# Extended to November 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No. 1545-0047

ΑΙ	For th	e 2019 calendar year, or tax year beginning and	d ending				
В	Check if applicab	C Name of organization National Coalition for Asian Pacific		D Employer identific	cation number		
	Addre						
F	Name chan			91-21215	66		
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	1628 16th Street, NW, 4th Floor	Troom/suite	(202) 223-2442			
	termi ated			G Gross receipts \$	3,267,113.		
L	Amer	Washington, DC 20009		H(a) Is this a group re			
L	Appli tion pend			for subordinates	? Yes X No		
		same as C above		H(b) Are all subordinates in	ncluded? Yes No		
1.	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
J	Websi	te: ▶ www.nationalcapacd.org		H(c) Group exemption	n number 🕨		
K	orm o	f organization; X Corporation Trust Association Other	L Year		State of legal domicile: DC		
		Summary	'				
_	1	Briefly describe the organization's mission or most significant activities: See	Part I	II, Line 1.			
Activities & Governance	'			,			
na	2	Check this box  if the organization discontinued its operations or dispersions.	need of more	than 25% of its not as	eeste		
Ver	3			1.1	17		
යි	4	Number of independent voting members of the governing body (Part VI, line 1b)			17		
«ک	'				16		
ţį	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0		
ξį	6	Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 39	······				
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		2,349,571.	3,188,662.		
Revenue	9	Program service revenue (Part VIII, line 2g)		211,774.	73,850.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,425.	3,601.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,300.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,564,070.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,466,984.	825,856.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,335,329.	1,404,477.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be	Ь	Total fundraising expenses (Part IX, column (D), line 25)	82.				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		786,394.	770,314.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,588,707.			
		Revenue less expenses. Subtract line 18 from line 12		-1,024,637.	266,466.		
or	1.0	Tieronae 1000 enpenieser sastiaet inte 10 ment inte 12	Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,826,512.	1,844,297.		
Ass	21	Total liabilities (Part X, line 16)		556,761.	308,080.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,269,751.	1,536,217.		
P	art II	Signature Block		1/205//021	2/000/22/1		
		alties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the hest of m	v knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v			y knowledge and bollot, it is		
	, 00110	Digitally signed by Seema		9/3/202	<u> </u>		
Sig	n	Signature of officer Date: 2020.09.03 16:09:14		Date	<u> </u>		
Hei		Seema Agnani, Executive Director					
пе	е	Type or print name and title					
_		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN		
Pai	d	Jie Chen, CPA	0	9/02/20 if self-employe			
			ļ0	Firmula FINI	58-2676261		
	parer	Firm's name Rogers & Company FLLC	1	Firm's EIN	20-70/070T		
USE	Only	Firm's address 8300 Boone Boulevard, Suite 600	1	, n	02/ 002 0200		
_		Vienna, VA 22182		Phone no. (7	03) 893-0300		
Ma	v the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

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. 1,343,092. including grants of \$ 567,756.) (Revenue \$ 50,700·) ) (Expenses \$ 4a National Housing Counseling Program - National CAPACD is a housing counseling intermediary that supports a network of trusted community-based organizations (CBOs). These organizations deliver culturally and linguistically appropriate housing counseling services

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

- to the homeless, low- and moderate-income renters, homebuyers, and homeowners. We provide grants and training resources that support housing counseling services, outreach activities, capacity building, and training. We use a peer-to-peer approach to share best practices and strategies among CBOs. In 2019, the network of about 20 organizations served nearly 9,000 low and moderate income AAPIs in more
- than 30 languages. 646,293 • including grants of \$ 213,100.) (Revenue \$ (Code: ) (Expenses \$
- Asset Building & Financial Capability National CAPACD deploys strategies that improve the financial security of low- and moderateincome AAPIs and broaden opportunities for building wealth. Using multigenerational and culturally appropriate models, the program supports financial education, coaching, and financial products that allow participants to save while building credit. National CAPACD's asset building and financial capability program includes a cohort of organizations focused on supporting AAPI entrepreneurs and small businesses. In 2019, we trained more than more than 50 individual staff of member organizations, provided more than 2,800 households with one on one financially counseling or coaching through this effort and we
  - 164,824 including grants of \$ ) (Expenses \$ Policy and Civic Engagement - National CAPACD works with our member organizations to advance policies that impact low- and moderate-income AAPIs and promote the equitable development of neighborhoods. We create opportunities for AAPI community leaders from member organizations to engage in the civic process and policy efforts. National CAPACD advocates on a wide range of community development issues and builds partnerships with other national advocacy organizations. We work to address the racial wealth divide and prevent displacement of lowmoderate- income residents and small business because of gentrification.

released a series of reports documenting community need and the impact

<del>1</del> d	Other program services	(Describ	e on Schedule O.)
	-	200	C E 7

300,657 • including grants of \$

45,000.) (Revenue \$

Total program service expenses ▶

2,454,866.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l 🕶
	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	_		X
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		Α.
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?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		Х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Α.
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ.	
f	3 ,		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-	x	
<b>L</b>	,	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization maintain an onice, employees, or agents outside of the onited States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		21
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<del></del>
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>		<del></del>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del>  ^</del>
13		19		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21	х	

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Part IV | Checklist of Required Schedules (continued)

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 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 Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 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 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 15 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners?

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				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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 in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			١
	to file Form 8282?	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			,,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property in the contribution of qualified in the contribution of qualified intellectual property in the contribution of qualified intellectual property in the contribution of qualified in the		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	•			
^			8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		35		
		10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			-
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				7,7
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	t in a cons 0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yes " complete Form 4720. Schedule O	t income?	16		X
	ii res. combiete Form 4770, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
	<u> </u>		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>							
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial								
_	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	Seema Agnani - (202) 223-2442										

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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•	-	•	-	•	-	_	•		
Employees and	Independent Cor	ntractore							
Linployees, and	macpenaem ooi	itiactors							

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.

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

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

Form 990 (2019)

(16) Trina Villanueva         1.00           Board Member         X           (17) Esther Wong         1.00	(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
1.50		(list any hours for related organizations below line)	or director					Ĺ	the organization	organizations	compensation from the organization and related
Co-Chair		1.50			l						
Co-Chair		1 50	X		X				0.	0.	0.
(3) Maiko Winkler-Chin   1.00   X   X   X   0.	, - ,	1.50	,,		,,						_
Secretary		1 00	X		X				0.	0.	0.
(4) John D. Moon		1.00	<b>.</b> ,		\ \ \					0	_
Treasurer		1 00	A		X				0.	0.	0.
Start Prakash   Start Prakas		1.00	<b>.</b> ,		\ \ **					0	_
At-Large		1 00	^		Δ.				0.	0.	0.
Columber   Columber		1.00								0	_
Board Member		1 00	^						0.	0.	0.
The state of the		1.00								0	^
Board Member		1 00	^						0.	0.	<u> </u>
Chhaya Chhoum	•	1.00								0	^
Board Member		1 00	Δ						0.	0.	<u> </u>
1.00   Name Choi   1.00   Name Choi   Na		1.00	v						1	0	n
Board Member		1 00	^						0.	0.	<u></u>
(10) Wayne Ho	, , , , , , , , , , , , , , , , , , , ,	1.00	v						<u> </u>	n	n
Board Member		1 00							0.	•	
1.00   Board Member	<del>-</del>	1.00	v						l 0	n	n
Board Member   X		1.00							0.	•	
Columb   C	<del>-</del>	1.00	x						0.	0.	0.
Board Member   X		1.00								•	
Columb   C		100	x						0.	0.	0.
No.   No.		1.00									
Column			x						0.	0.	0.
Board Member   X		1.00							-	<u> </u>	
Column   C	Board Member		Х						0.	0.	0.
Board Member   X   0. 0. 0.   0.	(15) Kabzuag Vaj	1.00									
(16) Trina Villanueva         1.00           Board Member         X           (17) Esther Wong         1.00			Х						0.	0.	0.
(17) Esther Wong 1.00	(16) Trina Villanueva	1.00									
(17) Esther Wong 1.00			Х						0.	0.	0.
Board Member   X         0.   0.	(17) Esther Wong	1.00									
	Board Member		Х						0.	0.	0.

Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations **Officer** line) 35.00 (18) Seema M. Agnani X 128,750. 0. 15,120. Executive Director (19) Joshua D. Ishimatsu 35.00 X 100,700. 0. 1,124. Deputy Director, Community Impact 229,450. 0. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 229,450. 16,244 d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

			Check if Schedule O	contains a respor	se or note to any li	ne in this Part VIII			
			Check if Schedule O	contains a respon	Se of flote to arry in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ts ts	1	<u> </u>	Federated campaigns	1a					
an	•				60,650.	-			
ΩĔ					00,050.	-			
ifts r A			Fundraising events	·····		_			
n ii G			Related organizations Government grants (contri		530,974.	_			
Sir			All other contributions, gifts,	′ <del></del>	330,374.	_			
uti		١	similar amounts not included		2,597,038.				
ઉ류		_		··· <del>   .</del>	2,337,030.	_			
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncash contributions included in		•	3,188,662.			
0 10		n	Total. Add lines 1a-1f		Business Code	5,100,002.			
•	_	_	Contracts		900099	73,700.	73,700.		
/ice	2		Registration	fees	900099	150.	150.		
ser ue			Registration	rees	_   300033	130.	130.		
m S		С.			_				
gra Re		d			_				
Program Service Revenue		e	All all and a second and a		_				
_		f	All other program service			73,850.			
_	•	g	Total. Add lines 2a-2f			73,030.			
	3		Investment income (included the area included to th			3,601.			3,601.
			other similar amounts) Income from investment of			3,001.			3,001.
	4			•	•				
	5		Royalties	(i) Real	(ii) Personal				
	_	_	Overe weath	I	(ii) i eisonai	-			
	О	a	Gross rents	6a		-			
			Less: rental expenses	6b 6c		-			
			Rental income or (loss)						
	7		Net rental income or (loss Gross amount from sales of	(i) Securitie					
	<b>'</b>	а	assets other than inventory		(ii) Otrici	-			
		h	Less: cost or other basis	7a		_			
<u>•</u>		D	and sales expenses	7b					
enc		_		7c		-			
ev Se			Gain or (loss)						
her Revenue	۰		Gross income from fundraisi	Г					
듇	٥	а	including \$	of					
•			contributions reported on						
			Part IV, line 18	, , , , , , , , , , , , , , , , , , ,	8a				
		h	Less: direct expenses		8b	1			
			Net income or (loss) from	-					
	9		Gross income from gamin	· .	<u> </u>				
		_	Part IV, line 19	-	9a				
		b	Less: direct expenses		9b				
			Net income or (loss) from	-					
	10		Gross sales of inventory,	·					
		_	and allowances		10a				
		b	Less: cost of goods sold		10b				
			Net income or (loss) from	-					
<u></u>			: ()	2 331)	Business Code				
Miscellaneous Revenue	11	а	Other income		900099	1,000.			1,000.
ane		b							<u> </u>
eve		c							
ĪŠ.		-	All other revenue		_				
2			Total. Add lines 11a-11d			1,000.			
	12		Total revenue. See instruction		<u> </u>	3,267,113.	73,850.	0.	4,601.

### Part IX Statement of Functional Expenses

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

3601	Check if Schedule O contains a response or note to any line in this Part IX										
		nse or note to any line in (A)	this Part IX(B)	(C)	(D)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations	005 056	005 056								
	and domestic governments. See Part IV, line 21	825,856.	825,856.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	142 060	102 224	22 001	7 654						
	trustees, and key employees	143,869.	103,324.	32,891.	7,654.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	1 000 500	724 202	222 707	E 4 402						
7	Other salaries and wages	1,022,583.	734,393.	233,787.	54,403.						
8	Pension plan accruals and contributions (include	24,870.	17 061	5,686.	1 222						
_	section 401(k) and 403(b) employer contributions)	124,606.	17,861. 89,488.	28,488.	1,323. 6,630.						
9	Other employee benefits				4,711.						
10	Payroll taxes	88,549.	63,594.	20,244.	4,/11.						
11	Fees for services (nonemployees):										
	Management										
	Legal	22,274.		22,274.							
	Accounting	22,214.		24,214.							
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	316,813.	282,095.	31,297.	3 //21						
40	column (A) amount, list line 11g expenses on Sch O.)	3,844.	202,055.	31,237.	3,421. 3,844.						
12	Advertising and promotion	43,277.	25,162.	16,315.	1,800.						
13	Office expenses	12,282.	7,141.	4,630.	511.						
14	Information technology	12,202.	7,1410	<del>4</del> ,030.							
15	Royalties	125,912.	90,216.	28,935.	6,761.						
16	Occupancy	73,423.	69,210.	2,250.	1,963.						
17	Travel	13,4236	05,210.	2,250.	1,505.						
18	Payments of travel or entertainment expenses										
10	for any federal, state, or local public officials  Conferences, conventions, and meetings	156,866.	134,168.	9,537.	13,161.						
19		230,000	131,100 ·	5,551.	10,101						
20 21	Payments to affiliates										
22	Depreciation, depletion, and amortization	815.	474.	307.	34.						
23	Insurance	6,133.	3,566.	2,312.	255.						
23 24	Other expenses. Itemize expenses not covered	0,2001	2,2001	=,0==							
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)										
а	Dues and subscriptions	6,461.	6,104.	46.	311.						
b	Communication materials	2,214.	2,214.								
С											
d											
е	All other expenses	2 000 645	2 454 255	420 000	100 500						
25	Total functional expenses. Add lines 1 through 24e	3,000,647.	2,454,866.	438,999.	106,782.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2019)						
	0.01.00.00										

Form 990 (2019)

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-iabilities

Net Assets or Fund Balances

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,047,780. 968,690. Cash - non-interest-bearing 1 305,304. 333,104. 2 Savings and temporary cash investments 427,161. 494,292. 3 Pledges and grants receivable, net 11,828. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use R 26,103. Prepaid expenses and deferred charges 35,125. 10a Land, buildings, and equipment: cost or other 42,157. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 41,950. 1,418. 207. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 10,073. 9,724. Other assets. See Part IV, line 11 15 15 1,826,512. 1,844,297. 16 16 Total assets. Add lines 1 through 15 (must equal line 33)

Accounts payable and accrued expenses

Grants payable

Escrow or custodial account liability. Complete Part IV of Schedule D

controlled entity or family member of any of these persons
Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

of Schedule D

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund .....

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here ▶ X

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25 .

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ....

1,844,297. Form **990** (2019)

1,536,217.

121,248.

181,832.

5,000.

308,080.

248,527.

1,287,690.

83,075.

10,700.

556,761.

231,544.

1,038,207.

1,269,751.

1,826,512.

462,986.

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Form 990 (2019)

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Ра	rt 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	3,26				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,00				
3	Revenue less expenses. Subtract line 2 from line 1	3			66.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,26	9,7	51.		
5	Net unrealized gains (losses) on investments	5					
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10 1						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
			_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
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 reviewer	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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						
		. 3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

National Coalition for Asian Pacific

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

American Community Development 91-2121566 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 American Community Development

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,712,863.	4,632,072.	2,574,861.	2,349,571.	3,188,662.	16,458,029.
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	3,712,863.	4,632,072.	2,574,861.	2,349,571.	3,188,662.	16,458,029.
	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,						
							7 544 909
_	column (f)						7,544,808.
	Public support. Subtract line 5 from line 4.						8,913,221.
		(a) 001E	(h) 0010	(-) 0017	(4) 0010	(=) 0010	(6) Tatal
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	3,712,863.	4,632,072.	2,574,861.	2,349,571.	3,188,662.	16,458,029.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100	170	F00	1 405	2 601	г ооо
	and income from similar sources	103.	172.	508.	1,425.	3,601.	5,809.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,601.	10.	805.	1,300.	1,000.	5,716.
11	<b>Total support.</b> Add lines 7 through 10						16,469,554.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	404,817.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	54.12 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	47.38 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>\</b> X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b> e	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"				· ·	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
<u> </u>	The second secon			,		edule A (Form 990	·

# Schedule A (Form 990 or 990-EZ) 2019 American Community Development

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.)

Se	ction A. Public Support	siew, piedes cem	proto r urt m,				
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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	1					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0)	<u></u>
14	First five years. If the Form 990 is for	Ü	•	,	•	( )( )	·
<u> </u>	check this box and stop here ction C. Computation of Publ						<b>P</b>
	Public support percentage for 2019 (I			column (fl)		15	
	Public support percentage from 2018					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						<b>&gt;</b>
ŀ	33 1/3% support tests - 2018. If the						and
-	line 18 is not more than 33 1/3%, che	•			*	•	
20	Private foundation. If the organizatio			•		ŭ	

## Part IV Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0.0		
	9с		
	10a		
	- 3		
	10b		
m 9	90 or 99	90-EZ)	2019

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
200		pported organization(s).  D. All Type III Supporting Organizations	1		<u> </u>
360	LIOII L	2. All Type III Supporting Organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sect	tion E	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)			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		<del></del>
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> L</u> a		
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes " describe in Part VI the role placed by the organization in this regard	3h		

# National Coalition for Asian Pacific

Schedule A (Form 990 or 990-EZ) 2019 American Community Development

91-2121566 Page 6

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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-functional	ly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 American Community Development 91-2121566 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		\	Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	IS					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
_	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

# National Coalition for Asian Pacific

Schedule A (Form 990 or 990-EZ) 2019 American Community Development 91-2121566 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Bank of America Foundation	2,020,000.	1,690,609.
Capital One Foundation	502,500.	173,109.
Citi Community Development	1,745,000.	1,415,609.
Citi Foundation	500,000.	170,609.
Freddie Mac	375,000.	45,609.
JP Morgan Chase Bank	700,000.	370,609.
JP Morgan Chase Foundation	1,510,000.	1,180,609.
Kauffman Foundation	450,000.	120,609.
Kresge Foundation	750,000.	420,609.
Wallace H. Coulter Foundation	1,200,000.	870,609.
Wells Fargo Foundation	995,000.	665,609.
WK Kellogg Foundation	750,000.	420,609.
Total Excess Contributions to Schedule A, Part II, Line 5	1	7,544,808.

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **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

2019

Name of the organization

National Coalition for Asian Pacific American Community Development

Employer identification number

91-2121566

Organiza	Organization type (check one):				
Filers of	:	Section:			
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 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	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., on the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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			

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
National Coalition for Asian Pacific
American Community Development

Employer identification number

91-2121566

(c)   No.   Name, address, and ZIP + 4   Total contributions   Type of contribution   Typ	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
Bank of America Foundation   1717 Pennsylvania Avenue NW #625   \$ 300,000.     Payroll			1			
1717 Pennsylvania Avenue NW #625   S 300,000.   Noncash   Complete Part II for noncash contributions   Complete Part II for noncash contributions	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
No.	1	1717 Pennsylvania Avenue NW #625		Payroll Noncash (Complete Part II for		
Capital One Foundation	(a)	(b)	(c)	(d)		
Post Office Box 85508 Richmond, VA 23285  (a) No. Name, address, and ZIP + 4  Citi Community Development One Court Square 43rd Floor Long Island City, NY 11120  (a) No. Name, address, and ZIP + 4  Freddie Mac 8200 Jones Branch Drive McLean, VA 22102  (b) No. Name, address, and ZIP + 4  Find die Mac  (c) (d) Total contributions  (e) Total contributions  (f) Type of contributions  (g) Type of contributions  (g) Type of contributions  (h) No. Name, address, and ZIP + 4  Freddie Mac  (g) Total contributions  (h) No. Name, address, and ZIP + 4  (c) Total contributions  (d) Type of contributions  (e) Type of contributions  (f) Type of contributions  (g) Type of contributions  (h) No. Name, address, and ZIP + 4  (h) Total contributions  (h) No. Name, address, and ZIP + 4  (h) Total contributions  (h) No. Name, address, and ZIP + 4  (complete Part II for noncash contributions)	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
Richmond, VA 23285   Complete Part II for noncash contributions.	2		_ 100 000	Payroll		
Richmond, VA 23285  (a) No. Name, address, and ZIP+4  Citi Community Development  One Court Square 43rd Floor Long Island City, NY 11120  (b) No. Name, address, and ZIP+4  Freddie Mac  8200 Jones Branch Drive McLean, VA 22102  (a) No. Name, address, and ZIP+4  Formula Marker, Address, and ZIP+4  (b) No. Name, address, and ZIP+4  (c) (d) Type of contribution  Person X Payroll Type of contribution  Person X Payroll Complete Part II for noncash contributions  (c) (d) Type of contribution  Person X Payroll Complete Part II for noncash contributions)  (d) No. Name, address, and ZIP+4  (e) Total contributions  Person X Payroll Complete Part II for noncash contributions  (c) (d) Type of contributions  Person X Payroll Depayroll Depay		FOST OTTICE BOX 05500	_   \$			
No. Name, address, and ZIP+4    Total contributions   Type of contribution		Richmond, VA 23285	_	l ' '		
Citi Community Development One Court Square 43rd Floor Long Island City, NY 11120  (a) No. Name, address, and ZIP + 4  Freddie Mac 8200 Jones Branch Drive McLean, VA 22102  (b) No. Name, address, and ZIP + 4  (c) (d) Total contributions  (c) (d) Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Total contributions  (c) (d) Type of contribution  Type of contributions  (c) (d) Type of contribution  (c) (d) Type of contribution  (c) (d) Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  (c) Total contributions  (c) (d) Type of contributions		· ·		, ,		
One Court Square 43rd Floor Long Island City, NY 11120  (a) No. Name, address, and ZIP+4  Freddie Mac  8200 Jones Branch Drive McLean, VA 22102  (b) No. Name, address, and ZIP+4  Formula in the image of the image	NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
(a) No. Name, address, and ZIP + 4  Freddie Mac  8200 Jones Branch Drive  McLean, VA 22102  (b) No. Name, address, and ZIP + 4  (c) Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions)  (d) Total contributions  JPMorgan Chase Foundation  712 Main Street 4E  Houston, TX 77002  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) (d) Type of contribution  Person X Payroll Payroll (Complete Part II for noncash contributions)  (c) (d) Type of contributions  Person X Payroll (Complete Part II for noncash contributions)  (c) (d) Type of contributions)	3	One Court Square 43rd Floor		Payroll Noncash (Complete Part II for		
No. Name, address, and ZIP + 4  Freddie Mac  8200 Jones Branch Drive  McLean, VA 22102  (a) (b) (c) (c) (d) Total contributions  5 JPMorgan Chase Foundation  712 Main Street 4E  Houston, TX 77002  (a) (b) (c) Total contributions  (b) (c) (d) Type of contributions  Person X Payroll I Type of contributions  Person X Payroll I Type of contribution  Person X Payroll I Noncash I (Complete Part II for noncash contributions)  (a) (b) (c) (c) (d) Type of contributions  Figure 1		Long Island City, NY 11120	_	noncash contributions.)		
Second Second Drive   Second		· ·		, ,		
Second Second Drive   Second	4	Freddie Mac		Person X		
McLean, VA 22102   (Complete Part II for noncash contributions.)			_			
McLean, VA 22102		8200 Jones Branch Drive	_   \$95,000.			
No. Name, address, and ZIP + 4    Total contributions   Type of contribution		McLean, VA 22102	_	, ,		
Sample   S						
Total contributions   Person   Payroll   Noncash   Complete Part II for noncash contributions   Noncash   Complete Part II for noncash contributions   Noncash contributions   Noncash contributions   Noncash contributions   Noncash   N	5	JPMorgan Chase Foundation		Person X		
Houston, TX 77002  (a) (b) (c) (d) Total contributions  6 Kauffman Foundation  4801 Rockhill Road  Kansas City, MO 64110  (b) (c) (d) Total contributions  Ferson X Payroll Noncash (Complete Part II for noncash contributions.)		712 Main Street 4E	\$\$510,000.			
No. Name, address, and ZIP + 4    Total contributions   Type of contribution		Houston, TX 77002	_	l , '		
Kauffman Foundation  4801 Rockhill Road  Kansas City, MO 64110   * 450,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)			1	, ,		
4801 Rockhill Road \$ 450,000.   Payroll   Noncash   (Complete Part II for noncash contributions.)	140.		i otal contributions	Type of continuution		
4801 Rockhill Road \$ 450,000.   Noncash (Complete Part II for noncash contributions.)	6	Kauffman Foundation	_			
Kansas City, MO 64110 noncash contributions.)		4801 Rockhill Road	\$ 450,000.	Noncash		
		Kansas City, MO 64110	_	noncash contributions.)		

Name of organization
National Coalition for Asian Pacific
American Community Development

Employer identification number

91-2121566

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	NW Area Foundation  60 Plato Boulevard E #400  St. Paul, MN 55107	\$\$	Person X Payroll		
(a)	(b)	(c) Total contributions	(d)		
	Name, address, and ZIP + 4 US Department of Housing and Urban Development  451 7th Street NW #9274  Washington, DC 20410	\$ 493,718.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Wallace H. Coulter Foundation 790 NW 107th Avenue #215 Miami, FL 33172	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	Wells Fargo Foundation  90 South 7th Street  Minneapolis, MN 55479	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
National Coalition for Asian Pacific
American Community Development

Employer identification number

91-2121566

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given  (c)  FMV (or estimate (See instructions.)		(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	

Name of organization
National Coalition for Asian Pacific

American Community Development
91-2121566

	can Community Developme				91-2121566		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	through (a) and the following	line entry For o	rganizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,	000 or less for the	he year. (Enter this info. onc	.e.) <b>&gt;</b> \$		
(a) No	Use duplicate copies of Part III if additional	space is needed.	I				
(a) No. from	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	cription of how gift is held		
Part I							
				-			
F		(a) Transfer					
		(e) Transfer	or girt				
	Transferee's name, address, a	nd <b>7</b> IP ± 4	R	elationshin of tra	nsferor to transferee		
F	mansieree s name, address, a	III ZIF T T		elationship of tra			
	-	-					
	-	-					
					_		
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	cription of how gift is held		
			_				
			_				
	(e) Transfer of gift						
L	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		
		-					
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	cription of how gift is held		
Part I							
			<del></del>				
				-			
F		(e) Transfer	of gift				
		(c) Transfer	or gire				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
ŀ	, ,			•			
		-					
(a) No. from	(h) Dumana of wift	(a) Han of miff		(d) Doos	winting of how wift in hold		
Part I	(b) Purpose of gift	(c) Use of gift	ι	(a) Desc	cription of how gift is held		
		(e) Transfer	of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		
		-					

#### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization Nationa	1 Coalition for A	sian Pacifi	C Er	nployer identification number
	America	n Community Devel	opment		91-2121566
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures		<b>&gt;</b>	<b>*</b> \$
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	<b>&gt;</b>	<b>\$</b>
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
_ k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 50	)1(c)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities	<b>\$</b>
2	Enter the amount of the filing organ		· ·		
	exempt function activities			<b>&gt;</b>	<b>*</b> \$
3	Total exempt function expenditures		*		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and er	mployer identification number (EIN	) of all section 527 poli	tical organizations to w	hich the filing organization
	made payments. For each organiza	•	• •		•
	contributions received that were pr				arate segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	le information in Part I'	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2019

National Coalition for Asian Pacific Schedule C (Form 990 or 990-EZ) 2019 American Community Development 91-2121566 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1,306. **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) 2,670. **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 3,976. c Total lobbying expenditures (add lines 1a and 1b) 2,996,671. d Other exempt purpose expenditures 3,000,647. e Total exempt purpose expenditures (add lines 1c and 1d) 300,032. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 20% of the amount on line 1e. Not over \$500,000 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. 75,008. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-

#### 4-Year Averaging Period Under Section 501(h)

i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

(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 Expenditures During 4-Year Averaging Period							
	Lobbying Expen	uring 4- Yea	ar Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total			
2a Lobbying nontaxable amount	371,944.	311,851.	329,435.	300,032.	1,313,262.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,969,893.			
<b>c</b> Total lobbying expenditures	633.	5,450.	2,723.	3,976.	12,782.			
d Grassroots nontaxable amount	92,986.	77,963.	82,359.	75,008.	328,316.			
e Grassroots ceiling amount (150% of line 2d, column (e))					492,474.			
f Grassroots lobbying expenditures		604.	881.	1,306.	2,791.			

Schedule C (Form 990 or 990-EZ) 2019

0.

Yes

No

Schedule C (Form 990 or 990-EZ) 2019 American Community Development 91-212156

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)).

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:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	es	No	Amo	unt	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				Amount	
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-\			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(t	)), or se	ection		
			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 pr	ior year?	3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  1 Dues, assessments and similar amounts from members				· ·,	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
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).					
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> </ul>		2a			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> </ul>		2a			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>		2a 2b 2c			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>		2a 2b 2c			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>		2a 2b 2c			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses for which the section 527(f) tax was paid).</li> </ul>	al	2a 2b 2c 3			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses for which the section 527(f) tax was paid).</li> </ul>	cal	2a 2b 2c 3			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> </ul>	cal	2a 2b 2c 3			

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

National Coalition for Asian Pacific American Community Development

**Employer identification number** 91-2121566

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0/1-1/41/171/21
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (	Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	Nationa	1 Coalitio	n for Ad	ian Dagi	fia				
Sche		n Communit			LIC	91-	212156	6 =	ane 2
	rt III Organizations Maintaining C			_	or Oth				
3	Using the organization's acquisition, accessi								
	collection items (check all that apply):		-						
а	Public exhibition	d	Loan or	exchange progr	ram				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furth	ner the organizat	tion's exe	empt purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical	treasures, or oth	ner simila	ar assets		_	_
	to be sold to raise funds rather than to be ma						Yes		_ No
Pa	rt IV Escrow and Custodial Arran		ete if the organiz	zation answered	"Yes" or	n Form 990, Part	t IV, line 9, o	r	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								_
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amour	nt	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance								_
	Did the organization include an amount on F		*				└── Yes	F	⊣ No
	If "Yes," explain the arrangement in Part XIII.						<u></u>	. L	
Pa	rt V Endowment Funds. Complete i					i	( ) [		
4.	Danisaria a afarana halana a	(a) Current year	(b) Prior yea	r (c) 1wo yea	ars dack	(d) Three years b	ack (e) Fou	ryears	3 Dack
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs  Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1 a colur	nn (a)) held as:		l			
	Board designated or quasi-endowment	rent year end balanc	%	nin (a)) neid as.					
	Permanent endowment	%	_′°						
c									
Ū	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation that are he	eld and administ	ered for	the organization			
ou	by:	oolon or the organiza	ation that are m	na arra aarriiriiot	0100 101	the organization		Yes	No
	(i) Unrelated organizations						3a(i)	1.00	1
	(ii) Related organizations								$\vdash$
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule	e R?			3b		T
4	Describe in Part XIII the intended uses of the	· ·		***************************************					
_	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere		), Part IV, line 1	1a. See Form 99	0, Part X	(, line 10.			

Schedule D (Form 990) 2019

207.

207.

e Other.

1a Landb Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

basis (other)

42,157.

depreciation

41,950.

basis (investment)

	mmunity Devel		91-2121566 Page
Part VII Investments - Other Securities.	imairiey bever	r o pine r c	31 2121300 Fage
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11h See Form 990 Part X line 1	12
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives	(-7	(0,111111111111111111111111111111111111	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 1	13
(a) Description of investment	(b) Book value		st or end-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	e 11d. See Form 990. Part X. line 1	15.
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X	(, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Refundable advances			5,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

5,000.

(9)

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2019 American Community Dever	_			2121300 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State		Revenue per R	eturn	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,313,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	2b	46,804.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	46,804.
3	Subtract line 2e from line 1			3	3,267,113.
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 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,267,113.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,047,451.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	46,804.		
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	46,804.
	Subtract line 2e from line 1			3	3,000,647.
	Amounts included on Form 990, Part IX, line 25, 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			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	3,000,647.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	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 inforn	nation.		
Pa:	rt X, Line 2:				
CA	PACD is exempt from payment of taxes on :	income o	ther than	net	unrelated
bu	siness income under section 510(c)(3) of	the IRC	. For the	year	rs ended
				-	
Dec	cember 31, 2019 and 2018, there was no up	nrelated	business	inco	ome and

accordingly, no federal or state income taxes have been recorded. Contributions to CAPACD are deductible as provided in IRC Section 170(b)(1)(A)(vi). Management has evaluated CAPACD's tax positions and concluded that the financial statements do not include any uncertain tax positions.

National Coalition for Asian Pacific

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization Nacional American		n lor Astan 7 Developmen					91-2121566
Part I General Information on Grants a		<u>_</u>					
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	led.	(6) h 4 11 1 6		
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Alliance for Multicultural							
Community Services - 6440							
Hillcroft Avenue Suite 411 -							Housing Counseling and
Houston, TX 77081	76-0171217	501(c)(3)	18,000.	0.			Asset Building
APISBP 231 E Third Street							
Los Angeles, CA 90013	20-0726638	501(c)(3)	18,750.	0.			Small Business Network
Asian Community Development Corporation - 38 Oak Street Boston - Boston MA 02111-1426		501(c)(3)	20,108.	0.			Housing Counseling
Asian Economic Development							
Association - 377 University Avenue W Suite D - St. Paul, MN 55103	41-1911474	501(c)(3)	17,000.	0.			Asset Building and Housing Counseling
Asian Law Alliance 991 West Hedding Street Suite 202 San Jose, CA 95126-1248	94-2439581	501(c)(3)	31,188.	0.			Housing Counseling
			, , , , , , , , , , , , , , , , , , ,				2
Asian Resources Inc. 5100 El Paraiso Avenue Sacramento, CA 95824	94-2658135	501(c)(3)	16,000.	0.			Asset Building and Housing Counseling
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				→ 30.
3 Enter total number of other organization	s listed in the line	1 table					<b>&gt;</b> 0.

(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
Asian Services In Action							
3631 Perkins Avenue #2							
A-34-1798850 W - Cleveland, OH							Asset Building and
44114	34-1798850	501(c)(3)	74,217.	0.			Housing Counseling
CAPI USA							
5930 Brooklyn Boulevard							Asset Building and
Brookly Boulevard, MN 55429	41-1417198	501(c)(3)	14,000.	0.			Housing Counseling
Center for Pan Asian Community Services - 3510 Shallowford Road							Asset Building and
NE - Atlanta, GA 30341	58-1437980	501(c)(3)	41,114.	0.			Housing Counseling
NE ACIANCA, GA 30341	30 1437300	501(0)(3)	41,114.	0.			Housing Counseling
Chhaya CDC							
37-43 77th Street 2nd Floor							Asset Building and
Jackson Heights, NY 11372	11-3580935	501(c)(3)	60,849.	0.			Housing Counseling
China a langui an Ganai a Langua							
Chinese American Service League 2141 South Tan Court							Asset Building and
Chicago, IL 60616	36-2984043	501(c)(3)	55,157.	0.			Housing Counseling
Chicago, il 00010	30-2304043	501(0)(3)	33,137.	0.			Housing Counseling
Chinese Community Center							
9800 Town Park Drive							Asset Building and
Houston, TX 77036	94-2658135	501(c)(3)	44,880.	0.			Housing Counseling
Council for Native Hawaiian							
Advancement - 2149 Lauwiliwili							
Street - Kapolei, HI 96707	91-0313383	501(c)(3)	16,649.	0.			Housing Counseling
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		10,013.	<b>.</b>		1	
EBALDC							
1825 San Pablo Avenue #200							Asset Building and
Oakland, CA 94612	51-0171851	501(c)(3)	18,000.	0.			Housing Counseling
FIRM							
1940 N Fresno Street							Asset Building and
Fresno, CA 93703	77-0357297	501(c)(3)	5,250.	0.			Housing Counseling

Schedule I (Form 990)

Schedule I (Form 990)

	_	v Developmen					1-2121566 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	<del></del>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Viene Genter							
Hana Center 4300 N California Avenue							Asset Building and
Chicago, IL 60618	36-2746468	501(c)(3)	54,218.	0.			Housing Counseling
Hawaiian Community Assets 200 North Vineyard Boulevard							Asset Building and
Honolulu, HI 96817	99-0348767	501(c)(3)	25,500.	0.			Housing Counseling
	33 0020,0,		25,555:				
Hmong American Partnership							
1075 Arcade Street							
St. Paul, MN 55106	41-1667580	501(c)(3)	12,909.	0.			Housing Counseling
Interim CDA							
310 Maynard Avenue South							Asset Building and
Seattle, WA 98104	91-1071277	501(c)(3)	30,836.	0.			Housing Counseling
			, -	-			
Khmer Girls in Action							
1355 Redondo Avenue #9							Asset Building and
Long Beach, CA 90804	27-3087079	501(c)(3)	18,500.	0.			Housing Counseling
Warran Baranna Garban							
Korean Resource Center 2846 W 8th Street Suite 203							Asset Building and
Los Angeles, CA 90005	95-3879699	501(c)(3)	9,500.	0.			Housing Counseling
			, , , , , ,				
Lao Assistance Center of MN							
503 Irving Avenue North Suite 100A							
Minneapolis, MN 55405	36-3255880	501(c)(3)	17,450.	0.			Housing Counseling
Muglim Homon Regourse Contan							
Muslim Women Resource Center 6445 N Western Avenue							
Chicago, IL 60645	68-0489248	501(c)(3)	10,353.	0.			Housing Counseling
<u> </u>							
PACE							
1055 Wilshire Boulevard #1475							Asset Building and
Los Angeles, CA 90017	51-0192025	501(c)(3)	18,000.	0.			Housing Counseling

Schedule I (Form 990)

Schedule I (Form 990) American	Community	y Developmer	nt			9	1-2121566 Pa
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dhiladalahia GDG							
Philadelphia CDC 301-305 North 9th Street							
Philadelphia, PA 19107	23-7439723	501(c)(3)	42,477.	0.			Housing Counseling
- ,			, -				
Renaissance EDC							Asset Building and
2 Allen Street 7th Floor							Housing Counseling and
New York, NY 10002	13-3946529	501(c)(3)	32,750.	0.			Small Business
Sapna NYC							Desct Duilding and
2348 Waterbury Avenue 1st Floor	26-3124969	501(c)(3)	12 200	0.			Asset Building and Housing Counseling
Bronx, NY 10462	20-3124909	501(0)(3)	13,200.	0.			Housing Counseling
Thai CDC							
6376 Yucca Street Suite B							
Los Angeles, CA 90028	95-4531170	501(c)(3)	10,500.	0.			Housing Counseling
The Cambodian Family							
1626 E 4th Street							Asset Building and
Santa Ana, CA 92701	95-3854831	501(c)(3)	12,000.	0.			Housing Counseling
Union of Pan Asian Communities							
1031 25th Street							
San Diego, CA 92102	23-7279074	501(c)(3)	46,944.	0.			Housing Counseling
241 210g0, 011 72101	1 20 /2/30/2		10,511.	•			
	-						

Schedule I (Form 990) (2019)

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

In order to receive funds from National CAPACD, a potential grantee must

meet various criteria and submit supporting documentation including but not

limited to proof of nonprofit status or having a nonprofit fiscal agent,

serving low-income populations, and financial viability. Recipients of our

grants sign legally-binding contracts agreeing to deliver specific

services. They are required to submit reports and invoices with proper

documentation. National CAPACD's staff members provide technical assistance

and conduct site visits to grantee organizations. Funds are disbursed to

Part IV Supplemental Information
grantees only after deliverables are properly documented. Furthermore, as a
recipient of federal funds from HUD, National CAPACD follows stringent
federal regulations pertaining to reporting and monitoring procedures. We
are audited by both HUD-contracted auditors as well as by our own auditors
to ensure that we are in commpliance with award monitoring procedures.

#### 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.

Open to Public Inspection

OMB No. 1545-0047

In

Name of the organization

National Coalition for Asian Pacific American Community Development

Employer identification number 91-2121566

Form 990, Part III, Line 1, Description of Organization Mission:

neighborhoods. We strengthen and mobilize our members to build power

nationally and further our vision of economic and social justice for
all.

National CAPACD is building the capacity of trusted, culturally competent, and linguistically capable community-based organizations through a combination of group training and individualized technical assistance focused on business counseling and micro-lending practice, as well as trainings and opportunities for peer sharing focused on planning and policy to support neighborhood economic stabilization. In 2019, National CAPACD also implemented and released the findings of community-based research in a report entitled "Small Business, Big Dreams: A Survey of Economic Development Organization and Their Small Business Clients in Low-Income Asian American and Pacific Islander Communities." This report tells a more accurate and nuanced story about AAPI business ownership in low-income communities.

Form 990, Part III, Line 4b, Program Service Accomplishments:

of our network in delivering culturally and linguistically competent services.

Form 990, Part III, Line 4d, Other Program Services:

Convention - The Building CAPACD Convention brings together hundreds of

Asian American and Pacific Islander (AAPI) organizations and our allies

Name of the organization National Coalition for Asian Pacific
American Community Development

Employer identification number 91-2121566

from across the country for one of the largest gatherings of leaders

from the AAPI community, community development practitioners, community

organizers, policymakers, and private sector partners focused on

advancing the rights of low income AAPIs and other communities of

color. At the convention we discuss programs, strategies, provide

feedback and input on National CAPACD's policy and programmatic

priorities, and plan for the work ahead to further our collective

vision for social and economic justice.

Expenses \$ 56,979. including grants of \$ 0. Revenue \$ 0.

Membership and Capacity Building - National CAPACD is a coalition of
member organizations who serve, organize and advocate for low- and
moderate-income AAPI communities across the country. Due-paying member
organizations benefit from opportunities to connect and convene with
other groups across the country, receive technical assistance and
capacity building support, and to collectively shape and inform our
policy priorities. As a coalition, membership is the backbone of our
work as we strive to remain committed and accountable to the
organizations that sign on to be a part of our broader coalition.
Expenses \$ 106,252. including grants of \$ 0. Revenue \$ 0.

Lobbying - National CAPACD supported efforts to advocate for policies,

programs and investments that serve to advance our mission and advance

the economic and social empowerment of low-income AAPIs, equitable

development of AAPI neighborhoods and further our vision of economic

and social justice for all. This work is implemented through direct

advocacy efforts with elected officials and mobilization of member

organizations to participate in these efforts.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization National Coalition for Asian Pacific **Employer identification number** American Community Development 91-2121566 Expenses \$ 3,976. including grants of \$ 0. Revenue \$ 0. Small Business and Entrepeneur Support Program - National CAPACD is building the capacity of trusted, culturally competent, and linguistically capable community-based organizations through a combination of group training and individualized technical assistance focused on business counseling and micro-lending practice, as well as trainings and opportunities for peer sharing focused on planning and policy to support neighborhood economic stabilization. In 2019,

National CAPACD also implemented and released the findings of community-based research in a report entitled "Small Business, Big Dreams: A Survey of Economic Development Organization and Their Small Business Clients in Low-Income Asian American and Pacific Islander Communities." This report tells a more accurate and nuanced story about AAPI business ownership in low-income communities.

Expenses \$ 133,450. including grants of \$ 45,000. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

The form 990 was prepared by the outside accountants and reviewed by senior management. It was then sent to all members of the board before filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The organization has a conflict of interest policy that is distributed to the board for their review and acknowledgment on an annual basis.

As part of National CAPACD's regular business practices, executive staff discuss on a regular basis potential conflicts of interest amongst board of

Employer identification number 91-2121566

directors, officers, and other key employees as per the written conflict of interest policy found in the organization's personnel manual. When an employee has any questions concerning whether a proposed action might violate CAPACD's conflict of interest, employment, honorarium, ethical standards or other policies, that employee asks for prior review of the proposed action by the Executive Director. The Executive Director may require that the request be put in writing, and responded to formally, in order to document the review process. Issues are addressed through the medium of the Executive Committee of the Board of Directors, and enforced as per the personnel manual.

Form 990, Part VI, Section B, Line 15a:

Staff collects and provides the Executive Committee of the Board of
Directors with comparable Executive Director salary ranges from other
nonprofit organizations. The Executive Committee provides a performance
review of the Executive Director and sets the salary for the Executive
Director. The Executive Director set all other salaries for the
organization. The amounts are documented in Board or Executive Committee
minutes and provided to the organization's bookkeeper. The last salary
review took place in March 2018.

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part IX, Line 11g, Other Fees:

Consultants:

Program service expenses

282,095.

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing o	of this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.			
Auto	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All cor	rporations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts	
must ı	use Form 7004 to request an extension of time to file incom-	e tax retu	rns.			
_				1		
Type	r Name of exempt organization or other filer, see instructions.  National Coalition for Asian Pacific			Taxpayer	axpayer identification number (TIN)	
print	American Community Development				91-2121566	
File by t	the Name of the Pool of the Po					
due date filing yo	1628 16th Street. NW. 4th Floor					
return. S instructi						
	Washington, DC 20009					
						0 1
Application			Application			Return
ls For			Is For			Code
Form 990 or Form 990-EZ			Form 990-T (corporation)			07
Form 990-BL			Form 1041-A			08
Form 4720 (individual)			Form 4720 (other than individual)			09
Form 990-PF			Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
Seema Agnani  The books are in the care of   1628 16th Street, NW, 4th Floor - Washington, DC 20009  Telephone No.   (202) 223-2442  Fax No.   If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.						
	I request an automatic 6-month extension of time untilNovember16_,					
2	If the tax year entered in line 1 is for less than 12 months, check reason:					
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					•
	any nonrefundable credits. See instructions.			3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^
	estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$					0.
	Balance due. Subtract line 3b from line 3a. Include your pa	•			_	0.
	using EFTPS (Electronic Federal Tax Payment System). See			3c	\$ 0070 FO f	
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.						

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

Form 8868 (Rev. 1-2020)

LHA