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Return of Organization Exempt From Income Tax

Department of the Treasury Internal Refenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection 20

A F	or th	ne 2015 calendar year, or tax year beginning	, 201	5, and e	nding		, 20		
		C Name of organization		=		D Employer identi	fication numb	er	
B c	heck if ap	ASIAN CULTURAL COUNCIL, INC.				13-30188	322		
	Addre								
	7 1	Number and street (or P O box if mail is not delivered to street ac	ldress)	Room/s	uite	E Telephone numb	er		
	1	return 6 WEST 48TH STREET		121	H FL	(212) 843	-0403		
-		return/ City or town, state or province, country, and ZIP or foreign postal	code			(=== /			
-	termir Amen	nated				G Gross receipts \$	13.	869.	003.
\vdash	return Applic	F Name and address of principal officer WENDY O'NE	TT.T.			H(a) Is this a group		Yes	X No
L_	pendi	SAME AS C ABOVE	111			subordinates?		Yes	No
			1047(.)(4)		1507	H(b) Are all subordinat	a list (see instruc	, .	
		tempt status X 501(c)(3) 501(c)() (insert no)	4947(a)(1)	or [527		•	tions)	
						H(c) Group exemption 1980 M St			NY
			er -		ear of format	tion 1900 W St	ate of legal do	micile	
L	art I	Summary	· TO DD	OMOTE	MIITITIA	ADDDECTAT	ידראו אאר		
	1	Briefly describe the organization's mission or most significant acti	vities IO PK	CICU C	MOIOMI	T REPRECIAL	TON AND	· -	
ည	i	RESPECT BETWEEN ASIA AND THE UNITED ST	ALES INKO		OLIOKA	L EXCHANGE			- -
rna		IN THE VISUAL AND PERFORMING ARTS.							
Governance		Check this box ▶ ☐ If the organization discontinued its operation					. I		2.2
		Number of voting members of the governing body (Part VI, line 1a					3		23.
SS SS		Number of independent voting members of the governing body (F				⊢	4		23.
Activities		Total number of individuals employed in calendar year 2015 (Part	V, line 2a)				5		15.
Ę									23.
<		Total unrelated business revenue from Part VIII, column (C), line 1						103,	
-	b	Net unrelated business taxable income from Form 990-T, line 33	<u>)EIVED</u>	<u> </u>					055.
			/L-1 V	اد) ۳		Prior Year		ent Ye	
9	8	Contributions and grants (Part VIII, line 1h)	randisana.	<u> </u>		4,023,490		652.	
ent	9	Program service revenue (Part VIII, line 2g)	. 2 8 2015.	[사].		0			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>_lœ̃l</u> .		6,517,286	·		445.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10s, and	NE NI . I. I.T.	: .		-281 , 927			177.
	12	Total revenue - add lines 8 through 11 (must equal Part-Viti colur	n (A). line 12).	<u> </u>		10,258,849		827,	274.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				1,380,240	. 1,	513,	985.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0			0.
S	15	Salaries, other compensation, employee benefits (Part IX, column	(A), lines 5-10)			2,120,140	. 2,	007,	198.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)				0	•		0.
- g	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	977,618	3.				_ ไ	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				1,239,208	. 1,	232,	432.
		Total expenses Add lines 13-17 (must equal Part IX, column (A),				4,739,588	. 4,	753,	615.
		Revenue less expenses Subtract line 18 from line 12				5,519,261	. 2,	073,	659.
Net Assets or Fund Balances				<u>-</u>	Begin	ning of Current Yea	ar End	of Year	,
ang land	20	Total assets (Part X, line 16)				30,057,163	. 31,	122,	808.
Base		Total liabilities (Part X, line 26)			• •	5,285,684	. 5,	124,	230.
E S		Net assets or fund balances Subtract line 21 from line 20		· · · · ·		24,771,479	. 25,	998,	578.
Pa		Signature Block	<u> </u>		<u> </u>				
		nalties of perjury, I declare that I have examined this return, including acc	ompanying sched	lules and	statements, a	and to the best of m	ny knowledge	and be	lief, it is
		ct, and complete Declaration of preparer (other than officer) is based on all							
						11/9/	14		
() Sig	n	Signature of officer				Date /			
Her	·e	Wendy O'Neill Chairmas	•						
		Type or print name and title	 						
Her Paid		Print/Type preparer's name Preparer's signature		Date		Check If	PTIN		
Paid		1		NCV		Check if self-employed		בר מ	U)
Prep	агег	CONDON OLMENDA MCCTAINE C DONA	ELLY L	INC 4	0 1 20		-362825		<i>1</i> 0
Use	Only			 -		21	2-661-7		
May	the I	Firm's address ▶ONE BATTERY PARK PLAZA, NEW YORK, NY 10004 RS discuss this return with the preparer shown above? (see instruc				Phone no 21			N.
		nwork Reduction Act Notice see the separate instructions		<u> </u>	· · · · · ·				(2015)

33014U M261

Form **990** (2015)

Part	V Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_ - -		
,	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
*				х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		•
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	}		i
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	(' l	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,")	i }	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	[
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	VII, VIII, IX, or X as applicable		د . آوس د . د	13 30
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Andrew	200.2	ستدور سترسر
u	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
	·	110		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1 37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			i
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	i !		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	j !		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	l
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	l
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-"		
17		47		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ما	Ţ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ł		
	If "Yes," complete Schedule G, Part III	19		X
		_	000	

Part	V Checklist of Required Schedules (continued)			
	· ·		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Х	l
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	!
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
h	· · · · · · · · · · · · · · · · · · ·	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27	•	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		•	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		,	
a		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29	= :	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
0.4	conservation contributions? If "Yes," complete Schedule M	30		
31		24		Х
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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? If "Yes," complete Schedule R,			}
	Part VI	37		х
20				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	

Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		ĺ
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	.~	, ,	1.
С			12.20 x	
	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 15.			
b		2b	X	
_		,	ئىدغا X	ئىشتىت
		3a	X	\vdash
	The state of the s	3b		
4 a	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	42	x	l
ь.	account)?	4a	-2.	15.4
D				- :-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5.2	(1.571.7)	5a	£	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7			120	12
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	14.60		
		7a	Х	
b		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
		7g		-
h		7h		iii lek
8				1
_	sponsoring organization have excess business holdings at any time during the year?	8	Jakétra.	.c.: (see
9	1			127.42
a	and the openioring organization make any taxable are the attention and the openioring organization and taxable are the attention attenti	9a 9b	$\overline{}$	 -
	bid the apondorning organization make a distribution to a donor, donor advisor, or related person in		(12:17	v Si
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			70
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter.			27
	Gross income from members or shareholders	2014	12	
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them)	200		#y,
12 a	against amounts and of the original form of the control of the con	12a		
	If IIVes II appear the amount of tay exempt interest recovered as general distance the user.	A RE.		7 7.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1.4 s	· · · · · · · · · · · · · · · · · · ·
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			[
	the organization is licensed to issue qualified health plans		<u>.</u>	
c	Enter the amount of reserves on hand		~-	,
		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			\overline{X}
Sect	ion A. Governing Body and Management			 -
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23	3		
	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	-		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23	4		, , , , ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	1	
•	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	,		_
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		}
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	9000	Tariff and a	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X	.natatrolitim
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	İ
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			7. 20 mm
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	X	nucleus. 2md
a	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		-0.12227/ o	46.45
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104		16a	h 2"	X
L	with a taxable entity during the year?		3460	
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organization's exempt status with respect to such arrangements?	16b		James W
Secti	ion C. Disclosure	100	L	
	. 			
17	List the states with which a copy of this Form 990 is required to be filed MEW YORK	E041	-1/21-	0.01-3
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	507(d	ع(ک)ر <i>د</i>	only)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
	financial statements available to the public during the tax year	1- 5		
20	State the name, address, and telephone number of the person who possesses the organization's books and record EILEEN CONNOR, DIR. OF FIN., 6 WEST 48TH STREET, NEW YORK, NY 10036-1802 212-843-0343	s 🕨		

FORM 990 (20)	15)		110 -111								1 age
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	onti	actors								

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

Section A.' Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 r	nor any related	orga	nıza	tion	100	mpen	sate	d any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	unles	Pos heck ss pe	more rson lirect	e than o is both or/trust emplo	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	I >====================================	nstitutional trustee		key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related organizations
_(1)WENDY O'NEILL CHAIRMAN	16.00	X		х				0.	0.	0.
(2)HANS MICHAEL JEBSEN VICE CHAIRMAN	2.00	Х		х				0.	0.	0.
(3)JOSIE CRUZ NATORI VICE CHAIRMAN	2.00	Х		Х				0.	0.	0.
HOPE ALDRICH SECRETARY	2.00	х		х	-			0.	0.	0.
	2.00	Х		х				0.	0.	0.
	1.00	х						0.	0.	0.
_(7)JANE_DEBEVOISE TRUSTEE	1.00	Х						0.	0.	0.
	1.00	Х						0.	0.	0.
(9)DAVID C. HALPERT TRUSTEE	1.00	X						0.	0.	0.
(10)DOUGLAS TONG HSU TRUSTEE	1.00	Х						0.	0.	0.
(11)J. CHRISTOPHER KOJIMA TRUSTEE	1.00	Х						0.	0.	0.
(12)RICHARD S. LANIER TRUSTEE	2.00	X						0.	0.	0.
(13)ERH-FEI LIU TRUSTEE	1.00	Х						0.	0.	0.
(14)ELIZABETH MCCORMACK TRUSTEE	2.00	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employees	s (coi	ntinued)
(A) Name and title	(B) Average hours per			(C Pos	C) sition	e than o		(D) Reportable compensation	(E) Reportable compensation fr		(F) Estimated amount of
	week (list any hours for related	box, office	unles er and	s pe ia d	rson	is both or/trust	an ee)	from the organization	related organizations (W-2/1099-MIS		other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional	Officer	Key employee	jhest cor iployee	Former	(W-2/1099-MISC)	(** 21,0000		organization and related organizations
		ustee	trustee		8	Highest compensated employee					
15) KEN MILLER	2.00										
TRUSTEE	2.00	Х				 		0.		0.	0.
16) CAROL RATTRAY TRUSTEE	2.00	X						o.		0.	0.
17) MISSIE RENNIE	1.00										
TRUSTEE		Х						0.		0.	0.
18) DAVID ROCKEFELLER, JR.	2.00										
TRUSTEE	0.00	X						0.		0.	0.
19) LYNNE RUTKIN	2.00	v			•					_	0
TRUSTEE 20) MARISSA FUNG SHAW	2.00	Х	\vdash	_				0.		0.	0.
TRUSTEE	2.00	х						0.		0.	0.
21) WILLIAM G. SPEARS	2.00										
TRUSTEE		Х						0.		0.	0.
22) VALARIE ROCKEFELLER WAYNE TRUSTEE	1.00	Х						0.		0.	0.
23) YUJI TSUTSUMI	2.00										
TRUSTEE	25 00	X						0.		0.	0.
24) MIHO WALSH	35.00			.	ļ			105 000			57 100
EXECUTIVE DIRECTOR 25) EILEEN CONNOR	35.00			X	<u> </u>			195,829.		0.	57,182.
DIR. OF FINANCE & OPERATIONS				х				130,606.		0.	59,325.
1b Sub-total	l		<u> </u>					0.		0.	0.
c Total from continuation sheets to Part VII, S	ection A						•	582,088.	· · · · <u>-</u> ·	0.	201,147.
d Total (add lines 1b and 1c)					· ·		▶	582,088.		0.	201,147.
2 Total number of individuals (including but not reportable compensation from the organization		nose i	ıste	d at	OOV	e) who	re	ceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or chind	tru ıvıdu	ste ial	e,	кеу е	mp	loyee, or highest	compensated	1	3 X
4 For any individual listed on line 1a, is the s										į	
organization and related organizations gre	eater than	\$15	0,00	200	l f	"Yes	," (complete Schedu	le J for such	,	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	npen	satio	on f	ron	any	unr	related organization	on or individua	ı	5 X
Section B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,							1111111	· · · · · · · · · · · · · · · · · · ·	'	
Complete this table for your five highest com- compensation from the organization. Report c year.	pensated ir ompensatio	ndepe	nde the	nt o cal	conf	ractor lar yea	rs th ar e	hat received more inding with or with	than \$100,00 nin the organiza	0 of ation's	s tax
(A) Name and business add	ress	_						(B) Description of se	rvices	Cor	(C)
										-	
2 Total number of independent contractors (in							e li	sted above) who	received		, **x -

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (continued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportal compensation related	n from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-		compensation from the organization and related organizations
26) LAUREN CHERUBINI	35.00							140 540			22.060
DIRECTOR OF DEVELOPMENT 27) CECILY D. COOK PROGRAM OFFICER	35.00				-	X		142,540. 113,113.		0.	33,268. 51,372.
	·	ļ									
							-				
	·										
	+- 			-	_						
				_							
							ļ				
		<u> </u>			L				-		
to Sub-total continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	Section A .						> >				
Total number of individuals (including but not reportable compensation from the organization)				d ai	bove	e) who	o re	ceived more than	\$100,000 o	f	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo	or, or ch ind	tru <i>lividu</i>	ıste ual	e, I	key e	emp	loyee, or highest	compensa	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	007	i If	"Yes	5," (complete Schedu	le J for s	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue coi	mpén	satio	on i	fron	n any	uni	related organization	n or individ	dual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest con								hat received more	than \$100	000	
compensation from the organization Report of year	compensation	on for	the	ca	lend	iracio iar ye	ar e	nding with or with	in the orga	nızatıo	n's tax
(A) Name and business ad	dress							(B) Description of se	rvices		(C) Compensation
							_			-	
						_	-				
Total number of independent contractors (if more than \$100,000 in compensation from the contractors of				rite	d to	thos	e li	sted above) who	received	 .	

ı a	JI VIII	Check if Schedule O co		nse or note to a	ny line in this Part	VIII		
	•		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants	1a b	Federated campaigns Membership dues						-
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events Related organizations	1c	72,630.				
ons, Sim	е	Government grants (contribu					14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
tributi Other	f	All other contributions, gifts, and similar amounts not included	_	6,024,022.				
Con	g	Noncash contributions included in Total. Add lines 1a-1f		193,009.	6,096,652.			
evenue	2a	Total: //dd iiiics /d iii / · · ·		Business Code		and the state of t		
Program Service Revenue	b c							
gram S	d e	All other program service rev	enue					
Pro	g	Total. Add lines 2a-2f			0.	是对政治學是		
	3	Investment income (income and other similar amounts).	cluding dividen		623,058.			623,058.
	5	Income from investment of Royalties		-	0.			
			(ı) Real	(II) Personal				Train Martin
	6a b	Gross rents						
	c	Rental income or (loss)						
	d 7a	Net rental income or (loss). Gross amount from sales of	(i) Secunties	(II) Other				44533- 4 4
		assets other than inventory	6,958,631.	517.				
	b	Less cost or other basis and sales expenses	6,949,593.	3,168				
	С	Gain or (loss)		·		and the state of t		
	d	Net gain or (loss)			6,387.		The second secon	6,387.
Other Revenue	oa	Gross income from fundra events (not including \$ of contributions reported on	72,630.	 			The second secon	
er R		See Part IV, line 18		86,750.				
oth	b	Less direct expenses Net income or (loss) from ful		88,968.	-2,218.		mandra a The Control of the State of the Sta	-2,218.
	9a	Gross income from gaming See Part IV, line 19	activities					
	b	Less direct expenses Net income or (loss) from ga	b		0.			
	10a		ory, less					
	b c	Less cost of goods sold Net income or (loss) from sal	b es of inventory		on an order training analysis of Tarress	See Section of the second section of the second sec	The second secon	a managaman managama Managaman managaman
	ļ	Miscellaneous Revenue		Business Code	west administration in members of manifest of	The state of the s	Account to a substitute of the	Same Transfer of the same of the
	11a	INVESTMENT IN LIMITED PAR	TNERSHIP		103,395.		103,395.	
	b							
	d	All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue See instruction			103,395.		103,395	627,227.
	<u> </u>				,,		·	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 188,610. 188,610. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 169,800. 169,800. individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 1,155,575 1,155,575 4 Benefits paid to or for members Compensation of current officers, directors, 442,942 208,544 80,864. 153,534. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 725,980. 341,802 132,536. 251,642. 7 Other salaries and wages Pension plan accruals and contributions (include 49,145 104,384. 19,057 36,182. section 401(k) and 403(b) employer contributions) 662,482.311,906 120,944. 229,632. 71,410. 33,620 13,037 24,753. Fees for services (non-employees) O a Management 39,783. 19,054 9,970. 10,759. b Legal . . . 30,800 14,751 7,719. 8,330. c Accounting 0 d Lobbying 0. e Professional fundraising services See Part IV, line 17. 257,109. 257,109. f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column 119,546. 57,256 29,958. 32,332. (A) amount, list line 11g expenses on Schedule O). . 0. 12 Advertising and promotion 0. 13 Office expenses Ō. 14 Information technology..... 0 64,455. 346,725 197,438 84,832. 16 88,087. 66,065 2,052. 19,970. 17 Payments of travel or entertainment expenses 0. for any federal, state, or local public officials Ō. 19 Conferences, conventions, and meetings 0. 20 0. Payments to affiliates..... 21 227,401. 129,491. 42,273. 55,637. Depreciation, depletion, and amortization 0. 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 & 68,879. 5,285 EVENTS 2,176. 61,418. 24,102. cCOMMUNICATIONS 15,505 8,597. dOTHER 30,000. 30,000 e All other expenses _ _ 4,753,615. 2,963,847. 812,150. 977,618. 25 Total functional expenses Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 🕨 📗 if following SOP 98-2 (ASC 958-720) 0

For-	n 990 (ASIAN CULTURAL COUNCIL, INC.		10	3018822
$\overline{}$	rt X	Balance Sheet			Page 11
u e	. L .	Check if Schedule O contains a response or note to any line in this Pa	art X.		
	•		(A)		(B)
	r		Beginning of year		End of year
	1	Cash - non-interest-bearing	447,945.		607,202.
	2	Savings and temporary cash investments	1,367,482.		253,043.
	3	Pledges and grants receivable, net	1,478,169.		1,999,753.
	4	Accounts receivable, net	491,650.	4	85,973.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	0.
	6	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) Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	0.	8	0.
1	9	Prepaid expenses and deferred charges	88,598.	9	99,436.
	10 a	Land, buildings, and equipment cost or		_	
		other basis Complete Part VI of Schedule D 10a 2,144,198.			
	b	Less accumulated depreciation	629,563.		414,724.
	11	Investments - publicly traded securities	7,194.		5,173.
	12	Investments - other securities See Part IV, line 11	25,422,756.		27,542,397.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
ľ	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	123,806.	15_	115,107.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	30,057,163.		31,122,808.
	17	Accounts payable and accrued expenses	208,934.		246,899.
ļ	18	Grants payable	886,745.		1,167,887.
ı	19	Deferred revenue	374,113.		249,883.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
ies	22	Loans and other payables to current and former officers, directors,			
Ħ l		trustees, key employees, highest compensated employees, and			0
Liabilities		disqualified persons Complete Part II of Schedule L	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third		i	
ļ		parties, and other liabilities not included on lines 17-24) Complete Part X	3,815,892.	٥.5	3,459,561.
	26	of Schedule D	5,285,684.	25 26	5,124,230.
\dashv	26	Organizations that follow SFAS 117 (ASC 958), check here X and	3,203,004.	20	3,124,230.
ဖွ		complete lines 27 through 29, and lines 33 and 34.			
2	27		3,799,646.	27	1,498,731.
ala	28	Unrestricted net assets Temporarily restricted net assets	1,383,566.	28	1,050,910.
	29	Permanently restricted net assets	19,588,267.	29	23,448,937.
or Fund Balances	_*	Organizations that do not follow SFAS 117 (ASC 958), check here			
	20	complete lines 30 through 34.	~		
Assets	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	24,771,479.	32	25,998,578.
Z	33 34	Total lightities and not assets/fund balances	30,057,163.	33	31,122,808.
	J4	Total liabilities and net assets/fund balances	30,037,103.	34	Form 990 (2015)

Form **990** (2015)

Form 99	90 (2015)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	<u> </u>	X
1	`Total revenue (must equal Part VIII, column (A), line 12)	1				274.
2	Total expenses (must equal Part IX, column (A), line 25)	2				515.
3	Revenue less expenses Subtract line 2 from line 1	3				559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,7	71,4	179.
5	Net unrealized gains (losses) on investments	5		-1,2	77,	523.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7		_		0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		4	30,	963.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
. •	33, column (B))	10		25,9	98,	578.
Part		1				
	Check if Schedule O contains a response or note to any line in this Part XII					
				-	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın	ł		
	Schedule O	•		ŀ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes." check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both	•		1		
	Separate basis Consolidated basis Both consolidated and separate basis			1		,
h	Were the organization's financial statements audited by an independent accountant?			2b	х	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both		۵	}		
	X Separate basis Consolidated basis Both consolidated and separate basis				-	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	WATE	aht	· -	Ì	
· ·	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e			-		
	Schedule O	Apiaii	, ,,,	ļ		'
2-		t forth	חום		ļ	
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	LIOIU	1 111	3a		Х
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erae	the	<u> </u>		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ergo dits	ıı IC	3b		ļ
	required dustrict, explain with the deficiency of and describe any stope taken to undergo dustrict				990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Inspection

		THE OFGANIZATION	TNC					-3018822
		CULTURAL COUNCIL, Reason for Public Cha		arganizations must o	complet	o this no		
Pa		nization is not a private fou						·
1		A church, convention of chi			_	-		
2	_	A school described in secti						
3	-	A hospital or a cooperative						
4	\vdash	A medical research organiz	•	•		٠,		(iii). Enter the
•		nospital's name, city, and st	· ·	conjunction with a rice	opital ac	oonbea n	1000001011110(10)(1)(1)	Amily Elicol alo
5	$\overline{}$	An organization operated t		a college or universit	v owne	d or ope	erated by a governme	ental unit described in
-		section 170(b)(1)(A)(iv). (C			,			
6	$\overline{}$	A federal, state, or local go		rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7		An organization that norma	_					om the general public
		described in section 170(b)	-	•		J		
8	_	A community trust describe		·	Part II)			
9	\square	An organization that norma	ally receives (1) n	nore than 331/3 % of	its supp	ort from	contributions, memb	ership fees, and gross
	r	eceipts from activities rela	ated to its exemp	t functions - subject	to certa	ın excep	otions, and (2) no mo	re than 331/3% of its
	5	support from gross invest	tment income an	d unrelated business	taxable	e income	e (less section 511	tax) from businesses
	a	acquired by the organizatio	n after June 30, 19	975 See section 509 ((a)(2). ((Complete	Part III)	
10	_	An organization organized a		•	-			
11		An organization organized a	•	•	-			• • •
		one or more publicly suppo	-			-		
	<u>t</u>	the box in lines 11a through						- (
а	L_	Type I A supporting orga	,		-			
		the supported organization	· ·		elect a m	ajority o	f the directors or trus	tees of the supporting
		organization You must co						
þ	L	Type II A supporting org						· · · · -
		control or management of	· · · · -	-	the sam	ie persor	is that control or mar	age the supported
•		organization(s) You must	•		stad in a	onnoctio	n with and functions	lly intograted with
С	L	Type III functionally integets supported organization						ily integrated with,
d		Type III non-functionally						ted organization(s)
ű		that is not functionally into						
		requirement (see instruct	-		-			a arrattoritive, 1000
е		Check this box if the orga						II. Type III
		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	., .,,-
f	Ente	er the number of supported				<i>.</i> .		
_ g	Prov	vide the following information	on about the supp	orted organization(s)		_		
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see
				, , , , , , , , , , , , , , , , , , , ,			,	
					Yes	No		
(A)] .		
					ļ	ļ. <u>. </u>		
(B)]]		j
				<u> </u>	ļ		<u> </u>	
(C)								
					 	 		
(D)					1	}		
						 		
(E)					1			}
					 			
Tota	ıI	,			1			

Schedule A (Form 990 or 990-EZ) 2015

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	a to quality at		, p		,	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	3,923,628.	2,076,478.	3,659,571.	4,023,490.	6,096,652.	19,779,819.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge				·		0.
4	Total. Add lines 1 through 3	3,923,628	2,076,478.	3,659,571.	4,023,490.	6,096,652.	19,779,819.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	•					
_	shown on line 11, column (f)	<u> </u>					4,469,737.
6	Public support. Subtract line 5 from line 4		l				15,310,082.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3,923,628.	2,076,478.	3,659,571.	4,023,490.	6,096,652.	19,779,819.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	116,417.	387,378.	410,538.	498,510.	623,058.	2,035,901.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				: 		0.
11	Total support. Add lines 7 through 10		<u> </u>				21,815,720.
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>	<u></u>				
	tion C. Computation of Public Sup				 -		70 10-
14	Public support percentage for 2015 (lii					14	70.18%
15	Public support percentage from 2014					15	
16a	331/3% support test - 2015. If the o	•					
_	this box and stop here. The organization			-			• • —
D	331/3% support test - 2014. If the ocheck this box and stop here. The organization	-					1 1
172	10%-facts-and-circumstances test - 2						
174	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-c	arcumstances" te	est The organiz	zation qualifies	as a publicly su	
.	organization						and line
D	15 is 10% or more, and if the organic	-	-				
	Explain in Part VI how the organization						-
	supported organization				-	•	
18	Private foundation. If the organization						
	instructions						
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>		chedule A (Form 99	
					•		

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		}				
	received (Do not include any "unusual grants ")						<u> </u>
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities						Ì
	furnished in any activity that is related to the)		}	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		,				ļ
4	Tax revenues levied for the					1	
	organization's benefit and either paid	İ					[
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		1			İ	ĺ
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3				1	1	
_	received from disqualified persons					1	
b	Amounts included on lines 2 and 3				1	1	
	received from other than disqualified						ĺ
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1			1	
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		4		. 1.,		
	line 6)	#	- '^	, , , , , , , , , , , , , , , , , , , ,			
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6,				J		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	I	}		J		j
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets	I	J		}]
	(Explain in Part VI)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12)	·			<u> </u>		
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,	, column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2014 Sche						%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2015 (lin			3, column (f))		17	%
18	Investment income percentage from 2014						%
	331/3% support tests - 2015. If the org						
4	17 is not more than 331/3%, check the						
b	331/3% support tests - 2014. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16	s more than 331/	3 %, and
00	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	aid HOL CHECK	a bux un line i	14, 19a, OI 19t	o, check this D	on allo see ilisti	actions -

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	11		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2_	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b_		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		- 1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	-	-` ,
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		ł	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		ļ	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		}	_
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	ļ	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	88		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ĺ	Ì	}

10b

determine whether the organization had excess business holdings)

Par	10	6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must core.			structions. All
Section A - Adjusted Net Income	Tiplete Se	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	, <u></u>	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	 -		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			-
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1.		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		:	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional			

Schedule A (Form 990 or 990-EZ) 2015

Schedu	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	Page 7
	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
_	organizations, in excess of income from activity	mpt parpoods or support	Cu	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	oses of supported organi.	Zations	
5	Qualified set-aside amounts (prior IRS approval required)		 	
6	Other distributions (describe in Part VI) See instructions			
7				
	Total annual distributions. Add lines 1 through 6	the ergenization is seen	0.00010	
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>		
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015		W	
a				
b				,
d	From 2013			
е	From 2014			
	Total of lines 3a through e		3	.,
g	Applied to underdistributions of prior years	- ,		
h	Applied to 2015 distributable amount			
<u>;</u>	Carryover from 2010 not applied (see instructions)	-	,,,	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			*** 1
4	Distributions for 2015 from Section			
_	D. line 7 \$			-
a	Applied to underdistributions of prior years			<u> </u>
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
5	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
	· · · · · · · · · · · · · · · · · · ·			
6	Remaining underdistributions for 2015 Subtract lines 3h		-	
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016 Add lines 3j		-	•
	and 4c			
	Breakdown of line 7			
a	<u>.</u>			
b_		-		-
<u>C</u>	Excess from 2013			
d	Excess from 2014			
<u>e</u>	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Page **b**

Part VI Supplemental Information. 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)

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

	e of the organization	Employer Identification number
AS	IAN CULTURAL COUNCIL, INC.	13-3018822
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		a historically important land area
		a certified historic structure
	Preservation of open space	a continua materia di dotaro
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
		Held at the End of the Tax Year
а		2a
b		2b
c		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	==-
_		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
•	tax year >	ted by the organization during the
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	n handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
•	The state of the s	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	S	iscreation casements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(b)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements	statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	J
10	· · · · · · · · · · · · · · · · · · ·	vanue statement and halance shoot
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the footnote to its financial statements.	ition, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descr	ibes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	enue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa	ition, or research in furtherance of
	public service, provide the following amounts relating to these items	. .
	(i) Revenue 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 as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included in Form 990, Part VIII, line 1	· · · · · · . • • • • • • • • • • • • •
<u>b</u>	Assets included in Form 990, Part X	
	aperwork neurolion Act Notice, see the histractions for Form 330.	Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015											Page 2
Pa	rt Organizations Maintainii	ng Coll	ections of	Art, His	torical T	reasur	res, o	or Oth	er Simil	ar Asse	ts (con	inued)
3	Using the organization's acquisition	n, acce	ssion, and	other reco	rds, checl	k any c	of the	follow	ing that a	are a sigi	nificant u	se of its
	collection items (check all that app	ly)								-		
а	Public exhibition			d [Loan	or exch	ange	progran	ns			
b	Scholarly research			e	Other		_	_				
С	Preservation for future gene	rations			_						-	
4	Provide a description of the organ		s collections	and expl	ain how t	thev fu	rther	the ord	anızatıon	's exemp	t purpos	e in Part
	XIII			•		,		•	•			
5	During the year, did the organization	n solicit	or receive of	donations of	of art. histo	orical tr	reasur	es. or o	other simi	lar		
	assets to be sold to raise funds rath									_	Yes	No
Pa	rt IV Escrow and Custodial Ar					<u>-</u>				• • • • •	1.50	1 1
	Complete if the organizat	_		on Forn	n 990, Pa	art IV, I	line 9	. or rea	orted ar	amoun	t on Forr	n
	990, Part X, line 21.					, , .		, -,,				
1a	Is the organization an agent, truste	e. custo	dian or othe	er intermed	diary for c	ontribu	tions o	or other	assets no		· · ·	
	included on Form 990, Part X?									, L	Yes	No
ь	If "Yes," explain the arrangement in									[
_					moving tal	5.0	\Box		Δ	mount		
С	Beginning balance						10		<u></u>	unounc		
q	Additions during the year											
-	Distributions during the year							· · · · ·	_ .			
f	Ending balance						1f					
2a	Did the organization include an am	ount on	Form 990	 Part X line	 21 for e			todial	account lis	ability/2	Yes	No
	If "Yes," explain the arrangement in										163	H^{\bullet}
	t V Endowment Funds.	TT GIT X	iii Oneck ik	ere ii tile e	Apianation	i las De	cii pi	JVIGEG	JII F alt All	<u>'</u>		
	Complete if the organizat	on ans	wered "Yes	s" on Forn	n 990 Pa	art IV i	ine 1	0				
			urrent year	(b) Prid			o years		(d) Three y	vears back	(e) Four	years back
٠.	Danis and Adams		21,434,659.		8,889.							50,398
1 a			177,245.		1,784.			805.		9,561.		75,060
b	Contributions	3,	1///240.	2,13	1,704.		013,	003.	1,03	9,301.	3,0	73,000
С	Net investment earnings, gains,											
	and losses										-	
	Grants or scholarships											
е	Other expenditures for facilities	1 1	249,231.	1 20	6,014.	1	E O 1	706	2 06	2 022	1 7	02 107
	and programs		249,231.	1,29	0,014.	т,.	304,	796.	2,00	3,032.	1,/	92,107
f	Administrative expenses	25 (662,673.	21 42	4,659.	19,	020	000	10 00	0.000	10 3	22 251
g	End of year balance					<u> </u>			18,90	9,880.	19,3	33,351
2	Provide the estimated percentage		4 5000	١	e (line 1g,	column	າ (a)) h	neld as				
a	Board designated or quasi-endowm		4.5300	_%								
b	Permanent endowment ▶ 91.3		1000 %									
С	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	ine poss	ession of th	ie organiza	ation that	are held	d and	admin	istered for	the	[S	(N-
	organization by											es No
	(i) unrelated organizations										3a(i)	X
	(ii) related organizations										3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	-		-			₹?				3b	
4_	Describe in Part XIII the intended u	ses of t	ne organizat	tion's endo	wment fur	nds						
Pa	Land, Buildings, and Equi Complete if the organization	pment. Ion ans	wered "Ye	s" on Fori	m 990 P	art IV	line 1	lia Se	e Form	990 Par	t X line	10
	Description of property	and	(a) Cost or	other basis	(b) Cost o				umulated		i) Book valu	
	1		(invest			ther)			ciation			
1a	Land									-		
b	Buildings											
C	Leasehold improvements					75,45			32,426.			3,028.
d	Equipment				5	68,74	44.	4 9	97,048		7	1,696.
	Other											
Tota	I. Add lines 1a through 1e (Column	(d) mus	t equal Form	n 990, Part	X, column	i (B), lin	ie 10c	:)	▶		41	4,724.
										Sched	ule D (For	n 990) 2015

dule D (Form	990) 2015		

Part VII Investments - Other Securities.	LIIV	D = 1.0/ 1 = = 441; O = = F = === 000	Dart V. Iva 40
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIPS	27,470,736.	FMV	
(B) INVESTMENT REDEMPTION REC.	71,661.	FMV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	27,542,397.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related.	21,342,391.		
Part VIII Investments - Program Related. Complete if the organization answered	! "Yes" on Form 990, I	Part IV, line 11c See Form 990,	Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuat	
(-)	(,	Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990 1	Part IV line 11d See Form 990	Part Y line 15
	scription	Tarry, mile 11d oce 1 om 550,	(b) Book value
(1)	Soliption		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 15)	<u>.</u>	
Part X Other Liabilities.			
Complete if the organization answered	l "Yes" on Form 990, l	Part IV, line 11e or 11f. See Fori	m 990, Part X,
line 25		CONTRACT TO THE PROPERTY OF TH	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	2 450 5		
(2) ACCRUED PENSION & (3) POSTRETIREMENT BENEFITS	3,459,56		
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	→ 3,459,56	51.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

JSA 5E1270 1 000 33014U M261

Schedule D (Form 990) 2015

5E1271 1 000

Part XIII Supplemental Information (continued)

PART V - LINE 4

THE TEMPORARILY RESTRICTED ENDOWMENTS ARE USED TO AWARD GRANTS TO INDIVIDUALS AND ORGANIZATIONS IN THE VISUAL AND PERFORMING ARTS AND TO SUPPORT OPERATIONAL EXPENSE. THE INCOME FROM PERMANENT ENDOWMENTS IS USED TO AWARD GRANTS TO INDIVIDUALS AND ORGANIZATION IN THE VISUAL AND PERFORMING ARTS AND TO SUPPORT OPERATIONAL EXPENSES. BOARD DESIGNATED ENDOWMENTS ARE USED TO PROVIDE OPERATIONAL EXPENSES AND FOR FUTURE INITIATIVES.

PART XI, LINE 2D

LOSS ON DISPOSAL OF ASSETS: 2,651.

PART XII, LINE 2D

LOSS ON DISPOSAL OF ASSETS: 2,651.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public

► Attach to Form 990

Department of the Treasury ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service Name of the organization Employer identification number ASIAN CULTURAL COUNCIL, INC. 13-3018822 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b 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 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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (a) Region (b) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees region (by type) (e.g., a program service, expenditures for region agents, and fundraising, program services, describe specific type of and investments independent investments. service(s) in region in region contractors grants to recipients in region located in the region) (1) EAST ASIA AND THE PACIFIC FUNDRAISING CULTURAL EXCHANGE 532,656. (2) EAST ASIA AND THE PACIFIC GRANTMAKING 1,155,575. (3) (4) (5) (6) _(7) (8) (9) (10) (11) (12)(13)(14)(15) (16)(17)Sub-total 1,688,231. Total from continuation

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

Schedule F (Form 990) 2015

1,688,231.

sheets to Part I Totals (add lines 3a and 3b)

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)					-											
(h) Description of non-cash assistance			_													
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant	23,600.															
(d) Purpose of grant	SUPPORT															
(c) Region	EAST ASIA/PACIFIC								1							
(b) IRS code section and EIN (if applicable)	155 - 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			新加工选择的新生产小型		The state of the s				The second secon						
(a) Name of organization												The second secon			The state of the s	46
-	(1)	(2)	(3)	(4)	(5)	(9)	(8)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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nized	1(c)(3
ent organizations listed above that are recognized as charities by the foreign country, recognized as tax-exemi	e grantee or counsel has provided a section 501(c)(3) equivalency le
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Enter total number of other organizations or entities.

Schedule F (Form 990) 2015

ASIAN CULTURAL COUNCIL, INC.

Schedule F (Form 990) 2015

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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) GENERAL SUPPORT - ASIAN ARTS	EAST ASIA/PACIFIC	45.	1,080,500.				
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2015

5	20	۵	Δ

Pari	V Foreign Forms		
1	Was the organization a US 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 US Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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, do not file with Form 990)	Yes	X 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	X 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	X 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	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

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

- 1. THE MAJORITY OF GRANT FUNDS ARE USED WITHIN THE UNITED STATES. GRANTS USED OUTSIDE THE UNITED STATES ARE SUBJECT TO THE ORGANIZATIONS PROCEDURES AND REVIEW FOR MAKING GRANTS.
- 2. ALL GRANTEES 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 GRANTEES ARE REQUIRED TO WORK WITH THE ACC OFFICES AS TO FULFILLING THE REQUIREMENTS OF THE AWARD.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 Internal Revenue Service

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Name of the organization Employer identification number ASIAN CULTURAL COUNCIL, INC. 13-3018822 Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants а Mail solicitations Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C q d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of (or retained by) from activity fundraiser listed in or entity (fundraiser) contributions? organization col (i) Yes 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2015

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		gross receipts greater than \$5,0	(a) Event #1 EVENT ONE	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
d)			(event type)	(event type)	(total number)	col (c))
Kevenue	1	Gross receipts	159,380.			159,38
Ž		Less Contributions	72,630.			72,63
	3	Gross income (line 1 minus line 2)	86,750.			86,75
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs	7,770.			7,77
Ulrect Expenses	7	Food and beverages	36,801.			36,80
e C	8	Entertainment	30,869.			30,86
	9	Other direct expenses	13,528.			13,52
		Direct expense summary Add lines	4 through 9 in column (d)			88,96
		Not income assument. Subtract line:	10 from kee 2 column (d)			<u> </u>
⊃a	10 11 rt I	Net income summary Subtract line Gaming. Complete if the org	10 from line 3, column (d) anization answered "Y) <u></u>	>	-2,21
	11	Net income summary Subtract line	10 from line 3, column (d) anization answered "Y) <u></u>	>	-2,21 orted more (d) Total gaming (add
	11 rt	Net income summary Subtract line Gaming. Complete if the org	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Pa	▶ rt IV, line 19, or repo	-2,21 orted more (d) Total gaming (add
Veveline	11 rt 1	Net income summary Subtract line Gaming. Complete if the org than \$15,000 on Form 990-6	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Pa	▶ rt IV, line 19, or repo	-2,21 orted more (d) Total gaming (add
heriaca Meverine	11 rt 1	Net income summary Subtract line Gaming. Complete if the org than \$15,000 on Form 990-B Gross revenue	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Pa	▶ rt IV, line 19, or repo	-2,21
heriaca Meverine	11 rt 1 2	Net income summary Subtract line Gaming. Complete if the org than \$15,000 on Form 990-th Gross revenue	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Pa	▶ rt IV, line 19, or repo	-2,21
therises Leveline	11 rt l 2 3 4	Net income summary Subtract line Gaming. Complete if the org than \$15,000 on Form 990-th Gross revenue Cash prizes Noncash prizes	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Pa	rt IV, line 19, or repo	-2,218 orted more
heriaca Meverine	11 rt l 1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo	es" on Form 990, Pa	rt IV, line 19, or repo	-2,21
therises Leverine	11 rt l 2 3 4 5 6	Met income summary Subtract line Gaming. Complete if the org than \$15,000 on Form 990-th Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo Yes% No	es" on Form 990, Pa (b) Pull tabs/instant bingo/progressive bingo	rt IV, line 19, or repo	-2,21 orted more (d) Total gaming (add
Direct Expenses Revenue	11 1 2 3 4 5 6 7	Met income summary Subtract line Gaming. Complete if the org than \$15,000 on Form 990-th Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d)	es" on Form 990, Pa (b) Pull tabs/instant bingo/progressive bingo	rt IV, line 19, or report (c) Other gaming Yes% No	-2,210 orted more (d) Total gaming (add
Direct Expenses Revenue	11 rt l 1 2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Cother direct expenses Volunteer labor Direct expense summary Subtract line Subtract line Subtract line Gaming. Complete if the org the org 990-6 Gross revenue Cash prizes Noncash prizes Volunteer labor Direct expense summary Add lines:	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d) act line 7 from line 1, column	es" on Form 990, Pa (b) Puil tabs/instant bingo/progressive bingo Yes% No	rt IV, line 19, or report (c) Other gaming Yes% No	-2,210 orted more (d) Total gaming (add
Direct Expenses Revenue	11 rt l 2 3 4 5 6 7 8 Ei s	Gaming. Complete if the org than \$15,000 on Form 990-than \$15,000 on Fo	10 from line 3, column (d) anization answered "Y EZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d) act line 7 from line 1, column (d)	es" on Form 990, Pa (b) Pull tabs/instant bingo/progressive bingo Yes% No Lumn (d) tivities of these states?	rt IV, line 19, or report (c) Other gaming , Yes% No	-2,21 prited more (d) Total gaming (add col (a) through col (c)

ASIAN CULTURAL COUNCIL, INC.

13-3018822

Sched	dule G (Form 990 or 990-EZ) 2015		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_	
	formed to administer charitable gaming?	∫Yes	No
13	Indicate the percentage of gaming activity conducted in		
а	,	-	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
]Yes [No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		_
	Address ►		-
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)		

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

2015	Open to Public	Inepartion

OMB No 1545-0047

mployer identification number

	Ε.
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	

ASIAN	ASIAN CULTURAL COUNCIL, INC.	13-3018822	
Part	Part General Information on Grants and Assistance		
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
the	the selection criteria used to award the grants or assistance?	X Yes	2
2 De	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	tion answered "Yes" on Form	
	990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	e is needed	

1 (a) Name and address of organization or government	(b) Ein	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE JOHN AND MABLE RINGLING MUSEUM OF ART							
5401 BAY SHORE ROAD SARASOTA, FL 34243	59-6214423	501(C)(3)	7,000.				SUPPORT
(2) ASIA SOCIETY							
725 PARK AVE. NEW YORK, NY 10021	13-3234632	501 (C) (3)	6,000.				SUPPORT
(3) CARNEGIE HALL CORP.							
881 7TH AVENUE NEW YORK, NY 10019	13-1923626	501(C)(3)	8,000.				SUPPORT
(4) THE DRAMA LEAGUE OF NEW YORK, INC.							
520 8TH AVE., STE 320 NEW YORK, NY 10018	13-6160961	501(C)(3)	6,000.				SUPPORT
(5) FILM FORUM, INC.							
209 W. HOUSTON STREET NEW YORK, NY 10014	51-0175953	501 (C) (3)	6,000.				SUPPORT
(6) FRACTURED ATLAS, INC.							
248 W. 35TH ST., FL. 10 NEW YORK, NY 10001	11-3451703	501(C)(3)	8,000.				SUPPORT
(7) PHILADELPHIA FRINGE FESTIVAL							
140 N COLUMBUS BLVD PHILADELPHIA, PA 19106	23-2936188	501(C)(3)	8,000.				SUPPORT
(8) ISSUE PROJECT ROOM, INC.							
22 BOERUM PLACE BROOKLYN, NY 11201	20-0367608	501(C)(3)	8,000.				SUPPORT
(9) JAPAN SOCIETY							
333 EAST 47TH STREET NEW YORK, NY 10017	13-1675082	501(C)(3)	8,000.				SUPPORT
(10) MUSIC FROM JAPAN							
7 E. 20TH ST #6F NEW YORK, NY 10003	13-2873045	501 (C) (3)	10,000.				SUPPORT
(11) STREB, INC.							
51 NORTH 1ST STREET BROOKLYN, NY 11211	13-3268549	501(C)(3)	10,200.				SUPPORT
(12) TRIANGLE ARTS ASSOCIATION							
20 JAY ST. STE 317-318 BROOKLYN, NY 11201	13-3209637	501 (C) (3)	8,000.				SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government	t organizations l	isted in the line 1 to	able		A : : : : : : : : : : : : : : : : : : :	

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) (2015)

JSA 5E1288 1 000

SCHEDULE (Form 990)

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

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

Open to Public

Employer identification number

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

General Information on Grants and Assistance

Part I

ASIAN CULTURAL COUNCIL, INC.

Department of the Treasury Internal Revenue Service Name of the organization

13-3018822

Š Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ξ	1) UCLA / GETTY CONSERVATION PROGRAM						-	
	1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	8,000.				SUPPORT
(2)	(2) UNIVERSITY OF KANSAS ENDOWMENT ASSOCIATION							
•	1891 CONSTANT AVENUE LAWRENCE, KS 66047	48-0547734	501(C)(3)	7,500.				SUPPORT
(3)	(3) WALKER ART CENTER							
	1750 HENNEPIN AVENUE MINNEAPOLIS, MN 55403	41-0693929	501(C)(3)	7,000.				SUPPORT
(4)								
9								
(9)								
				·				
2								
(8)								
(6)								
					•			
(10)								
(11)								
(12)								
							-	
7	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government	organizations I	isted in the line 1 ta	tble.		•	15.
က	Enter total number of other organizations listed in the line	sted in the lin	e 1 table				4	

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

Schedule I (Form 990) (2015)

JSA 5E1288 1 000

33014U M261

Schedule I (Form 990) (2015)

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 Part III

	(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 GENERA	GENERAL SUPPORT - ASIAN ARTS	16.	169,800.			
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	s part to prov	nde the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

GRANTS AND OTHER ASSISTANCE IN THE UNITED STATES

- 1. ALL GRANTS USED WITHIN THE UNITED STATES ARE SUBJECT TO THE
- ORGANIZATIONS PROCEDURES AND REVIEW FOR MAKING GRANTS.
- 2. ALL GRANTEES 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 GRANTEES ARE REQUIRED TO WORK WITH THE ACC OFFICES AS TO
- FULFILLING THE REQUIREMENTS OF THE AWARD.
- 4. PERSONAL CONTACT IS MAINTAINED WITH ALL US GRANTEES.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization ASIAN CULTURAL COUNCIL, INC. Employer identification number 13-3018822

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	- A		
	Travel for companions Payments for business use of personal residence	是整		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	357		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	7		100 m
		1.42.24	Tings	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	2, °, 2, 2, 2	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			£.7.7
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	2		***************************************
	1a ²	2	Telac	11,360
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	DATE:	100	
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III	4.,		基理
	Compensation committee Written employment contract	And the second	And the last	
	Independent compensation consultant Form 990 of other organizations Compensation survey or study X Approval by the board or compensation committee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		William C. In	Transfer	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		9988	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	44	7.37	
•	compensation contingent on the revenues of			3.45 b.
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	Total		E ALEX
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of		N.C.	77.7
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III		الله الله الله الله الله الله الله الله	The same and the s
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	7		х
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	–	 	 -
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			1
		8		x
_	In Part III	-	pr lagge	
9	Regulations section 53 4958-6(c)?	9	شد تا مشا	
	Negalations 3ection 00 4000-0(0)			

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

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

וומאוממשו								
		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
				compensation				
MIHO WALSH	8	195,829.	.0	0	26,125.	31,057.	253,011.	0
1EXECUTIVE DIRECTOR	€	0	0	0				
LAUREN CHERUBINI	ε	142,540.	0	0	21,577.	11,691.	175,808.	0
2DIRECTOR OF DEVELOPMENT	€	0	0	0				
EILEEN CONNOR	ε	130,606.	0	0	19,561.	39,764.	189,931.	
${f 3}^{ m DIR.}$ OF FINANCE & OPERATIONS	€	0	0	0				
CECILY D. COOK	ε	113,11	0	0	17,383.	33,989.	164,485.	0
4 PROGRAM OFFICER	€	0	0	0				
	ε							
5	(E)							
	8							
9	€							
	ε		:					
7	Ξ							
	ε							
8	(E)							
	8							
6	(ii)							
	(i)							
10	(II)							
	(1)				,			
11	€							
	Ξ							377
12	<u>(ii</u>							
	ε							
13	(ii)							
	(i)							
14	Ξ							
	ε							
15	<u>E</u>							
	ε	,						
16	(ii)							
							Sch	Schodule 1 (Form 990) 2015

Schedule J (Form 990) 2015

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 M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public

Internal Revenue Service

Name of the organization

Department of the Treasury

ASIAN CULTURAL COUNCIL, INC.

Employer identification number

13-3018822

Par	Types of Property			(c)	<u> </u>	(.1)		
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests					-		
4	Books and publications							
5	Clothing and household							
	goods				ļ			
6	Cars and other vehicles						-	
7	Boats and planes						-	
8	Intellectual property		3	102.000	EMT			
9	Securities - Publicly traded		3.	193,009.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous				<u>-</u>			
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other	1						
15	Real estate - Residential				 		_	
16	Real estate - Commercial				 			
17	Real estate - Other			<u> </u>	 		_	
18	Collectibles			<u> </u>	 			
19	Food inventory	l .			 			
20	Drugs and medical supplies				 			
21	Taxidermy				 			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►() Other ►()			<u> </u>				
26					-			
27	Other ►()						-	
28	Other ►()	h., 4h., a.e.			 			
29	Number of Forms 8283 received				29			
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg	ement			Yes	No
20-	During the year, did the organizat	uon roccii/o	by contribution any propo	rty reported in Part I line	s 1 through		100	
SUA	28, that it must hold for at least th						-	
	to be used for exempt purposes for					30a		Х
			ording period /			Jua	-	
	If "Yes," describe the arrangement in		tonos nobes that	a the remove of and	an standard			
31	Does the organization have a	•	· · · · · · · · · · · · · · · · · · ·			31	х	1
	contributions?					J 1		
32a	Does the organization hire or use	•	_	•		220		Х
b	contributions?					32a		
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a) is checked,			

Schedule M (Form 990) (2015)

Page **2**

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SECURITIES - PUBLIC TRADED

THE ORGANIZATION RECIEVED GIFTS OF STOCK FROM 3 DONORS IN 2015 WHICH COMPRISED OF 3 SEPARATE STOCKS.

SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number 13-3018822

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. 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.

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

PART VI, SECTION A. - QUESTION 2

BOARD RELATIONSHIPS ARE LISTED BELOW:

HOPE ALDRICH (SECRETARY): AUNT OF VALARIE ROCKEFELLER WAYNE (TRUSTEE)

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number 13-3018822

FIRST COUSIN OF DAVID ROCKEFELLER, JR. (TRUSTEE)

FIRST COUSIN ONCE REMOVED OF WENDY O'NEILL (CHAIRMAN)

WENDY O'NEILL (CHAIRMAN):

SECOND COUSIN OF VALARIE ROCKEFELLER WAYNE (TRUSTEE)

FIRST COUSIN ONCE REMOVED OF HOPE ALDRICH (SECRETARY)

FIRST COUSIN ONCE REMOVED OF DAVID ROCKEFELLER, JR. (TRUSTEE)

DAVID ROCKEFELLER, JR. (TRUSTEE):

FIRST COUSIN OF HOPE ALDRICH (SECRETARY)

FIRST COUSIN ONCE REMOVED OF VALARIE ROCKEFELLER WAYNE (TRUSTEE)

FIRST COUSIN ONCE REMOVED OF WENDY O'NEILL (CHAIRMAN)

VALARIE ROCKEFELLER WAYNE (TRUSTEE) :

NIECE OF HOPE ALDRICH (SECRETARY)

SECOND COUSIN OF WENDY O'NEILL (CHAIRMAN)

FIRST COUSIN ONCE REMOVED OF DAVID ROCKEFELLER, JR. (TRUSTEE)

PART VI, SECTION B. - QUESTION 11B '

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

PART VI, SECTION B. - QUESTION 12C

TRUSTEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST POLICY ANNUALLY AT

THE FALL BOARD MEETING.

Name of the organization ASIAN CULTURAL COUNCIL, INC.

Employer identification number 13-3018822

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

COMPENSATION IS DETERMINED BY DISCUSSION AND APPROVAL BY THE BOARD

CHAIRMAN AND BENCHMARKED BY THE EXECUTIVE COMMITTEE.

PART VI, SECTION C. - QUESTION 19

THE ORGANIZATION MAKES THE 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.

PART XI - LINE 9

BENEFIT PLAN ADJUSTMENT: \$430,963

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

JAPAN

HONG KONG

ATTACHMENT 1