIC ENVIRONMENTAL NETWORK - 426 17TH ST. #500 - OAKLAND, CA 94612	94-3261846	501(C)(3)	8,850.	0.			RE-GRANT - CA BMOC
PIVOT 1728 OCEAN AVE., #305							
SAN FRANCISCO, CA 94112	81-5463195	501(C)(4)	7,000.	0.			RE-GRANT - COVID
<b>2</b> Enter total number of section 501(c)(3) a	•	•	e line 1 table				<u> </u>
3 Enter total number of other organization							<u>2.</u>
LHA For Paperwork Reduction Act Notice	, see the Instruc	tions for Form 990.					Schedule I (Form 990) 2020

#### Schedule I (Form 990)

SOUTHEAST ASIA RESOURCE ACTION CENTER

52-1161473 Page 1

Schedule I (Form 990) SOUTHEAST	ADIA NEG	BOURCE ACTIC				,	02-1101473 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	organization or government if applicable cash grant non-cash value assistance (book		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COALITION OF ASIAN AMERICAN LEADERS - 941 LAFOND AVE - ST. PAUL, MN 55104	81-0874603	501(C)(3)	6,000.	0.			RE-GRANT - COVID
VIETNAMESE AMERICAN ROUNDTABLE, INC. – 6111 JASON COURT – SAN JOSE, CA 95123	82-1802251	501(C)(3)	7,000.	0.			RE-GRANT - COVID
INTERNATIONAL CHILDRENS ASSISTANCE NETWORK INC. – 532 VALLEY WAY – MILPITAS, CA 95035	77-0541211	501(C)(3)	7,000.	0.			RE-GRANT - COVID
THE CAMBODIAN FAMILY 1626 EAST 4TH STREET SANTA ANA, CA 92701	95-3854831	501(C)(3)	6,922.	0.			RE-GRANT - COVID
CAMBODIAN ASSOC. OF GREATER PHILADELPHIA - 5412 NORTH 5TH STREET - PHILADELPHIA, PA 19120	23-2169935	501(C)(3)	6,922.	0.			RE-GRANT - COVID
SOUTHEAST ASIAN DEVELOPMENT CENTER 166 EDDY ST. SAN FRANCISCO, CA 94102	94-2532304	501(C)(3)	6,000.	0.			RE-GRANT - COVID
THE SOUTHEAST ASIAN DIASPORA PROJECT – 1007 WEST BROADWAY AVENUE – MINNEAPOLIS, MN 55411	47-4088420	501(C)(3)	5,500.	0.			RE-GRANT - CA BMOC
LAO COMMUNITY SERVICE CENTER 917 N. 28TH PL RENTON, WA 98056	81-1986912	501(C)(3)	6,000.	0.			RE-GRANT - COVID
HMONG ASSOCIATION OF WA 4004 NE 4TH STREET RENTON, WA 98056	91-1259521	501(C)(3)	6,000.	0.			RE-GRANT - COVID

Schedule I (Form 990)

#### Schedule I (Form 990) SOUTH

SOUTHEAST ASIA RESOURCE ACTION CENTER

52-1161473 Page 1

Schedule I (Form 990) SOUTHEAST	ASIA RES	OURCE ACTIC	N CENTER				02-11014/3 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAOTIAN AMERICAN NATIONAL ALLIANCE 586 W. THAMES ST. #504							
NORWICH, CT 06360	35-2260474	501(C)(3)	6,000.	0.			RE-GRANT - COVID
LAO ASSISTANCE CENTER OF MINNESOTA 1015 4TH AVE N, SUITE 2020							
MINNEAPOLIS, MN 55405	36-3255880	501(C)(3)	5,000.	٥.			RE-GRANT - LAT

Schedule I (Form 990)

#### Schedule I (Form 990) 2020

#### SOUTHEAST ASIA RESOURCE ACTION CENTER

52-1161473

Page 2

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>Part IV</b> Supplemental Information Provide the information re	auired in Part I. lir		(b): and any other a	dditional information	•

**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:

SEARAC MAINTAINS A DETAILED GRANTS PAYABLE SCHEDULE TO DOCUMENT ALL GRANTS

PAYABLE TO ENSURE ACCURATE ACCOUNTING OF TOTAL GRANT AMOUNT AND TOTAL PAID.

SEARAC ALSO COLLECTS SIGNED MEMORANDUM OF UNDERSTANDINGS WITH GRANTEES TO

ENSURE BOTH ORGANIZATIONS ARE IN AGREEMENT TO THE SCOPE OF WORK DEFINED FOR

THE GRANT PAYMENT. FINALLY, SEARAC MONITORS PROGRESS OF EACH GRANTEE BY

COLLECT WRITTEN AND/OR VERBAL PROGRAM REPORTS QUARTERLY OR ANNUALLY TO

ENSURE GRANT GOALS ARE MET.

SCHEDULE L	г	ransactio	ns W	Vith	Interest	ted I	Persons			O	//B No.	1545-00	)47
(Form 990 or 990-EZ)	Complete if t				s" on Form 990 -EZ, Part V, lin			6, 27,	, 28a,		2	02	0
Department of the Treasury		► Att	ach to	Form	990 or Form 99	90-EZ.						o Pub	lic
Internal Revenue Service	► Go	o to www.irs.gov/F	orm990	0 for ii	nstructions an	d the la	atest information.				spect		
Name of the organization	COUMURA		ROOTI	DOR		OTN	מישות	-	-	ident		on nu	mber
Part I Excess Ber		ST ASIA R								.614	13		
		answered "Yes" or											
1		(b) Relationship be								56.	(d)	Corre	cted?
(a) Name of disqualified	d person	person and o				(c)	Description of tran	sactic	n			es	No
											_		
											_		
2 Enter the amount of ta	x incurred by t	he organization ma	nagers	or dise	qualified persor	ns durir	ng the year under						
									▶ \$				
3 Enter the amount of ta	x, if any, on line	e 2, above, reimbui	rsed by	the or	ganization				▶ \$				
Part II Loans to a	nd/or From	Interested Pe	reone										
		answered "Yes" or			' Dart \/ lina 39	a or Ec	vrm 000 Part IV lin	o 26.	or if th		nizati	on	
	-	990, Part X, line 5,			, i art v, inte oc		, n ar iv, in	e 20,	01 11 11	le orga	u nzati	On	
(a) Name of	(b) Relations		(d) Lo	an to or	(e) Origina	ıl	(f) Balance due	(g)	In	( <b>h)</b> Ap by bo	provec	(i) V	/ritten
interested person	with organiza	ation of loan		n the zation?	principal amo	ount	.,	default?		comm			ment?
			То	From				Yes	No	Yes	No	Yes	No
Total Part III Grants or A	Assistance	Benefiting Inte	reste	d Pe		▶ \$							
		answered "Yes" or											
(a) Name of interested	-	(b) Relationship			(c) Amour	nt of	(d) Type	of		(e	) Purp	ose o	f
		interested pe	rson an		assistan	ice	assistan				assist		
		the organiz	zation										
							+		-+				
							1						
									-+				
	intion Act No.	ioo ooo the last	otiona	for Fr	rm 000 er 000	<b>E7</b>		dul-					1) 0000
LHA For Paperwork Redu	ICTION ACT NOT	ice, see the instru	CUONS		111 330 OF 390	-62.	Sche	suule		111 990	01.9	90-EZ	.) 2020

032131 12-09-20

Schedule L (Form 990 or 990-EZ) 2020 SOUTHE	AST ASIA RESOURCE A	CTION CENTE	R 52-1161	473	Page <b>2</b>
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
N. CHENG, LLP	ACCOUNTING FIRM THA	70,662.	ACCOUNTING		Х
					<u> </u>
					<u> </u>
					<u> </u>
Part V Supplemental Information.					
Part V Supplemental Information. Provide additional information for respo	press to guartiens on Cohodula L (and	instructions)			
	inses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: N. CHE	NG, LLP				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
ACCOUNTING FIRM THAT IS 36	% OWNED BY FORMER B	OARD MEMBER	NEROU CHEN	G.	
(D) DESCRIPTION OF TRANSAC	TION: ACCOUNTING SE	RVICES			

08520815 745960 30802

SCHEDULE O (Form 990 or 990-EZ) 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization		loyer identification number 2–1161473
FORM 990, PART	III, LINE 4D, OTHER PROGRAM SERVICES:	
CENSUS: A NATI	ONWIDE CALL TO RESPOND TO THE CENSUS OUTREACH	1
EDUCATION, AND	MOBILIZATION FOCUSED ON HARDTOCOUNT COMMUNITI	ES, FUNDED
BY THE WALLACE	H. COULTER FOUNDATION (COULTER FOUNDATION) AND	D THE GATES
FOUNDATION.		
EXPENSES \$ 50,	314. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
LAT		
EXPENSES \$ 115	,392. INCLUDING GRANTS OF \$ 5,000. REVENUE	\$ 0.
AGING		
EXPENSES \$ 49,	988. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
BOYS AND MEN C	F COLOR: A COALITION COMPRISED OF 13 COMMUNITY	BASED
ORGANIZATIONS	WHO ARE WORKING TOGETHER TO ADVOCATE AND CREAT	E MESSAGING
AROUND ASIAN A	MERICAN AND PACIFIC ISLANDER YOUNG BOYS AND MEN	N IN
REGARDS EDUCAT	ION, HEALTH, AND IMMIGRATION ISSUES.	
EXPENSES \$ 133	,869. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0	•
COVID		
EXPENSES \$ 74,	842. INCLUDING GRANTS OF \$ 64,344. REVENUE	\$ 0
FORM 990, PART	VI, SECTION B, LINE 11B:	
THE FORM 990 W	AS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVI	IEWED BY THE
EXECUTIVE DIRE	CTOR AND FINANCE MANAGER. THE BOARD RECEIVED A	COPY OF THE
	E IT WAS FILED WITH THE IRS.	
LHA For Paperwork Redu 032211 11-20-20	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C	) (Form 990 or 990-EZ) 2020
	40	

08520815 745960 30802 2020.06000 SOUTHEAST ASIA RESOURCE ACT 30802\_\_1

SOUTHEAST ASIA RESOURCE ACTION CENTER

Employer identification number 52 - 1161473

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

BOARD MEMBERS AND SENIOR EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST COMPLIANCE STATEMENT. IN CONNECTION WITH ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, AN INTERESTED PERSON DISCLOSES THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS OR MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSING THE FINANCIAL INTEREST, THE INTERESTED PERSON DOES NOT PARTICIPATE IN THE BOARD OR COMMITTEE'S CONSIDERATION OF WHETHER A CONFLICT OF INTEREST EXISTS. IF THE BOARD OR COMMITTEE FINDS THAT THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT APPOINTS A DISINTERESTED INDIVIDUAL OR A COMMITTEE OF DISINTERESTED INDIVIDUALS TO INVESTIGATE THE TRANSACTION OR ARRANGEMENT AND OBTAINS APPROPRIATE INFORMATION ABOUT THE TERMS OF COMPARABLE TRANSACTIONS OR ARRANGEMENTS THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST AND THAT WOULD BE REASONABLY AVAILABLE TO THE ORGANIZATION. BEFORE ENTERING INTO THE TRANSACTION OR ARRANGEMENT, THE BOARD OR COMMITTEE WITH BOARD-DELEGATED POWERS REVIEWS THE COMPARABILITY INFORMATION TO DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE TO THE ORGANIZATION. THE BOARD OR COMMITTEE THEN DECIDES WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT BY MAJORITY VOTE.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE BOARD. THIS REVIEW USED COMPARABILITY DATA AND THE COMPENSATION PROCESS WAS DOCUMENTED. THE LAST REVIEW TOOK PLACE ON MAY 2021. THE COMPENSATION FOR ALL OTHER PERSONNEL WAS DETERMINED BY THE EXECUTIVE DIRECTOR. THERE IS A 032212 11-20-20 Construction of the second source act 30802\_1 SALARIES ARE TAKEN INTO CONSIDERATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE LOCATED AT OUR WASHINGTON, DC OFFICE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART X, LINE 24:

ON MAY 4, 2020, SEARAC RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$148,237 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIX MONTHS. SEARAC USED THE LOAN PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND APPLIED FOR FORGIVENESS AFTER COMPLETING THE 24-WEEK PERIOD STIPULATED BY THE TERMS OF THE LOAN. THE LOAN WAS FULLY FORGIVEN ON MARCH 23, 2021, UPON WHICH SEARAC RECORDED REVENUE FROM EXTINGUISHMENT OF DEBT DURING THE YEAR ENDED SEPTEMBER 30, 2021.

ON FEBRUARY 12, 2021, SEARAC RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$162,213 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST TEN MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART. SEARAC INTENDS TO USE THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM 032212 11-20-20 42 08520815 745960 30802 2020.06000 SOUTHEAST ASIA RESOURCE ACT 30802 1

lame of the organization SOUTHEAST ASIA RESOURCE ACTION CENTER		Employer identification number 52-1161473
AND BELIEVES THAT ITS USE OF THE LOAN PROCEEDS WILL	MEET 1	THE CONDITIONS
FOR FORGIVENESS OF THE LOAN. SEARAC INTENDS TO APPLY	Y FOR I	FORGIVENESS
AFTER COMPLETING THE 10-MONTH PERIOD. IF FORGIVENES:	S IS GI	RANTED, SEARAC
VILL RECORD REVENUE FROM DEBT EXTINGUISHMENT DURING	THE PI	RIOD THAT
FORGIVENESS WAS APPROVED. SEARAC BELIEVES THAT FORG	IVENES	S OF THE LOAN
BALANCE DURING FISCAL YEAR 2022 IS HIGHLY LIKELY, AN	ND ACCO	ORDINGLY HAS
CLASSIFIED THE LOAN AS A CURRENT LIABILITY.		