

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

2016
Open to Public
Inspection

A	or th	he 201	6 calendar year, or tax year beginning , 2016	, and endir	ng			, 20			
_		•	C Name of organization			D Employer ide	ntificatio	n number			
В	heck if a	applicable	ASIAN CULTURAL COUNCIL, INC.			13-3018822					
Г	Addre		Doing business as								
	Chang	ge a change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone nu	mber				
⊢	┪		6 WEST 48TH STREET	12TH 1	FT.	(212) 84		าว			
-	-	return return/	City or town, state or province, country, and ZIP or foreign postal code	12111	-	(212) 03	3 040				
-		ınated					_	4 2	42 522		
\vdash	returi	n	NEW YORK, NY 10036-1802			G Gross receipts	_		43,523.		
	pend	ication ling	F Name and address of principal officer WENDY O'NEILL			H(a) Is this a grousubordinates		or Y	es X No		
			SAME AS C ABOVE			H(b) Are all subord	ınates ınclud	led? Y	es No		
<u> </u>		cempt st		or 52	27	If "No," attac	halist (s	ee instruction	is)		
J	Websi	ite: 🕨	WWW.ASIANCULTURALCOUNCIL.ORG			H(c) Group exemp	tion numb	ber 🕨			
ĸ	Form	of organ	uzation X Corporation Trust Association Other	L Year o	of format	ion 1980 M	State of	legal domic	cile NY		
P	art I	Su	mmary			•					
			describe the organization's mission or most significant activities: TO ADV	VANCE IN	ITERN	ATIONAL D	OIALO	GUE,			
ø	ļ .		UAL UNDERSTANDING AND RESPECT BETWEEN ASIA A								
ä			OUGH CULTURAL EXCHANGES IN THE VISUAL AND PE			rs.					
Ë											
Governance			this box if the organization discontinued its operations or dispose						23.		
	3		er of voting members of the governing body (Part VI, line 1a)				3				
Se	4		er of independent voting members of the governing body (Part VI, line 1b) .				4		23.		
Ě			number of individuals employed in calendar year 2016 (Part V, line 2a)				5		13.		
Activitles &			number of volunteers (estimate if necessary)				6		23.		
Ř	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a		0.		
	b	Net ur	nrelated business taxable income from Form 990-T, line 34	<u></u>	<u></u>		7b		0.		
					1	Prior Year		Curren	t Year		
•	8	Contri	butions and grants (Part VIII, line 1h)			6,096,65	2.	1,9	16,060.		
Revenue	9		am service revenue (Part VIII, line 2g)			<u> </u>	0.		0.		
, ve	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			629,44	5.	4 (98,776.		
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			101,17			14,649.		
	l					6,827,27			29,485.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			1,513,98					
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			1,313,90	0.		22,997.		
	14		its paid to or for members (Part IX, column (A), line 4)			0.007.10	• •	1 00	0.		
e S	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			2,007,19		1,88	39,945.		
Expenses	16 a	Profes	ssional fundraising fees (PartiXx,cotomm (A), thine 11e)				0.		0.		
ğ	b	Total 1	fundraising expenses (Partux column (A), line 15) 847, 275	•							
ш	17	Other				1,232,43	2.	1,24	48,656.		
	18	Total e	expenses. Add lines 1317 (must equal Part X, column (A), line 25)			4,753,61	5.	4,56	61,598.		
	119	Reven	ue less expenses. Subtract-line-18-from.line_120.			2,073,65	9.	-1,93	32,113.		
P 8	20 21 22		OGDEN UT		Begin	ning of Current Y	еаг	End of	Year		
<u>a</u> g	20	Total :	assets (Part X, line 16)			31,122,80	8.	30,40	01,262.		
Ass Ba	21		iabilities (Part X, line 26)			5,124,23	0.		78,106.		
E E	22		sets or fund balances Subtract line 21 from line 20		<u> </u>	25,998,57			23,156.		
2,1	rt II		gnature Block		<u> </u>	20,200,0.	<u> </u>				
_			If perjury, I declare that I have examined this return, including accompanying schedu	ules and states	mente a	and to the best of	my kno	wledge and	d holief it is		
			complete Declaration of preparer (other than officer) is based on all information of while				my kno	wiedye and	a pener, it is		
			1.00			T .	111	1.7			
Sig	n					Date	<u> 1117</u>	\mathcal{H}			
He			Signature of officer	J V.	7						
116			NENDY O'NELL Charman	9 M	_500	ird					
			Type or print name and title	<u> </u>							
_			Type preparer's name Preparer's signatura	NOV 1	3 2	017 Check	If PTIN	٧			
Paid		JAM	ES J REILLY \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	107	J 21	self-employe		P00183	769		
Preparer Firm's name CONDON O'MEARA MCGINTY & DONNELLY L						Firm's EIN ▶ 1	3-362	28255			
USe	Only	_	address ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-441	-				61-777	7		
May	the I		cuss this return with the preparer shown above? (see instructions)					X Yes	No		
			Reduction Act Notice, see the separate instructions.	· · · · · ·			<u> </u>		90 (2016)		
		- 1 N							- (/		

JSA 6E1010 1 000 33014U M261

For	m 990 (2016)	Page 2
Р	Statement of Program Service Accomplishments Check if Schodule O contains a response or note to any line in this Port. III	
1	Check if Schedule O contains a response or note to any line in this Part III	. [^]
	SEE SCHEDULE O	
	•	
<u></u>	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ? Yes Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ 3,039,210. including grants of \$ 1,422,997.) (Revenue \$) SEE SCHEDULE O	
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		
	Other was grown applying (Departing in Schodule C.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,039,210.	
JSA	Form 99	0 (2016)

the organization required Schedules 1 is the organization required to complete Schedule 8. Schedule of Contributors (see instructions)? 2 is the organization required to complete Schedule 8. Schedule of Contributors (see instructions)? 3 is the organization required to complete Schedule 8. Schedule of Contributors (see instructions)? 4 is the organization required to complete Schedule C. Part I. 5 Section Sp1((s)) organization organization and program in both priving activities, or have a section 501 (h) election in effect during the tax year? If "iss" complete Schedule C. Part II. 5 Is the organization are scient so S1((s)) of Schedule Schedule C. Part II. 6 Is the organization are scient so S1((s)) of Schedule Schedule C. Part III. 7 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 Pi II" "iss," complete Schedule D. Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures" If "iss," complete Schedule D. Part II. 8 Did the organization in maintain collections of works of art, historical treasures, or other similar assess" II" "iss, complete Schedule D. Part III. 9 Did the organization report an amount to Part X, line 21, for escrow or custodial account hisbitity, serve as a custodian for amounts not listed in Part X, in a 21, for escrow or custodial account hisbitity, serve as a custodian for amounts not listed in Part X, in a 21, for escrow or custodial account hisbitity, serve as a custodian for amounts not listed in Part X, in a 21, for escrow or custodial account hisbitity, serve as a custodian for amounts for thisted in Part X, in a 21, for escrow the custodial part X, in a 21 and 11 and 11 and 12		990 (2016)		5	age 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposion to candidates for public office? If "Yes," complete Schedule C. Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "es," complete Schedule C. Part III. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that treceives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II. 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical transition of amounts in the secondary of the secondary	Par	IV Checklist of Required Schedules		- · ·	
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have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, Ine 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. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, permanent,	ŭ		1		
The bid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. But the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization services? If "Yes," complete Schedule D, Part IV. 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. If the organization's answer to any of the following questions is "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. Did the organization other assets in Part X, line 26? If "Yes," complete Schedule D, Part XIII. Did the organization other assets in Part X, line 26? If "Yes," complete Schedule D, Part XIII. Did the organization other assets in Part X, line 26? If "Yes," complete Schedule D, Part X. The organization separate or consolidated financial statements for the tax year include a fortionate that addresses the organization shall provide the part X, line 15 that is 5% or more of its total assets the organization included in consolidated in and line 26 that the very lift "Yes," complete Schedule D, Part			ء ا		x
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complete Schedule D, Part III	8		 '-		
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? if "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? if "Yes," complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? if "Yes," complete Schedule D, Part X. b Was the organization included in consolidated, independent audited financial statements for the tax year? if "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? if "Yes," complete Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? if "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? if "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part VII, lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization r	C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
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Pid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a				
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fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			14a	_^	
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	D		<u>'</u>		
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		· · · · · · · · · · · · · · · · · · ·			
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		140		
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	15		4.5	v	
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		15		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	10		16	x	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		10		
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.7	· · · · · · · · · · · · · · · · · · ·	17		х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	· · · · · · · · · · · · · · · · · · ·	' '-	- 	 -
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.0		12	x	
	19		"	 	
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F 04	ASIAN CULTURAL COUNCIL, INC. 13-3013	0022		
Part	V Checklist of Required Schedules (continued)		I	Page 4
ıaıı	Checklist of Required Schedules (Continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	х	
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]]	1
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	i .		
	through 24d and complete Schedule K If "No," go to line 25a	24a	ĺ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	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			
	• • • • • • • • • • • • • • • • • • • •	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		Х
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		1	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		j	
	conservation contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			.,
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ł	v
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		x	
	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		
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	26		Х
c-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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,	27		Х
	Part VI	37		
38	19? Note. All Form 990 filers are required to complete Schedule O	38		Х
	13. Hote. All 1 offit ood mora die required to complete obliedule o		990	_
		OHIII	J J U	(2010)

- ui u	Check if Schedule O contains a response or note to any line in this Part V			X
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 27	4.5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	24.	步	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	*	12	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13	33		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	24		***
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	x l	
b	If "Yes," enter the name of the foreign country. ATTACHMENT 1	247		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		夏 文	4
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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		_X_
b i	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
a l	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
á	and services provided to the payor?	7a	X	
b l	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c l	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ŀ	
	required to file Form 8282?	7c	ez den sezia e	a and one of
d (If "Yes," indicate the number of Forms 8282 filed during the year		4	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f I	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
hΙ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	errana a	Plant's of
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	20		
\$	sponsoring organization have excess business holdings at any time during the year?	8	ar market	DE MADE B
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	3 4 5	
10 5	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			注
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			5.3
	Oroso modific nom monitorio di onarchicazioni di care			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	14a	السي	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
	Is the organization licensed to issue qualified health plans in more than one state?	ı od		2.5
	Note. See the instructions for additional information the organization must report on Schedule O.		7.	स्टिंग है। टिश्रेटी
D I	From the contract of an analysis also and an implication of an account of the contract of the			A Section 1
	Enter the amount of reserves the organization is required to maintain by the states in which			
t	the organization is licensed to issue qualified health plans			
t C l	the organization is licensed to issue qualified health plans	142		X
t C 14a	the organization is licensed to issue qualified health plans	14a 14b		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? . . Х 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... $\bar{\mathbf{x}}$ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X b Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?..... 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy?....... 13 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NEW YORK 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records'
EILEEN CONNOR DIR. OF FIN. 6 WEST 48TH STREET, NEW YORK, NY 10036-1802 212-843-0343 20

		•	
Form	990	(2016)	

ASIAN CULTURAL COUNCIL, INC.

13-3018822

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unle	Pos heck ss pe	erson	e than to the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)WENDY O'NEILL	16.00									
CHAIRMAN	0.	х		х				0.	0.	0.
(2)HANS MICHAEL JEBSEN	2.00									
VICE CHAIRMAN	0.	х		Х				0.	0.	0.
(3)JOSIE CRUZ NATORI	2.00									
VICE CHAIRMAN	0.	Х		x				0.	0.	0.
(4)HOPE ALDRICH	2.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)JONATHAN FANTON	2.00									
TREASURER	0.	Х		Х	ļ			0.	0.	0.
(6) JOHN H. FOSTER	1.00									
TRUSTEE	0.	_ X				[.		0.	0.	0.
(7)JANE DEBEVOISE	1.00									
TRUSTEE	0.	X						0.	0.	0.
(8)ERNEST DE LEON ESCALER	2.00									
TRUSTEE	0.	X						0.	0.	0.
(9)DAVID C. HALPERT	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(10)DOUGLAS TONG HSU	1.00									
TRUSTEE	0.	X						0.	0.	0.
(11)J. CHRISTOPHER KOJIMA	1.00									
TRUSTEE	0.	_ X						0.	0.	0.
(12)RICHARD S. LANIER	2.00			-						
TRUSTEE	0.	_ X						0.	0.	0.
(13)ERH-FEI LIU	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)ELIZABETH J. MCCORMACK	2.00									
TRUSTEE	0.	Х						0.	0.	0.

Form **990** (2016)

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any	erage Position rs per (do not check more than on box, unless person is both a officer and a director/truster			one an	(D) Reportable compensation from the	(E) Reportable compensation fre related organizations	om	(F) Estimated amount of other ompensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	٥	from the organization and related rganizations
15) RUBY SHANG	2.00									\neg	
TRUSTEE	0.	X						0.		0.	0.
16) CAROL RATTRAY	2.00									_	_
TRUSTEE	0.	_X	_					0.		0.	0.
17) MISSIE RENNIE TRUSTEE	1.00	v								ا م	0
18) DAVID ROCKEFELLER, JR.	2.00	X	\vdash	Н				0.		0.	0.
TRUSTEE	0.	х						0.		0.	0.
19) LYNNE RUTKIN	2.00		-	_			_		<u> </u>	-	
TRUSTEE	0.	х						0.		ا. ه	0.
20) MARISSA FUNG SHAW	2.00				<u> </u>						
TRUSTEE	0.	х			\			0.		o.)	0.
21) WILLIAM G. SPEARS	2.00	_									
TRUSTEE	0.	X						0.		0.	0.
22) VALERIE ROCKEFELLER WAYNE	1.00										
TRUSTEE	0.	X						0.		0.	0.
23) YUJI TSUTSUMI	2.00									_	
TRUSTEE	0.	_ X						0.		0.	0.
24) MIHO WALSH	35.00							010 040		,	61 100
EXECUTIVE DIRECTOR 25) EILEEN CONNOR	0. 35.00			Х				210,843.		0.	61,197.
DIR. OF FINANCE & OPERATIONS	0.			х				136,761.		o.	60,230.
			LJ	Δ			_	0.			0.
to Sub-total continuation sheets to Part VII, S	notion A					• •		628,403.		<u>.</u>	209,674.
d Total (add lines 1b and 1c)		• • •	• • •	• • •	• • •	• •		628,403.		5.	209,674.
Total number of individuals (including but not reportable compensation from the organization.)	ımıted to tl		iste				ге	<u> </u>	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										: * e 3:37	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	ortab \$15	le c 0,0	om 00?	pen <i>If</i>	satior "Yes	n ar ," (nd other compens complete Schedu	sation from the le J for such	4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor									5	
Section B. Independent Contractors											
 Complete this table for your five highest com- compensation from the organization. Report c year. 											x
(A) Name and business add											
							_				
							_				
							┼				
							+-				
2 Total number of independent contractors (in	ncluding bu	it not	lım	nited	d to	thos	e li	sted above) who	received		

0.

more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/trustee			an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) LAUREN CHERUBINI	35.00						_			
DIRECTOR OF DEVELOPMENT	0.					X		153,510.	0.	35,051.
27) CECILY D. COOK	35.00							105 000		
PROGRAM OFFICER	0.					<u>x</u>		127,289.	0.	53,196.
		_								
to Sub-total c Total from continuation sheets to Part VII, Seed Total (add lines 1b and 1c)	ection A 🚬						A A			
Total number of individuals (including but not l reportable compensation from the organization		nose I		da to	ove) who	re	ceived more than S	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ıle J for suc	r, or ch indi	tru:	stee	e, k	ey e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	ater than	\$15	0,00)O?	lf	"Yes	," (complete Schedul	e 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	npens	satic	n f	rom	any	unr	elated organizatio	n or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest component compensation from the organization Report of year										
(A) Name and business add	ress							(B) Description of ser	rvices ((C) Compensation
					_					
2 Total number of independent contractors (in				ited	l to	thos	e lis	sted above) who	received	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII...... (B) (D) Related or Total revenue Unrelated exempt business excluded from tax function revenue under sections 512-514 Federated campaigns Membership dues Ь 106,908 1c C Related organizations d Contributions, and Other Sim Government grants (contributions) . . All other contributions, gifts, grants, 1.809.152 and similar amounts not included above . . Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Program Service Revenue **Business Code** All other program service revenue Total. Add lines 2a-2f. Investment income (including dividends, 490,200 Income from investment of tax-exempt bond proceeds . > (i) Real (ii) Personal 235,188. Gross rents 6a Less rental expenses . . . 235,188. Rental income or (loss) . . d Net rental income or (loss). . (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 1,631,800. b Less: cost or other basis 1,623,224 and sales expenses 8,576. Gain or (loss) Gross income from fundraising Other Revenue events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 90,814. b Less direct expenses b Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 a Ο. Less: direct expenses b Net income or (loss) from gaming activities. Gross of inventory, less 10a sales returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory. \triangleright Miscellaneous Revenue **Business Code** 11a All other revenue Total. Add lines 11a-11d . . 2,629,485. Total revenue. See instructions.

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			 	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	100 000	400 000		
and domestic governments See Part IV, line 21	129,800.	129,800.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	191,000.	191,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	1 100 107	1 100 107		Tipe .
ındividuals See Part IV, lines 15 and 16	1,102,197.	1,102,197.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	469,031.	262,442.	75,285.	131,304.
6 Compensation not included above, to disqualified		ĺ		
persons (as defined under section 4958(f)(1)) and	_			
persons described in section 4958(c)(3)(B)	0.			·
7 Other salaries and wages	861,265.	481,912.	138,243.	241,110.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	131,456.	73,555.	21,100.	36,801.
9 Other employee benefits	361,386.	202,210.	58,007.	101,169.
10 Payroll taxes	66,807.	37,381.	10,723.	18,703.
11 Fees for services (non-employees)	_			
a Management	0.	11 556		
b Legal	26,901.	11,556.	6,330.	9,015.
c Accounting	34,900.	14,991.	8,213.	11,696.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	205,114.		205,114.	
f Investment management fees	203,114.		203,114.	
g Other. (If line 11g amount exceeds 10% of line 25, column	127,176.	54,627.	29,928.	42,621.
(A) amount, list line 11g expenses on Schedule O)	0.	34,027.	29,920.	42,021.
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	455,599.	244,459.	83,246.	127,894.
16 Occupancy	105,607.	71,931.	16,084.	17,592.
17 Travel	200,0011		10,001.	11,70321
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
	0.			
20 Interest	0.			
22 Depreciation, depletion, and amortization	207,633.	145,343.	22,840.	39,450.
23 Insurance	0.	·		
24 Other expenses Itemize expenses not covered		1		
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column		į		
(A) amount, list line 24e expenses on Schedule O)				
a PROGRAM DEVELOPMENT &				
b EVENTS	55,262.			55,262.
cCOMMUNICATIONS	30,464.	15,806.		14,658.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,561,598.	3,039,210.	675,113.	847,275.
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.			
JSA				Form 990 (2016)

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors,

trustees, key employees, highest compensated employees, and

disqualified persons Complete Part II of Schedule L........

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties.

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

Temporarily restricted net assets

Total liabilities. Add lines 17 through 25......

complete lines 27 through 29, and lines 33 and 34.

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

complete lines 30 through 34.

Organizations that follow SFAS 117 (ASC 958), check here

Permanently restricted net assets..........

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form	990 (2016)			Page 1 1
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	Part X	<u></u>	<u> </u>
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	607,202.	1	753,740.
	2	Savings and temporary cash investments	253,043.	2	328,356.
	3	Pledges and grants receivable, net	1,999,753.	3	1,224,350.
	4	Accounts receivable, net	85,973.	4	88,907.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	_		
		Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			_
S		organizations (see instructions). Complete Part II of Schedule L		<u> </u>	0.
Assets	7	Notes and loans receivable, net	0.	<u> </u>	0.
As	8	Inventories for sale or use	0.	8_	0.
-	9	Prepaid expenses and deferred charges	99,436.	9_	105,558.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 2,120,433.			
	b	Less: accumulated depreciation	 		
	11	Investments - publicly traded securities			0.
	12	Investments - other securities See Part IV, line 11		_	27,581,975.
	13	Investments - program-related. See Part IV, line 11		13_	0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11			107,619.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			30,401,262.
	17	Accounts payable and accrued expenses	4 4 65 005		224,440.
	18	Grants payable			1,246,185.
	19	Deferred revenue			125,653.
	20	Tax-exempt bond liabilities	0.	20	0.

30,401,262. Form 990 (2016)

25,323,156.

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0.

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0.

3,481,828.

5,078,106.

732,864.

935,355.

23,654,937.

0. 21

0.1 22

0.

3,459,561.

1,498,731

1,050,910.

23,448,937.

25,998,578.

31,122,808.

5,124,230. 26

23 0. 24

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24 25

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33

or Fund Balances

Assets 30

Net.

Liabilities

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

		he organization					Employer identif	
	_	CULTURAL COUNCIL,					13-30188	
	rt i	Reason for Public Cha						S
	orga	anızatıon ıs not a private fou		•	•	•	•	
1	\vdash	A church, convention of chi						
2	<u> </u>	A school described in secti		· -	•			
3		A hospital or a cooperative						
4		A medical research organiz		conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
_		hospital's name, city, and s				.		
5		An organization operated		a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C	•		al :	· 470	(1.) (4.) (4.) ()	
6	Į.	A federal, state, or local go	_					
7	X	An organization that norms	-	•	ipport in	om a go	overnmental unit or tr	om the general public
		described in section 170(b)		•	Dod II \			
8 9	\vdash	A community trust describe An agricultural research org	•				d in conjugation with a	land grant callage
9	ш	or university or a non-land-	-			-	•	•
		university	grant conege or ag	griculture (see instruct	iioris). E	iller the	name, city, and state o	i the college of
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization organization organization organized a	ited to its exempt the nent income and u in after June 30, 1	runctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (les Complete	ns, and (2) no more tha s section 511 tax) from e Part III)	ın 331/3 %of its
2	\vdash	An organization organized	•	- · · · · · · · · · · · · · · · · · · ·	•		· · · ·	carry out the purposes
_		of one or more publicly su						
		Check the box in lines 12a t						, , , ,
а	Г	Type I. A supporting orga						-
Ī	_	the supported organization	•	•	•			
		supporting organization \		• • • •		-,,		
ь		Type II. A supporting org	-			with its	supported organizati	on(s), by having
		control or management of					•	
		organization(s). You must	complete Part IV	, Sections A and C.		-		.,
C	Ĺ	Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	its supported organization	n(s) (see instruction	s). You must comple	te Part i	V, Sectio	ons A, D, and E	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirement (see instructi	ions). You must c o	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	$oldsymbol{\bot}$ Check this box if the orga	inization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
_	_	functionally integrated, or			porting o	organizat	tion	
f		ter the number of supported						
<u>g</u>		ovide the following information			[g.s			6.0 4
	(I) N:	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you docui	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
_								
B)								
<u> </u>								
C)					<u></u>			
D,								
D)								
E)								
_,					ļ			
			,				•	,

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,076,478.	3,659,571.	4,023,490.	6,096,652.	1,916,060.	17,772,251.
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	2,076,478.	3,659,571.	4,023,490.	6,096,652.	1,916,060.	17,772,251.
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						. 700 000
6	shown on line 11, column (f)			·			4,720,238.
	tion B. Total Support						13,052,013.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2,076,478.	3,659,571.	4,023,490.	6,096,652.	1,916,060.	17,772,251.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	387,378.	410,538.	498,510.	623,058.	490,200.	2,409,684.
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>				l	20,181,935.
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> .				
<u>Sec</u>	tion C. Computation of Public Sup		-				
14	Public support percentage for 2016 (III					14	64.67%
15	Public support percentage from 2015					15	70.18%
16a	331/3% support test - 2016. If the o	•					
	this box and stop here. The organization						• -
D	331/3% support test - 2015. If the contect this box and stop here. The organization	•					
172	10%-facts-and-circumstances test - 2						
1 <i>1</i> a	10% or more, and if the organization Part VI how the organization meets to organization	meets the "facts-and-c	cts-and-circumst ircumstances" te	ances" test, chest. The organia	eck this box ar zation qualifies	nd stop here. E as a publicly s	xplain in upported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization of the	2015. If the organization meets	ganization did no the "facts-and	ot check a box l-circumstances'	on line 13, 16 ' test, check tl	a, 16b, or 17a, nis box and st	and line op here.
18	supported organization	did not check	a box on line 13,	16a, 16b, 17a	or 17b, check	this box and see	►
	instructions	<u> </u>	······				90 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	L					
2	Gross receipts from admissions, merchandise				-		
	sold or services performed, or facilities	}		}	ł	Ì	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose			İ	}		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid			}	}		
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge)		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	ļ					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6,						
10 a	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	<u> </u>	<u> </u>		<u> </u>		
C	Add lines 10a and 10b			<u> </u>	<u> </u>		 _
11	Net income from unrelated business	l					li
	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				ļ		:
	(Explain in Part VI)	<u></u>					<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u></u>		L	l	L	504()(0)
14	First five years. If the Form 990 is 1	_					
===	organization, check this box and stop here						••••
	tion C. Computation of Public Sup Public support percentage for 2016 (line 8			mp (fl)		15	%
15 16	Public support percentage from 2015 Sche					16	
	tion D. Computation of Investmen			• • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
<u>3ec</u>	Investment income percentage for 2016 (li			13 column (f))		17	 %
18	Investment income percentage from 2015					18	<u>%</u> _
	331/3% support tests - 2016. If the or						
. <i>5</i> d	17 is not more than 331/3%, check the						
h	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		=	-		•	. —
JSA						chedule A (Form 9	

Supporting Organizations

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

Section A. All Supporting Organizations	ction A. All Supp	orting 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.	1	103	
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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	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		
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 c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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		ļ	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 of 990-E2) 2016			Page C
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explai	in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		"
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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		<u> </u>
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		1
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	organization (see

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			_
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	·		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions.			
	Excess distributions carryover, if any, to 2016.			·
a				
<u> </u>				
<u>c</u> _	From 2013			
<u>d</u>	From 2014			
<u>e</u> _	From 2015			<u> </u>
<u>f</u>	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions)			
<u>:</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2016 from			
7	Section D, line 7 \$			
	Applied to underdistributions of prior years			
<u>_</u>	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		-	
5	Remaining underdistributions for years prior to 2016, if			
-	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.			
a				<u> </u>
b	Excess from 2013			
c	Excess from 2014			
d_	Excess from 2015			
е	Excess from 2016	<u></u>		

Page 8

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

JSA 6E1268 1 000 33014U M261

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

OMB No 1545-0047

Open to Public Inspection

AS:	IAN CULTURAL COUNCIL, INC.		13-3018822
	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	
	Complete if the organization answered		
		(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	n donor advised
	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec	reation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he		
	easement on the last day of the tax year	 	Held at the End of the Tax Year
a	Total number of conservation easements		2a
р	Total acreage restricted by conservation easements	1	2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (chistoric structure listed in the National Register	· · · · · · · · · · · · · · · · · · ·	24
3	Number of conservation easements modified, tran		2d
3	tax year >	isterred, released, extinguistied, or termina	tied by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reg		n handling of
•	violations, and enforcement of the conservation eas	· · · · · · · · · · · · · · · · · · ·	· • • • • • • • • • • • • • • • • • • •
6	Staff and volunteer hours devoted to monitoring, inspec		
	>		ζ .
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing coi	nservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section	n 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of		I statements that describes the
Do	organization's accounting for conservation easement III Organizations Maintaining Collections		Similar Aposto
Рс	rt III Organizations Maintaining Collections Complete if the organization answered		Similar Assets.
		-	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	rassets held for public exhibition, educa-	evenue statement and balance sneet ation, or research in furtherance of
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its rev	venue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relati	ir assets held for public exhibition, educa- ng to these items:	ation, or research in furtherance of
	(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 ar		
-	following amounts required to be reported under S		The state of the s
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	<u></u> <u></u>	<u></u> ▶ \$
For	Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2016

1,575,454.

544,979.

1,397,080

512,596

 $178,\overline{374}$.

32,383.

210,757.

c Leasehold improvements

d Equipment

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

	•
Pane	-5

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	ial derivatives			
	y-held equity interests			
(3) Other_				
<u> </u>	MITED PARTNERSHIPS	27,511,345.	FMV	
	ESTMENT REDEMPTION REC.	70,630.	FMV	
(C)		_ -	<u> </u>	
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)		07 501 075		
- خ	nn (b) must equal Form 990, Part X, col (B) line 12)	27,581,975.		
Part VIII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				·
(5)				
(6)			. <u> </u>	
(7)				
(8)				
(9)	an (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered (a) Des	"Yes" on Form 990	, Part IV, line 11d. See Form 990	D, Part X, line 15.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) lii	ne 15)	<u></u>	<u></u>
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990,	, Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1.	(a) Description of liability	(b) Book value	e	
	ral income taxes	(=, 200K Falak	-	
	UED PENSION &	3,481,8	328.	
	TRETIREMENT BENEFITS	- 		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25)	3,481,8	328.	
2. Liability f	or uncertain tax positions In Part XIII, provide the 's liability for uncertain tax positions under FIN 48	text of the footnote to ti	he organization's financial statements	
	To havinty for anocitain tax positions under 1 114 40	C.DO 140) OHECK HEIE		
JSA 6E1270 1 000 330	014U M261		\$	Schedule D (Form 990) 2016

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 4B

GROSS UP OF RENTAL INCOME: 235,188

PART XII, LINE 4B

GROSS UP OF RENTAL INCOME NET WITH OCCUPANCY: 235,188

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. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

N Q T 7	AN CULTURAL COUNCIL,	INC			13-30188	22
			Sertaida Aba II	Inite of Otata a Communication		
Part	General Information of Form 990, Part IV, line 14		Jutside the U	nited States. Complete	if the organization answe	red "Yes" on
1	For grantmakers. Does the orga	ınızation mainta	ain records to s	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibil					
	grants or assistance?					X Yes No
	For grantmakers. Describe in		ganization's p	rocedures for monitoring	the use of its grants	and other
;	assistance outside the United St	ates.				
_3	Activities per Region. (The follow				, 	
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		region	agents, and	fundraising, program services,	describe specific type of	and investments
			independent contractors	investments, grants to recipients located in the region)	service(s) in the region	in the region
			in the region			
		1		ļ ,		ļ
(1)	EAST ASIA AND THE PACIFIC	4.	8.	FUNDRAISING	CULTURAL EXCHANGE	360,029.
			i			
(2)	EAST ASIA AND THE PACIFIC	ļ	ļ	GRANTMAKING		1,102,197.
		1				
(3)						ļ
		İ				j ["]
(4)		 				
(5)						
(5)						-
(6)		Ju				
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(14)						
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(15)		 				
(40)		ļ				į
(16)		 	 			<u> </u>
(17)		}				İ
(17)	Sub-total	4.	8.			1,462,226.
3a b	Total from continuation	7.	ļ 			1,402,220.
b	sheets to Part I					

1,462,226.

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2016

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part II

2	any recipient who received	[]	alt II call be d	e triair \$3,000. Part il cari de duplicated il additional space is needed.	onal space is	s needed.		į
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(0)		EAST ASIA/PACIFIC	SUPPORT	36,000.				
((2)	新了。 1000年 - 1000年 -							
(9)								
(6)								
(0)								
(0)	# # # # # # # # # # # # # # # # # # #							
(0)	i.a.							
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(6)								
((10))								
Man	(P) (1)							
(લક્ર)								
(VII)								
(GA)								
New								
((((0)								

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

Enter total number of other organizations or entitles.

3

Schedule F (Form 990) 2016

9

Schedule F (Form 990) 2016

Part III 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisál, other)
(1) GENERAL SUPPORT - ASIAN ARTS	EAST ASIA/PACIFIC	51.	1,054,250.				
(2)							
(3)						i	
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2016

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Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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) 2016

Dow's V

Supplemental Information

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. ALL 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Inspection Employer identification number Name of the organization 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. Mail solicitations е Solicitation of non-government grants а f b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations d 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) fundraiser listed in from activity contributions? organization col (i) Yes No 1 10 Total 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.

	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,00	t contributions and gros			
		(a) Event #1 ANNUAL GALA (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ine				(total number)	
Revenue	1 Gross receipts	177,183.			177,183
"	2 Less Contributions	106,908.			106,908
\bot	3 Gross income (line 1 minus line 2)	70,275.			70,275
	4 Cash prizes	1			
	5 Noncash prizes				
nses	6 Rent/facility costs	12,434.			12,434
Direct Expenses	7 Food and beverages	18,784.			18,784
Direc	8 Entertainment	39,561.			39,561
	9 Other direct expenses	20,035.			20,035
1	10 Direct expense summary Add lines 4	through 9 in column (d)			90,814
	11 Net income summary Subtract line 10 rt III Gaming. Complete if the orga	nization answered "Y			
ا م	than \$15,000 on Form 990-E		(b) Pull tabs/instant	(a) Other remark	(d) Total gaming (add
Revenue	<u> </u>	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
윤	1 Gross revenue				
ses	2 Cash prizes				
xpenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses	l			
	6 Volunteer labor	Yes%	Yes%	Yes% No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtract	ct line 7 from line 1, colu	ımn (d)	<u>.</u> <u>.</u> . >	
9 a b	Enter the state(s) in which the organization is the organization licensed to conduct go if "No," explain.		of these states?		. Yes No
	Were any of the organization's gaming lies of "Yes," explain:	censes revoked, suspe		ng the tax year?	. Yes No

	-	
•	ASIAN CULTURAL COUNCIL, INC.	13-3018822 .
Sched	tule G (Form 990 or 990-EZ) 2016	Page
11 12	Does the organization conduct gaming activities with nonmembers?	rty
13 a	formed to administer charitable gaming?	
_		
14	An outside facility	
	Name ▶	
	Address ►	
	Does the organization have a contract with a third party from whom the organization receives revenue?	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 ▶ \$	
C	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 pro-	oceeds to
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations
	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 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional provides are supplied by Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable.	

(see instructions).

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.

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

Employer identification number 13-3018822

Inspection

▼ Infor

General Information on Grants and Assistance

Part I

ASIAN CULTURAL COUNCIL, INC.

Department of the Treasury Internal Revenue Service Name of the organization

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	
the	the selection criteria used to award the grants or assistance?	ş
2 De		
art II	art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	
1	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MAKING THE CASE FOR CULTURAL EXCHANGE			50,000.				SEE PART IV
(2) EAST-WEST DIALOGUES			45,300.				SEE PART IV
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 	government o	organizations lis	ted in the line 1 tab	le			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 9	90.				Sch	Schedule I (Form 990) (2016)

JSA 6E1288 1 000

Schedule I (Form 990) (2016)

Page 2

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GENERA	1 GENERAL SUPPORT - ASIAN ARTS	23.	191,000.			•
7						
က						
4						
က						
တ						
1						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	line 2, Part III, o	olumn (b); and any o	ther additional

1. ALL GRANTS USED WITHIN THE UNITED STATES ARE SUBJECT TO THE

GRANTS AND OTHER ASSISTANCE IN THE UNITED STATES

- ORGANIYATIONS 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 I (Form 990) (2016)

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Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2016) 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
-						
2						
က						
4						
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တ						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information	nformation re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any or	ther additional

PART II - GRANT AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS

DURING 2016, ASIAN CULTURAL COUNCIL HELD (2) PROGRAMS, THE "MAKING THE

CASE FOR CULTURAL EXCHANGE" AND THE "EAST-WEST DIALOGUES" PROGRAMS. THE

PORGRAMS CONSISTED OF MULTIPLE EXPENDITURESH TOWARD THE COST OF CARRYING

OUT THE PORGRAMS. EXPENDITURES MADE TOWARD THE PROGRAMS ARE IN ACCORDANCE

WITH THE ASIAN CULTURAL COUNCIL'S MISSION.

SCHEDULE J (Form 990)

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

ASI.	AN CULTURAL COUNCIL, INC.	13-3018822			
Par	Questions Regarding Compensation				
1a		these items. personal use nal residence on fees		Yes	No No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy re or reimbursement or provision of all of the expenses described above? If "No," comexplain	plete Part III to	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses directors, trustees, and officers, including the CEO/Executive Director, regarding the items 1a?	incurred by all	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply. Do not check any boxes for method related organization to establish compensation of the CEO/Executive Director, but explain in Page 1. Compensation committee 2. Written employment contract 3. Independent compensation consultant 4. Compensation survey or study 4. Approval by the board or compensation compensation is a survey or study 4. Independent compensation compensation is a survey or study 5. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation is a survey or study 6. Independent compensation compensation compensation is a survey or study 6. Independent compensation co	ds used by a art III			
4 a b c	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each its		4a 4b 4c		X X X X
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the revenues of The organization?		5a 5b		X X
6 a b	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the net earnings of The organization?		6a 6b		X X
7 8	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provipayments not described on lines 5 and 6? If "Yes," describe in Part III	at was subject "Yes," describe	7		X
9	in Part III		8		

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

Schedule J (Form 990) 2016

Page 2

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII Part VII Section A, line 1a, applicable column (D) and (E) amounts for that

individual

			2111 0007 -11- 0 1013					
		(b) Dieakuowii C	(b) Dieakuowii oi vv-z anu/oi 1039-miso compensation	oc 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 compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on pnor Form 990
	8	210,843.	0	0		61,197.	272,040.	
:	€		0.	0				
	(1)	153,510.	0	0		35,051.	188,561.	
1ENT	€		0	0				
	€	136,761.	.0	0		60,230.	196,991.	
3DIR. OF FINANCE & OPERATIONS	€	0	0	0				
COOK	€	127,289.	0	0		53,196.	180,485.	
4 PROGRAM OFFICER	€	0	0	0				
	€							
)	(II)							
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

Inspection

Department of the Treasury Internal Revenue Service

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.

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

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contril	letermınin	
1	Art - Works of art	X	41.	84,350.	FMV		
2	Art - Historical treasures					-	
3	Art - Fractional interests	L					
4	Books and publications						
5	Clothing and household	i		 			
6	goods					<u>·</u>	
7	Boats and planes						
8	Intellectual property						_
9	Securities - Publicly traded		7.	187,590.	FMV		
10	Securities - Closely held stock		<u> </u>				
11	Securities - Partnership, LLC,						
• •	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies				<u> </u>		
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
22	Historical artifacts				 		
23	Scientific specimens,				<u> </u>		
24	Archeological artifacts				 		
25	Other ►()				 		
26	Other ►()						
27	Other ►()						
28_	Other ►() Number of Forms 8283 received	by the era	anization during the tay ye	or for contributions for			
29	which the organization completed F		•	· · · · · · · · · · · · · · · · · · ·	29		
	which the organization completed r	OIIII 0203,	Part IV, Donee Acknowledg	ement	23	Yes	No
302	During the year, did the organizat	ion receive	hy contribution any propei	ty reported in Part I lines	s 1 through	1:00	
004	28, that it must hold for at least the			• •	- 1		
	to be used for exempt purposes for	•			' 1	0a	x
b	If "Yes," describe the arrangement in		one in grant of the state of th				
31	Does the organization have a		ance policy that require	s the review of anv	nonstandard		
	contributions?		•			31 X	
32a	Does the organization hire or use						
	contributions?	_	-			2a	X
b	If "Yes," describe in Part II			. , ,			
33	If the organization didn't report and describe in Part II.	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,		

Schedule M (Form 990) (2016)

Supplemental Information. 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 5 DONORS IN 2016 WHICH

COMPRISED OF 7 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.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

Employer identification number 13-3018822

PART III - LINE 1

THE MISSION OF THE ASIAN CULTURAL COUNCIL (THE "COUNCIL") IS TO ADVANCE MUTUAL UNDERSTANDING AND RESPECT BETWEEN ASIA AND THE UNITED STATES THROUGH CULTURAL EXCHANGES IN THE VISUAL AND PERFORMING ARTS. THE COUNCIL PROVIDES INDIVIDUAL FELLOWSHIPS AWARDS TO ARTISTS, SCHOLARS, STUDENTS, AND SPECIALISTS IN THE VISUAL AND PERFORMING ARTS FOR ACTIVITIES INVOLVING CULTURAL EXCHANGE BETWEEN ASIA AND THE UNITED STATES.

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:

Employer identification number 13-3018822

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

FIRST COUSIN OF DAVID ROCKEFELLER, JR. (TRUSTEE)

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

WENDY O'NEILL (CHAIRMAN): SECOND COUSIN OF VALERIE 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 VALERIE ROCKEFELLER WAYNE (TRUSTEE)

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

VALERIE 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: \$95,381.

ATTACHMENT 1

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

JAPAN

HONG KONG

ASIAN CULTURAL COUNCIL, INC.

13-3018822

OMB No 1545-0047

Open to Public

Inspection

Employer identification' number

13-3018822

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ASIAN CULTURAL COUNCIL, INC.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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(g) Section 512(b)(13) controlled entity? (f) Direct controlling entity ŝ × Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. THE COUNCIL (f) Direct controlling (e) End-of-year assets entity Public chanty status (if section 501(c)(3)) (d) Total income FOREIGN Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) Exempt Code section FOREIGN ਉ Legal domicile (state or foreign country) (b) Primary activity Н Primary activity CHARITABLE FOREIGN 239-241 WING LOK STREET, (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization 2001 SHIU FUNG HONG BUILDING ACC HONG KONG FOUNDATION Part II Part (1) <u></u> **₹** (2) 9 $\widehat{\Xi}$ (2)(2)

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Schedule R (Form 990) 2016

(3)

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(9)

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6E1307 1 000 33014U M261

(i) Section 512(b)(13) controlled entity? Page 2 Yes No Schedule R (Form 990) 2016 (k) Percentage ownership Percentage ownership Ξ General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate alboations? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C cop., S cop., or trust) (f) Share of total (d)
Direct controlling
entity Income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicate (state or foreign country) (b) Primary activity (d)
Direct controlling (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Schedule R (Form 990) 2016 JSA 6E1308 1 000 Part III Part IV 9 Ξ 2 9 (4) (9) 0 3 (2) (3) 4 9 9 8

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II. III or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations lis	sted in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a	×
b Gift, grant, or capital contribution to related organization(s)			19	×
c Gift, grant, or capital contribution from related organization(s)			10	×
d Loans or loan quarantees to or for related organization(s)			-	×
				: ×
f Dividends from related organization(s),	•			
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s).			£	×
i Exchange of assets with related organization(s).			=	×
j Lease of facilities, equipment, or other assets to related organization(s).			=	×
k Lease of facilities, equipment, or other assets from related organization(s)			1k	×
			=	×
Performance of services or membership or fundraising solicitation				×
				×
o Sharing of paid employees with related organization(s)				×
				1
			- 1 1	×
q Keimbursement paid by related organization(s) for expenses			19	×

Other transfer of cash or property from related organization(s)			_	< >
1	s line inclinding cove	ared relationshins and trans		
	DAOS BILLON III CO	sied relationalismos and trains	action thresholds.	
Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Buru P
(1) ACC HONG KONG FOUNDATION	Ж	150,000.	FMV	
(2) ACC HONG KONG FOUNDATION	S	50,000.	FMV	
(3)				
(4)				
(5)				
(9)				
ASA		Sch	Schedule R (Form 990) 2016) 2016

13-3018822

Schedule R (Form 990) 2016

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross reveriue) that was not a related organization over instructions regarding exclusion for certain investment partnersings.	מווולמווסון ספפ ווואוו	actions regarding	ig exclusion for c	ertain iiives	unen parmer	sulbs.						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?		(k) Percentage ownership
				Yes No			Yes	No		Yes	å	
(1)												
(6)								+				
(2)												
(3)												
(4)												
(5)		·										
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Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.