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Form **990**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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2011****Open to Public Inspection****A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ASIAN CULTURAL COUNCIL, INC.</b>		<b>D</b> Employer identification number <b>13-3018822</b>	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address)		Room/suite	
	<b>6 WEST 48TH STREET</b>		<b>12TH FL</b>	
	City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10036-1802</b>		<b>E</b> Telephone number <b>(212) 843-0403</b>	
<b>F</b> Name and address of principal officer <b>ANTHONY L. SMITH</b> <b>SAME AS ADDRESS ABOVE</b>		<b>G</b> Gross receipts \$ <b>7,672,749.</b>		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J</b> Website: ▶ <b>WWW.ASIANCULTURALCOUNCIL.ORG</b>		<b>H(c)</b> Group exemption number ▶		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1980</b> <b>M</b> State of legal domicile <b>NY</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO PROMOTE MUTUAL APPRECIATION AND RESPECT BETWEEN ASIA AND THE UNITED STATES THROUGH CULTURAL EXCHANGE IN THE VISUAL AND PERFORMING ARTS.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26.</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25.</b>	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>17.</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	<b>b</b> Net unrelated business taxable income from Form 990- line 34	<b>7b</b>	<b>0</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,414,803.</b>	<b>3,923,628.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>	<b>0</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 1e)		<b>1,527,850.</b>	<b>441,372.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>24,950.</b>	<b>0</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>3,967,603.</b>	<b>4,365,000.</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>1,473,316.</b>	<b>1,639,500.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>	<b>0</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>1,852,119.</b>	<b>2,378,567.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>818,794.</b>		<b>0</b>	<b>0</b>	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,569,338.</b>	<b>1,982,149.</b>	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,894,773.</b>	<b>6,000,216.</b>	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>-927,170.</b>	<b>-1,635,216.</b>	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>21</b> Total liabilities (Part X, line 26)	<b>32,685,698.</b>	<b>29,701,119.</b>
		<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>5,019,468.</b>	<b>5,130,651.</b>
			<b>27,666,230.</b>	<b>24,570,468.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>Jennifer P. Goodale</b>		Date <b>10/17/2012</b>
	Type or print name and title <b>Executive Director, JENNIFER P. GOODALE</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Salvatore M. Caruso</b>	Preparer's signature <b>[Signature]</b>	Date <b>OCT 16 2012</b>
	Firm's name ▶ <b>CONDON O'MEARA MCGINTY &amp; DONNELLY L</b>	Firm's EIN ▶ <b>13-3628255</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P0074467</b>
	Firm's address ▶ <b>ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405</b>	Phone no <b>212-661-7777</b>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

617 6

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 4,468,666. including grants of \$ 1,639,500. ) (Revenue \$ 0 )

SEE SCHEDULE O

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4e** Total program service expenses ► 4,468,666.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b> X	
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> 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). . . . .	<b>28</b>	
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<b>34</b>	X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a 44		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a 17		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . .	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X	
b If "Yes," enter the name of the foreign country: <u>ATTACHMENT 1</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter			
a Initiation fees and capital contributions included on Part VIII, line 12. . . . .	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
a Gross income from members or shareholders. . . . .	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). . . . .	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a 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		
c Enter the amount of reserves on hand. . . . .	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .	14b		

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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 in Schedule O.	26	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent.	25	
<b>2</b> 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?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>12a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.	X	
<b>12b</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12c</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>13</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>14</b> Did the organization have a written whistleblower policy?	X	
<b>15</b> Did the organization have a written document retention and destruction policy?	X	
<b>15a</b> 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?	X	
<b>15b</b> The organization's CEO, Executive Director, or top management official.	X	
<b>16a</b> Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16b</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16c</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed. **NEW YORK**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **ANTHONY L. SMITH, CFO, 6 WEST 48TH STREET, NEW YORK, NY 10036-1802 TEL: 212-843-0343**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH J. MCCORMACK CHAIRMAN	4.00	X		X				0	0	0
(2) VALERIE ROCKEFELLER WAYNE VICE CHAIRMAN	2.00	X		X				0	0	0
(3) RICHARD S. LANIER PRESIDENT	5.00	X		X				30,000.	0	0
(4) STEPHEN B. HEINTZ VICE PRESIDENT	1.00	X		X				0	0	0
(5) ROBERT S. PIRIE TREASURER	1.00	X		X				0	0	0
(6) PAULINE R. YU SECRETARY	1.00	X		X				0	0	0
(7) HOPE ALDRICH TRUSTEE	1.00	X						0	0	0
(8) JANE DEBEVOISE TRUSTEE	1.00	X						0	0	0
(9) JOHN H. FOSTER TRUSTEE	1.00	X						0	0	0
(10) KENNETH H.C. FUNG TRUSTEE	4.00	X						0	0	0
(11) DOUGLAS TONG HSU TRUSTEE	4.00	X						0	0	0
(12) HANS MICHAEL JEBSEN TRUSTEE	4.00	X						0	0	0
(13) CHRISTOPHER KOJIMA TRUSTEE	1.00	X						0	0	0
(14) ERH-FEI LIU TRUSTEE	1.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) VINCENT A. MAI TRUSTEE	2.00	X						0	0	0
16) JOSIE CRUZ NATORI TRUSTEE	2.00	X						0	0	0
17) ABBY M. O'NEILL TRUSTEE	1.00	X						0	0	0
18) DAVID ROCKEFELLER, JR. TRUSTEE	2.00	X						0	0	0
19) LYNNE RUTKIN TRUSTEE	2.00	X						0	0	0
20) DAVID HALPERT TRUSTEE	1.00	X						0	0	0
21) JONATHAN FANTON TRUSTEE	1.00	X						0	0	0
22) SEIJI TSUTSUMI TRUSTEE	1.00	X						0	0	0
23) CAROL RATTRAY TRUSTEE	2.00	X						0	0	0
24) KEN MILLER TRUSTEE	1.00	X						0	0	0
25) CURTIS GREER TRUSTEE	2.00	X						0	0	0
<b>1b Sub-total</b>								30,000.	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								794,941.	0	294,598.
<b>d Total (add lines 1b and 1c)</b>								824,941.	0	294,598.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	3,923,628.			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		6,085.			
	<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		3,923,628.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		0			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			116,417.		116,417.
	4	Income from investment of tax-exempt bond proceeds . . . . .			0		
	5	Royalties . . . . .			0		
			(i) Real	(ii) Personal			
	6a	Gross rents . . . . .					
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .			0		
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
			3,632,704.				
	b	Less cost or other basis and sales expenses . . . . .					
			3,307,749.				
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .			324,955.		324,955.
	8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . . . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .			0		
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .			0			
	<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total. Add lines 11a-11d . . . . .</b>			0			
12	<b>Total revenue. See instructions . . . . .</b>			4,365,000.		441,372.	

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	622,840.	622,840.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	93,000.	93,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	923,660.	923,660.		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	448,359.	309,368.	80,705.	58,286.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	968,045.	667,951.	174,248.	125,846.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	112,457.	77,595.	20,242.	14,620.
9 Other employee benefits.	748,945.	516,772.	134,810.	97,363.
10 Payroll taxes.	100,761.	69,525.	18,137.	13,099.
11 Fees for services (non-employees)	0			
a Management.	44,576.	26,745.	13,373.	4,458.
b Legal.	102,936.	61,762.	30,881.	10,293.
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	96,908.		96,908.	
f Investment management fees.	426,068.	340,854.	42,607.	42,607.
g Other.	0			
12 Advertising and promotion.	40,898.	28,220.	7,362.	5,316.
13 Office expenses.	0			
14 Information technology.	0			
15 Royalties.	219,859.	151,703.	39,575.	28,581.
16 Occupancy.	398,354.	318,683.		79,671.
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	275,675.	190,216.	49,622.	35,837.
23 Insurance.	23,813.	16,431.	4,286.	3,096.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM DEVELOPMENT &				
b SPECIAL PROJECTS	307,974.	30,797.		277,177.
c PUBLICATIONS, CONFERENCES &				
d DUES	45,088.	22,544.		22,544.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	6,000,216.	4,468,666.	712,756.	818,794.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	579,042.	1	501,407.
	2 Savings and temporary cash investments	0	2	6,018,546.
	3 Pledges and grants receivable, net	601,295.	3	922,212.
	4 Accounts receivable, net	163,147.	4	132,068.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	92,822.	9	56,717.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 2,245,533.		
	b Less accumulated depreciation	10b 1,029,906.	10c	1,215,627.
	11 Investments - publicly traded securities	14,520,057.	11	5,957,946.
	12 Investments - other securities. See Part IV, line 11	15,070,946.	12	14,678,413.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	203,555.	15	218,183.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	32,685,698.	16	29,701,119.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	259,442.	17	275,343.
	18 Grants payable	856,514.	18	785,421.
	19 Deferred revenue	1,076,795.	19	889,212.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,826,717.	25	3,180,675.
	26 <b>Total liabilities.</b> Add lines 17 through 25	5,019,468.	26	5,130,651.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	10,125,832.	27	7,029,122.
	28 Temporarily restricted net assets	366,430.	28	367,378.
	29 Permanently restricted net assets	17,173,968.	29	17,173,968.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	27,666,230.	33	24,570,468.
34 <b>Total liabilities and net assets/fund balances.</b>	32,685,698.	34	29,701,119.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI. ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	4,365,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	6,000,216.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-1,635,216.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	27,666,230.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-1,460,546.
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	24,570,468.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

**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 11, 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II** • **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	2,581,881.	3,570,274.	1,405,913.	2,414,803.	3,923,628.	13,896,499.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	2,581,881.	3,570,274.	1,405,913.	2,414,803.	3,923,628.	13,896,499.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						2,623,637.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						11,272,862.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,581,881.	3,570,274.	1,405,913.	2,414,803.	3,923,628.	13,896,499.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	686,152.	516,293.	213,778.	86,629.	116,417.	1,619,269.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . <b>ATCH. 1</b> . . . . .	9,417.	11,970.	79,928.	24,950.		126,265.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						15,642,033.
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					<b>12</b>	161,655.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	72.07 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	62.46 %
<b>16a</b> <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME	9,417.	11,970.	79,928.	24,950.		126,265.
TOTALS	<u>9,417.</u>	<u>11,970.</u>	<u>79,928.</u>	<u>24,950.</u>		<u>126,265.</u>

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	18,050,398.	17,362,016.	17,683,244.	17,158,545.	
b Contributions . . . . .	3,075,060.	1,623,857.	537,974.	2,780,663.	
c Net investment earnings, gains, and losses . . . . .		1,284,206.	615,150.	-288,720.	
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,792,107.	2,219,681.	1,474,352.	1,967,244.	
f Administrative expenses . . . . .					
g End of year balance . . . . .	19,333,351.	18,050,398.	17,362,016.	17,683,244.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 9.2690 %  
 b Permanent endowment ▶ 88.8308 %  
 c Temporarily restricted endowment ▶ 1.9002 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,619,242.	650,553.	968,689.
d Equipment . . . . .		391,825.	239,298.	152,527.
e Other . . . . .		234,466.	140,055.	94,411.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .				1,215,627.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	14,678,413.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	14,678,413.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PENSION & POSTRETIREMENT	3,180,675.	
(3) BENEFITS		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	3,180,675.	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	4,365,000.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	6,000,216.
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-1,635,216.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-1,237,767.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-222,778.
<b>9</b>	Total adjustments (net) Add lines 4 through 8	<b>9</b>	-1,460,545.
<b>10</b>	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	<b>10</b>	-3,095,761.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,040,045.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	4,040,045.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	324,955.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	324,955.
<b>5</b>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<b>5</b>	4,365,000.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,135,807.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	1,232,499.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	1,232,499.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	5,903,308.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	96,908.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	96,908.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,000,216.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

## ENDOWMENT FUNDS

## PART V - LINE 4

TEMPORARILY RESTRICTED NET ASSETS ARE SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT WILL BE MET BY ACTIONS OF THE COUNCIL AND/OR THE PASSAGE OF TIME. THE COUNCIL'S TEMPORARILY RESTRICTED NET ASSETS ARE COMPRISED OF BOTH TIME-RESTRICTED NET ASSETS AND PURPOSE-RESTRICTED NET ASSETS TOTALING \$367,378 AND \$366,430 AND AT DECEMBER 31, 2011 AND 2010, RESPECTIVELY. PURPOSE RESTRICTIONS INCLUDE CONTRIBUTIONS TO SUPPORT INDIVIDUAL FELLOWSHIPS AND SPECIAL PROJECTS UNDERTAKEN BY THE COUNCIL. TEMPORARILY RESTRICTED NET ASSETS, TOTALING \$1,074,112, WERE RELEASED FROM RESTRICTIONS BY INCURRING EXPENSES THAT SATISFIED THE PURPOSE RESTRICTIONS FOR THE YEAR ENDED DECEMBER 31, 2011. PERMANENTLY RESTRICTED NET ASSETS ARE SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT THEY BE MAINTAINED PERMANENTLY BY THE COUNCIL. THE COUNCIL'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF CAPITAL FUNDS, WHICH ARE INTENDED TO BE THE PERMANENT CAPITAL BASE OF THE COUNCIL. GENERALLY, THE DONORS OF THESE ASSETS PERMIT THE COUNCIL TO USE ALL PART OR PART OF THE INCOME EARNED, INCLUDING REALIZED AND UNREALIZED GAINS AND LOSSES ON INVESTMENTS, FOR GENERAL OR SPECIFIC PURPOSES. REVENUE IS REPORTED AS INCREASES IN UNRESTRICTED NET ASSETS UNLESS THEIR USE LIMITED BY DONOR-IMPOSED RESTRICTIONS. EXPENSES ARE REPORTED AS DECREASES IN UNRESTRICTED NET ASSETS. GAINS AND LOSSES ON ASSETS OR LIABILITIES ARE REPORTED AS INCREASES OR DECREASES IN UNRESTRICTED NET ASSETS, UNLESS THEIR USE IS RESTRICTED BY EXPLICIT DONOR STIPULATION OR BY LAW. EXPIRATIONS OF TEMPORARY RESTRICTIONS ON NET ASSETS (I.E., THE DONOR-STIPULATED PURPOSE HAS BEEN FULFILLED AND/OR THE STIPULATED TIME PERIOD HAS ELAPSED) ARE

**Part XIV** Supplemental Information (continued)

REPORTED AS NET ASSETS RELEASED FROM RESTRICTIONS.

RECONCILIATION OF CHANGE IN NET ASSETS

PART XI - LINE 8

8. BENEFIT PLANS ADJUSTMENT: -222,778.

RECONCILIATION OF REVENUE

PART XII - LINE 4B

4B. REALIZED GAIN ON INVESTMENTS: 324,955.

RECONCILIATION OF EXPENSES

PART XIII - LINES 2D & 4B

2D. UNREALIZED LOSS ON INVESTMENTS NET WITH INVESTMENT FEES: 1,009,721.

2D. BENEFIT PLANS ADJUSTMENT: 222,778.

4B. INVESTMENT FEES: 96,908.

OTHER LIABILITIES

PART X - LINE 2

AS OF DECEMBER 31, 2011, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. THE COUNCIL'S TAX RETURNS FOR THE YEAR 2008 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

13-3018822

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	4.	10.	PROGRAM SERVICES	CULTURAL EXCHANGE	926,718.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	4.	10.			926,718.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	4.	10.			926,718.

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

Schedule F (Form 990) 2011



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **Part II** can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SUPPORT	878,660.	WIRE & CHECK			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **43.**

3 Enter total number of other organizations or entities **43.**

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FOREIGN GENERAL SUPPORT - ASIAN ARTS	EAST ASIA/PACIFIC	5.	45,000.	WIRE			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* . . . . . ☐ Yes ☒ No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . . ☐ Yes ☒ No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## STATEMENT OF ACTIVITIES OUTSIDE OF THE UNITED STATES

## PART I - LINE 2

1. THE MAJORITY OF GRANT FUNDS ARE USED WITHIN THE UNITED STATES. ALL GRANTS USED OUTSIDE THE UNITED STATES ARE SUBJECT TO THE ORGANIZATIONS PROCEDURES AND REVIEW FOR MAKING GRANTS.
2. ALL GRANTEEES ARE REQUIRED TO SUBMIT DETAILED REPORTS ON THE USE OF THE GRANT FUNDS AND THESE ARE REVIEWED TO INSURE THEY FOLLOW THE AWARD DESCRIPTION AND THE REPORTING REQUIREMENTS OF THE ORGANIZATION.
3. ALL GRANTEEES ARE REQUIRED TO WORK WITH THE ACC OFFICES AS TO FULFILLING THE REQUIREMENTS OF THE AWARD.

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JACOB'S PILLOW DANCE FESTIVAL 348 GEORGE CARTER RD, BECKETT, MA 01223	04-6002993	501(C)(3)	10,000.				SUPPORT
(2)	FRACTURED ATLAS 248 W 35TH ST, 10TH FL, NEW YORK, NY 10001	11-3451703	501(C)(3)	22,000.				SUPPORT
(3)	THE ISAMU NOGUCHI FOUNDATION 9-01 33RD RD, NE YORK, NY 11106	61-1472746	501(C)(3)	10,000.				SUPPORT
(4)	ALLIANCE OF ARTISTS COMMUNITIES 255 S MAIN STREET, PROVIDENCE, RI 02903	58-2138525	501(C)(3)	8,000.				SUPPORT
(5)	AMERICAN DANCE FESTIVAL BOX 90772, DURHAM, NC 2708	06-0932294	501(C)(3)	9,000.				SUPPORT
(6)	AMERICAN FOUNDATION FOR THE COURTAULD INST 55 EAST END AVE #3D, NEW YORK, NY 10028	18-6296745	501(C)(3)	10,000.				SUPPORT
(7)	AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST, 79TH ST,	13-6162659	501(C)(3)	25,000.				SUPPORT
(8)	ART WORKS PROJECTS FOR HUMAN RIGHTS 1137 W TAYLOR ST, CHICAGO, IL 60607	71-1049669	501(C)(3)	10,000.				SUPPORT
(9)	ASIA SOCIETY 725 PARK AVE, NEW YORK, NY 10021	13-3234632	501(C)(3)	10,000.				SUPPORT
(10)	ASIAN PERFORMING ARTS COUNCIL 150 COLUMBUS AVE, NEW YORK, NY 10028	84-1042287	501(C)(3)	8,000.				SUPPORT
(11)	ATTACK THEATRE 2425 LIBERTY AVE, PITTSBURGH, PA 15222	20-1909284	501(C)(3)	8,000.				SUPPORT
(12)	BOND STREET THEATRE 2 BOND ST, NEW YORK, NY 10012	13-3036753	501(C)(3)	9,000.				SUPPORT

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

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

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

Schedule I (Form 990) (2011)

JSA

33014U M261  
1E1288 1000

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BROOKLYN ACADEMY OF MUSIC 30 LAFAYETTE AVE, BROOKLYN, NY 11243	11-2201344	501(C)(3)	10,000.				SUPPORT
(2)	CLEVELAND MUSEUM OF ART 11150 EAST BOULEVARD CLEVELAND, OH 44130	34-0714336	501(C)(3)	10,000.				SUPPORT
(3)	COLLEGE OF CHARLESTON FOUNDATION 11 COLLEGE WAY, CHARLESTON, SC 29424	23-7069236	501(C)(3)	10,000.				SUPPORT
(4)	COLUMBIA UNIVERSITY 116TH ST & BROADWAY, NEW YORK, NY 10027	13-5598093	501(C)(3)	6,000.				SUPPORT
(5)	FOUNDATION FOR CONTEMPORARY ARTS 820 GREENWICH ST, NEW YORK, NY 10014	13-1978163	501(C)(3)	10,000.				SUPPORT
(6)	FOUNDATION FOR THE PEOPLE OF BURMA 225 BUSH ST, SAN FRANCISCO, CA 94104	94-3375666	501(C)(3)	7,000.				SUPPORT
(7)	FRANKLIN FURNACE ARCHIVE, INC 80 HANSON PL, BROOKLYN, NY 11217	13-9078030	501(C)(3)	10,000.				SUPPORT
(8)	INTERNATIONAL STUDIO AND CURATORIAL PROGRAM 1040 METROPOLITAN AVE, NEW YORK, NY 11211	20-5052686	501(C)(3)	44,030.				SUPPORT
(9)	JOSE LIMON DANCE FOUNDATION 307 W 38TH ST, NEW YORK, NY 10018	23-7012069	501(C)(3)	15,000.				SUPPORT
(10)	LA MAMA EXPERIMENTAL THEATER CLUB 74 EAST 4TH ST, NEW YORK, NY 10003	13-2620861	501(C)(3)	50,000.				SUPPORT
(11)	LOWER MANHATTAN CULTURAL COUNCIL 125 MAIDEN LANE, NEW YORK, NY 10038	23-7348782	501(C)(3)	8,750.				SUPPORT
(12)	MUSIC FROM JAPAN 7 EAST 20TH ST, NEW YORK, NY 10003	13-6266240	501(C)(3)	7,000.				SUPPORT

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

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

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

Schedule I (Form 990) (2011)

JSA

33014U M261  
1E1288 1000

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NEW ENGLAND FOUNDATION FOR THE ARTS 145 TREMONT ST, BOSTON, MA 02111	04-2593591	501(C)(3)	100,000.				SUPPORT
(2)	NORTHERN ILLINOIS UNIVERSITY FOUNDATION ALTGELD HALL 135, DEKALB, IL 60115	36-6086819	501(C)(3)	15,000.				SUPPORT
(3)	SAN JOSE MUSEUM OF ART ASSOCIATION 110 SOUTH MARKET ST, SAN JOSE, CA 95113	23-7062028	501(C)(3)	10,000.				SUPPORT
(4)	SHADOWLIGHT PRODUCTIONS 22 CHATTANOOGA ST, SAN FRANCISCO, CA 94114	94-3219800	501(C)(3)	12,000.				SUPPORT
(5)	SOLOMON R. GUGGENHEIM MUSEUM 1071 FIFTH AVE, NEW YORK, NY 10128	13-5562233	501(C)(3)	10,000.				SUPPORT
(6)	SOUTHWEST CHAMBER MUSIC 638 E COLORADO BLVD, PASADENA, CA 91101	95-4030386	501(C)(3)	10,000.				SUPPORT
(7)	THE TEXTILE MUSEUM 2320 S ST, WASHINGTON, DC 20008	53-0204708	501(C)(3)	8,000.				SUPPORT
(8)	US BIENNIAL, INC. 135 GRAND ST, NEW YORK, NY 10013	20-8374608	501(C)(3)	10,000.				SUPPORT
(9)	UNIVERSITY OF WISCONSIN CENTER FOR E. ASIAN 333 INGRAHAM HALL, MADISON, WI 53706	39-6006492	501(C)(3)	8,000.				SUPPORT
(10)	VISUAL THINKING STRATEGIES 109 SOUTH 5TH ST, BROOKLYN, NY 11249	04-3299055	501(C)(3)	7,000.				SUPPORT
(11)	YERBA BUENA CENTER FOR THE ARTS 701 MADISON ST, SAN FRANCISCO, CA 94103	94-3042571	501(C)(3)	10,000.				SUPPORT
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **46.**
- 3 Enter total number of other organizations listed in the line 1 table **46.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	GENERAL SUPPORT - ASIAN ARTS	10.	93,000.			
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS AND OTHER ASSISTANCE IN THE UNITED STATES

PART I - LINE 2

1. ALL GRANTS USED WITHIN THE UNITED STATES ARE SUBJECT TO THE ORGANIZATIONS PROCEDURES AND REVIEW FOR MAKING GRANTS.
2. ALL GRANTEEES ARE REQUIRED TO SUBMIT DETAILED REPORTS ON THE USE OF THE GRANT FUNDS AND THESE ARE REVIEWED TO INSURE THEY FOLLOW THE AWARD DESCRIPTION AND THE REPORTING REQUIREMENTS OF THE ORGANIZATION.
3. ALL GRANTEEES ARE REQUIRED TO WORK WITH THE ACC OFFICES AS TO FULFILLING THE REQUIREMENTS OF THE AWARD.
4. PERSONAL CONTACT IS MAINTAINED WITH ALL US GRANTEEES.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- ☐ Compensation committee  
☐ Independent compensation consultant  
☐ Form 990 of other organizations  
☐ Written employment contract  
☐ Compensation survey or study  
☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JENNIFER GOODALE	(i) 207,562.	0	0	27,836.	28,257.	263,655.	0
	(ii) 0	0	0	0	0	0	0
<b>2</b> ANTHONY L. SMITH	(i) 101,000.	20,000.	0	14,400.	19,304.	154,704.	0
	(ii) 0	0	0	0	0	0	0
<b>3</b> MIHO WALSH	(i) 122,400.	0	0	17,901.	29,932.	170,233.	0
	(ii) 0	0	0	0	0	0	0
<b>4</b> EILEEN CONNOR	(i) 121,475.	0	0	18,065.	37,623.	177,163.	0
	(ii) 0	0	0	0	0	0	0
<b>5</b> MICHELLE VOSPER	(i) 112,200.	0	0	16,830.	35,810.	164,840.	0
	(ii) 0	0	0	0	0	0	0
<b>6</b> CECILY D. COOK	(i) 110,304.	0	0	16,546.	32,094.	158,944.	0
	(ii) 0	0	0	0	0	0	0
<b>7</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>8</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>9</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>10</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>11</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>12</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>13</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>14</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>15</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
<b>16</b>	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0

**Part III** Supplemental Information

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 1

TO PROMOTE MUTUAL APPRECIATION AND RESPECT BETWEEN ASIA AND THE UNITED STATES THROUGH CULTURAL EXCHANGE IN THE VISUAL AND PERFORMING ARTS. THE COUNCIL PROVIDES INDIVIDUAL FELLOWSHIPS AWARDS TO ARTISTS, SCHOLARS, STUDENTS, AND SPECIALISTS IN THE VISUAL AND PERFORMING ARTS FOR ACTIVITIES INVOLVING CULTURAL EXCHANGE BETWEEN ASIA AND THE UNITED STATES.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4A

THE PRIMARY GOAL OF THE ASIAN CULTURAL IS TO PROMOTE MUTUAL APPRECIATION AND RESPECT BETWEEN ASIA AND THE UNITED STATES THROUGH THE SUPPORT OF CULTURAL EXCHANGE. SPECIFIC ACTIVITIES GENERALLY FALL WITHIN THE FOLLOWING CATEGORIES:

-THE PROVISION OF OPPORTUNITIES FOR ASIAN ARTISTS, SCHOLARS, STUDENTS AND SPECIALISTS IN THE ARTS TO STUDY, TRAVEL AND CONDUCT RESEARCH IN THE UNITED STATES;

-THE PROVISION OF OPPORTUNITIES FOR AMERICAN ARTISTS, SCHOLARS, STUDENTS AND SPECIALISTS IN THE ARTS TO STUDY, TRAVEL AND CONDUCT RESEARCH IN ASIA;

-THE PRESERVATION AND DOCUMENTATION OF TRADITIONAL ASIAN CULTURE;

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

-THE PRESENTATION IN THE UNITED STATES OF ASIAN CULTURAL ACHIEVEMENTS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 2

BOARD RELATIONSHIPS ARE LISTED BELOW:

HOPE ALDRICH (TRUSTEE): AUNT OF VALERIE ROCKEFELLER WAYNE.

FIRST COUSIN OF DAVID ROCKEFELLER, JR.

FIRST COUSIN OF ABBY O'NEILL.

FIRST COUSIN ONCE REMOVED OF WENDY O'NEILL.

ABBY M. O'NEILL (TRUSTEE):

MOTHER OF WENDY O'NEILL.

FIRST COUSIN OF DAVID ROCKEFELLER, JR.

FIRST COUSIN OF HOPE ALDRICH.

FIRST COUSIN ONCE REMOVED OF VALERIE ROCKEFELLER WAYNE.

WENDY O'NEILL (TRUSTEE):

DAUGHTER OF ABBY M. O'NEILL.

SECOND COUSIN OF VALERIE ROCKEFELLER WAYNE.

FIRST COUSIN ONCE REMOVED OF HOPE ALDRICH.

FIRST COUSIN ONCE REMOVED OF DAVID ROCKEFELLER, JR.

DAVID ROCKEFELLER, JR. (TRUSTEE):

FIRST COUSIN OF HOPE ALDRICH.

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

FIRST COUSIN OF ABBY M. O'NEILL.

FIRST COUSIN ONCE REMOVED OF VALERIE ROCKEFELLER WAYNE.

FIRST COUSIN ONCE REMOVED OF WENDY O'NEILL.

VALERIE ROCKEFELLER WAYNE (VICE CHAIRMAN):

NIECE OF HOPE ALDRICH.

SECOND COUSIN OF WENDY O'NEILL.

FIRST COUSIN ONCE REMOVED OF DAVID ROCKEFELLER, JR.

FIRST COUSIN ONCE REMOVED OF ABBY M. O'NEILL.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11B

A COPY IS PROVIDED TO THE CHAIRMAN OF THE BOARD AND THE CHAIRMAN OF THE  
AUDIT COMMITTEE. A COPY OF THE FORM 990 IS MADE AVAILABLE TO ALL MEMBERS  
OF THE GOVERNING BODY UPON REQUEST.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

DIRECTORS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST POLICY ANNUALLY  
AT THE FALL BOARD MEETING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTIONS 15A & 15B

COMPENSATION IS DETERMINED BY DISCUSSION AND APPROVAL BY THE BOARD  
CHAIRMAN AND BENCHMARKED BY THE EXECUTIVE COMMITTEE.

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

## GOVERNANCE, MANAGEMENT, AND DISCLOSURE

## PART VI, SECTION C. - QUESTION 19

THE ORGANIZATION MAKES IT CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE GUIDESTAR WEBSITE. THE GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

## RECONCILIATION OF NET ASSETS

## PART XI - LINE 5

5. UNREALIZED LOSS ON INVESTMENTS: -1,237,768.

5. BENEFIT PLAN ADJUSTMENT: -222,778

ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

JAPAN

HONG KONG

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) WENDY O'NEILL TRUSTEE	1.00	X						0	0	0
27) JENNIFER GOODALE EXECUTIVE DIRECTOR	35.00			X				207,562.	0	56,093.
28) ANTHONY L. SMITH CHIEF FINANCIAL OFFICER	35.00			X				121,000.	0	33,704.
29) MIHO WALSH DIRECTOR ASIA LIAISON	35.00					X		122,400.	0	47,833.
30) EILEEN CONNOR DIRECTOR FINANCE & OPERATIONS	35.00					X		121,475.	0	55,688.
31) MICHELLE VOSPER DIRECTOR HONG KONG	35.00					X		112,200.	0	52,640.
32) CECILY D. COOK SENIOR PROGRAM OFFICER	35.00					X		110,304.	0	48,640.

**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)****2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6****3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	ASIAN CULTURAL COUNCIL, INC.		<input checked="" type="checkbox"/> X	Employer identification number (EIN) or 13-3018822
	Number, street, and room or suite no. If a P.O. box, see instructions		<input type="checkbox"/>	Social security number (SSN)
	6 WEST 48TH STREET			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	NEW YORK, NY 10036-1802			

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► THOMAS & ASSOCIATES,  
Telephone No ► 631 888-4117 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15, 2012
- For calendar year 2011, or other tax year beginning , 20 , and ending , 20
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 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 and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b> \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Title ► Date **AUG 11 2012**

ACCOUNTANTS AUTHORIZED TO SIGN RETURNS

Form 8868 (Rev 1-2012)

Form **8868**

(Rev. January 2012)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	ASIAN CULTURAL COUNCIL, INC.		<input checked="" type="checkbox"/> 13-3018822	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions		<input type="checkbox"/>	Social security number (SSN)
	6 WEST 48TH STREET			
City, town or post office, state, and ZIP code. For a foreign address, see instructions				
NEW YORK, NY 10036-1802				

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► THOMAS & ASSOCIATES,

Telephone No ► 631 888-4117

FAX No ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 20 11 or ☐ tax year beginning                     , 20       , and ending                     , 20       .

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$
<b>b</b> If this application is for Form 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.	<b>3b</b> \$
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2012)