### Return of Organization Exempt From Income Tax

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

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

2017

Department of the Treasury
Internal Revenue Sérvice

Go to

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Open to Public Inspection

Α	For th	e 2017		, and ending		, 2	
_		•	C Name of organization ASIAN AMERICAN COALITION FOR C	HILDREN	D Employer ide	ntification nun	nber
В (	Check If a	applicable	AND FAMILIES, INC.		13-368	2471	
	Addr		Doing business as COALITION FOR ASIAN AMERICAN CHI	LDREN	1		
		e change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber	
F	-1	i return	50 BROAD STREET	1837	(212) 80	9-4675	
┢	Final	return/	City or town, state or province, country, and ZIP or foreign postal code		, , , , , ,		
$\vdash$	term.	inated ! nded	NEW YORK, NY 10004		G Gross receipts	. s. 1	,853,798.
-	retur Appl	n ication	F Name and address of principal officer LARRY LEE		H(a) Is this a group		Yes X No
	pend	ling	SAME AS C ABOVE NEW YORK, NY 10004	$\alpha$	subordinates	?  -	⊣ ⊢⊣
-	-			16-7	H(b) Are all subord	inates included? tach a list (see in:	Yes No
÷		cempt st		or 527 /		-	•
			WWW.CACF.ORG		H(c) Group exem	<u></u>	
K		of organ		L Year of forma	tion 1986 M	State of legal d	omicile IN I
LP	art I		mmary	OATTETON FO	D ACTAN AN	AED TOAN	CULL DDEN
	1	Briefly	describe the organization's mission or most significant activities  THE C	UALITION FO	R ASIAN AF	TERICAN	CHILDREN
Governance			FAMILIES ("CACF") AIMS TO IMPROVE THE HEALT				
T a	_		AN PACIFIC AMERICAN CHILDREN AND FAMILIES IN				
, ve	2		this box 🕨 🔛 if the organization discontinued its operations or dispos			1 1	10
	3		er of voting members of the governing body (Part VI, line 1a)			3	$\frac{12.}{12.}$
စ္စ	4		er of independent voting members of the governing body (Part VI, line 1b)			4	12.
ctivities &	5		number of individuals employed in calendar year 2017 (Part V, line 2a)			5	10.
슖	6	Total ı	number of volunteers (estimate if necessary)			6	36.
4	7a	Total (	unrelated business revenue from Part VIII, column (C), line 12	. <b></b>		7a	0.
	b	Net ur	nrelated business taxable income from Form 990-T, line 34	<u> </u>		7b	
					Prior Year		rrent Year
يو	8	Contri	butions and grants (Part VIII, line 1h)		445,53		239,679.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		1,480,79		,533,192.
Š	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	[	1,62		1,102.
Ľ.	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,25		16,950.
_	12	Fofal r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		1,941,21	.8. 1	,790, <u>9</u> 23.
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		1,130,09	5. 1	,124,140.
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			0.	0.
ŵ	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		535,44	4.	396,297.
Expense	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		16,00	0.	0.
xpe	b		undraising expenses (Part IX, column (D), line 25) ▶ 90, 105				
Ω̈́	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		275,83	19.	291,225.
	1		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,957,37	8. 1	,811,662.
	19		ue less expenses Subtract line 18 from line 12		-16,16	50.	-20,739.
es es			RECEIVED	Begi	nning of Current Y	'ear En	d of Year
and	20	Total a	esets (Part X line 16)		942,19	19.	765,945.
Ass I Ba	21				608,79	1.	453,276.
Net Assets or Fund Balances	22		sets or fund balances Subtract line 2 Gm line 20. 19. 2018		333,40	8.	312,669.
	rt li		nature Block				
Uni	der per	nalties o	f perjury, I declare that I have examined this return conduct accompanying sched	ules and statements,	and to the best of	my knowledge	e and belief, it is
_true	e, corre	ct, and	somplete Declaration of preparer (other than officer) is based on all information of wh	ich preparer has any k	nowledge	<del></del>	
					11/13	118	
Sig			Signature of officer		Date		
He	re		Larry Lee, Treasu	irur			,
		<b>)</b>	Type or print name and title				
		Print/	Type preparer's name Preparer's signature	NOV 1 3 2	Check	ıf PTIN	
Paid		JAME	ES J REILLY	132	self-employe	]	183769
	parer	Firm's	name CONDON O'MEARA MCGINTY & DONNELLY L		Firm's EIN ▶ 1	3-362825	55
Use	Only		address DONE BATTERY PARK PLAZA NEW YORK, NY 10004 1404	· <del></del>		12-661-7	
May	y the		scuss this return with the preparer shown above? (see instructions	)			Yes No
			Reduction Act Notice, see the separate instructions.				m <b>990</b> (2017)

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-orm	990	(201	71

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

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	[ ]		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	}		
	employees? If "Yes," complete Schedule J	23		Х
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			
		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 250	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25 a		25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b	ļ	Х
00	If "Yes," complete Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	İ	1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		- 1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		- 1	Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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)			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		J	Х
	Schedule L, Part IV	286		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
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			v
	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,			17
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	[	ĺ	37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Page 5

Par	<del></del>			_
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	· No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5	103	113
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		حق ء	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	<b>∱</b> % ₹	4.	1
C	reportable gaming (gambling) winnings to prize winners?	1c	X	^====
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	3	₹ -
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ا (		7- 3
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7.		1
3 9	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			$\vdash$
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	ł	1
	account)?	4a		x
b	If "Yes," enter the name of the foreign country ▶	200		1.
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_'_		٠, ١
	(FBAR)	2:0	ri.	2.3
5a	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		Х
	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or		l	}
	gifts were not tax deductible?	6b		<b>↓</b>
	Organizations that may receive deductible contributions under section 170(c).	;	£ -,	Ξ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			~
	and services provided to the payor?	7a_	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	X	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		x
_	required to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	ļ	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<del>-</del>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>                                     </del>	-	<del>,</del>
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	7.	<i>;</i> ::	-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	ļ		1
а	Initiation fees and capital contributions included on Part VIII, line 12	] ;	_	٠
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	2		
11	Section 501(c)(12) organizations. Enter	:	\$. ·	
	Gross income from members or shareholders		`% **	
b	Gross income from other sources (Do not net amounts due or paid to other sources	Ĭ.,		
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>∤</b> `-	1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	-	<del></del>
	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O	١,		
	Enter the amount of reserves the organization is required to maintain by the states in which	<i>'</i> -		ĺ
	the organization is licensed to issue qualified health plans	1.		
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		$\overline{}$
JSA 7E1040			990	(201
/E1040	1000 4054IS M261			AGE

ASIAN AMERICAN COALITION FOR CHILDREN 13-3682471 Form 990 (2017) 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 Yes 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. 12 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 X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X ß 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a Х 8b Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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., Yes No X 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." Х 12c Χ 13 13 Did the organization have a written whistleblower policy?....... X 14 14 Did the organization have a written document retention and destruction policy?......... 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? X 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 77 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup 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)

- available for public inspection. Indicate how you made these available. Check all that apply
  - X Own website X Another's website | X | Upon request 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ANITA GUNDANNA, C/O CACF, 50 BROAD STREET 18TH FL NEW YORK, NY 10004 212-809-4675

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		(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individua or direct		Officer	Key employee	Highest compensated employee	<del>-</del>	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)ANGIE WANG	5.00									
PRESIDENT	0.	х		х				0.	0.	0.
(2)EDWARD PAULY	3.00									
VICE PRESIDENT	0.	х		Х				0.	0.	0.
(3)LARRY LEE	5.00									
TREASURER	0.	X		Х	ĺ	ĺ		0.	0.	ο.
(4)SHARON HUANG	3.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)JESSIE WONG HARLIN	1.00									
DIRECTOR	0.	X			L			0.	0.	0.
(6)H.SUJIN KIM	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7)WILLING IRENE CHIN-MA	1.00					}				}
DIRECTOR	0.	Х						0.	0.	<u> </u>
(8)JENNIFER YUEN	1.00	ļ			1					
DIRECTOR	0.	X						0.	0.	0.
(9) JARROD FONG	1.00									
DIRECTOR	0.	X	Ш		L_			0.	0.	0.
(10)BONG KOH	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)ALEXANDER TSUI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12)NAVNEET KATHURIA	1.00									_
DIRECTOR	0.	Х			L_		_	0.	0.	0.
(13)HENRIETTA HO-ASJOE	28.00	1						_		
FORMER INTERIM EXEC. DIRECTOR	0.			Х	<u> </u>			39,233.	0.	0.
(14)ANITA GUNDANNA	21.00									_
CO-EXECUTIVE DIRECTOR	0.		11	Х				49,904.	0.	0.

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	уе	es,	and I	Hig	hest Compensat	ed Emplo	yees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson direct	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	( <b>E</b> ) Report compensat relat organiza	able ion from ed	(F) Estimated amount of 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		from the organization and related organizations
15) VANESSA LEUNG	21.00		$\vdash$		$\vdash$	<u> </u>					<u> </u>
CO-EXECUTIVE DIRECTOR	0.			X	<u> </u>			49,904.		0.	0.
		-									
									_		
					_						i
	<del></del>										
1b Sub-total							<b>&gt; &gt; &gt;</b>	89,137. 49,904. 139,041.		0.	0. 0.
Total number of individuals (including but not reportable compensation from the organization)	limited to the		liste				o re		\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	50,00	00?	) If	"Yes	," (	complete Schedui	e J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5 X
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report c year.	pensated ir ompensation	ndepe on for	nde the	ent d cal	conf	iracto lar yea	rs t ar e	hat received more ending with or with	than \$10	0,000 o anizatio	f n's tax
(A) Name and business add	iress		<u>_</u>					(B) Description of se	rvices	C	(C) Compensation
NONE							-				
							Ħ				<del></del>
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited		thos	e lı	sted above) who	received		

Form	990 (2	2017) , ASIAN AMER	ICAN COALI	TION FOR CHI	LDREN	13-3682471 Page <b>9</b>			
P.a	rt VII	Statement of Revenue	F						
<del></del>	4	Check if Schedule O contains a respor	se or note to a	ny line in this Part	VIII. <u>.</u>	· · · · · · · · · · · · · · · · · · ·			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelatedbusiness revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns         1a           Membership dues         1b           Fundraising events         1c	14,850. 93,679.						
utions, Gi er Simila	· d e f	Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants,							
Contrib and Oth	g	and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	131,150. 30,973.	239,679.					
Revenue	2a	CONTRACT FEES	Business Code 624100	1,533,192.	1,533,192.	250/12/2014			
Program Service Revenue	q d								
Progran	e f g	All other program service revenue Total. Add lines 2a-2f		1,533,192.					
	3	Investment income (including divident and other similar amounts)	······ ▶ proceeds . ▶	1,102.			1,102.		
	6a	Gross rents	(ii) Personal						
	c d 7a	Rental income or (loss)	.'▶ (II) Other	0.					
1	b	Less cost or other basis and sales expenses							
<b>a</b> .	c d 8a	Gain or (loss)		0.					
Other Revenue		events (not including \$93,679. of contributions reported on line 1c) See Part IV, line 18	79,365.						
ð	b c 9a	Less direct expenses b  Net income or (loss) from fundraising events.  Gross income from gaming activities	62,875.	16,490.			16,490.		
	b .c	See Part IV, line 19 a  Less direct expenses b  Net income or (loss) from gaming activities.		0.					
,	10a	Gross sales of inventory, less returns and allowances a							
	b c	Less cost of goods sold b  Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	0.		AND THE RESERVE OF THE PROPERTY OF THE PROPERT			
' !	11a , b	OTHER INCOME	900099	460.	460.	-			
	c d e	All other revenue		460.					
	12	Total revenue. See instructions		1,790,923.	1,533,652.		17,592.		

13-3682471

### 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	onse or note to any line	e in this Part IX		. ,
	not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21	1,124,140.	1,124,140.		1
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	139,041.	136,261.	1,390.	1,390.
6	compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)	0.			
7	Other salaries and wages	210,751.	206,537.	2,107.	2,107.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.	20.07		
9	Other employee benefits	20,791.	20,375.	208.	208.
10	Payroll taxes	25,714.	25,200.	257.	257.
11 a	Fees for services (non-employees)  Management	0.			
b	Legal	0.	15 500	00.427	<del></del>
	Accounting	38,029.	15,592.	22,437.	
	I Lobbying	0.	<del></del>	<del></del>	<del></del>
	Professional fundraising services See Part IV, line 17.	0.	<del></del>		
	Investment management fees		<del></del>		
9	Other (If line 11g amount exceeds 10% of line 25, column	48,342.	42,139.	242.	5,961.
12	(A) amount, list line 11g expenses on Schedule O)	0.			
13	Advertising and promotion	13,553.	8,284.	2,880.	2,389.
14	Information technology	0.			<del></del>
15	Royalties	0.	-		
16	Occupancy	79,884.	56,241.	16,888.	6,755.
17	Travel	1,080.	1,080.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	8,602.	8,549.	17.	36.
20	Interest	14,084.		14,084.	
21	Payments to affiliates	0.			<del></del>
22	Depreciation, depletion, and amortization	3,844.	3,844. 4,636.	688.	
23	Insurance	5,324.	4,636.		
24	Other expenses Itemize expenses not covered		.,		}
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				Ý
	(A) amount, list line 24e expenses on Schedule O)	· .		• •	
•	EVENTS	37,486.			37,486.
_	EQUIPMENT AND MAINTANANCE	3,551.	3,081.	235.	235.
	PUBLIC RELATIONS	3,279.	845.	2,434.	
-	BANK CHARGES AND FEES	4,133.	175.	677.	3,281.
_	All other expenses	30,034.	34.		30,000.
	Total functional expenses. Add lines 1 through 24e	1,811,662.	1,657,013.	64,544.	90,105.
	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.			Form 990 (2017)

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Form 990 (20	017) P	age 11
Part X	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part X	

		Check if Schedule O contains a response of	or not	e to any line in this F	Part X		<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			83.		376.
	2	Savings and temporary cash investments			99,711.		114,233.
	3	Pledges and grants receivable, net				3	615,652.
	4	Accounts receivable, net		43,772.	4_	14,420.	
	5	Loans and other receivables from current and		77 7 765	يم 10 مارين	**************************************	
	ľ	trustees, key employees, and highest co	ompei	nsated employees		)	
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section	1.15 THE RESERVE TO T	, "*	17、李宪金公益
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu				-1.5	,
(A)	ļ	organizations (see instructions) Complete Part II of Sche			0.		0.
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	0.
-	9	Prepaid expenses and deferred charges			4,045.	9	2,641.
	10 a	Land, buildings, and equipment cost or	ľ				1. 2 3 300
		other basis Complete Part VI of Schedule D					***
	b	Less accumulated depreciation			6,364.	_	
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities See Part IV, line 11				12	0.
	13	Investments - program-related See Part IV, line 11		13	0.		
	14	Intangible assets	0.	14	0.		
	15	Other assets See Part IV, line 11		13,540.		16,104.	
	16_	Total assets. Add lines 1 through 15 (must equal			942,199.		765,945.
	17	Accounts payable and accrued expenses			34,195.		27,185.
	18	Grants payable	434,596.	_	159,091.		
	19	Deferred revenue	0.	19	0.		
	20	Tax-exempt bond liabilities				20 21	0.
	21	Escrow or custodial account liability Complete Pa			* 1,5, =	21	<u> </u>
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen-					
ΞĘ		disqualified persons Complete Part II of Schedule			ا میشد درقه سید به در در اور در اور در	22	0.
<u> </u>	23	Secured mortgages and notes payable to unrelate			140,000.	23	
	24	Unsecured notes and loans payable to unrelated to				24	0.
	25	Other liabilities (including federal income tax, j			<del></del>		<del></del>
		parties, and other liabilities not included on lines					
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			608,791.	26	453,276.
		Organizations that follow SFAS 117 (ASC 958),	check			ر. عن	1 - 1
Ses		complete lines 27 through 29, and lines 33 and	34.		- 	) 	1
au	27	Unrestricted net assets			270,459.	27	312,669.
Ba	28	Temporarily restricted net assets			62,949.	28	0.
ם	29	Permanently restricted net assets			0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ► and		, "	
its	30	Capital stock or trust principal, or current funds	M	30			
SSE	31	Paid-in or capital surplus, or land, building, or equ		31			
t A	32	Retained earnings, endowment, accumulated inco	ome, d	or other funds		32	
Ne	33	Total net assets or fund balances			333,408.		312,669.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	942,199.	34	765,945.

Form 990 (2017)

Page **12** 

Part	XI Reconciliation of Net Assets					
	. Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		<sup>-</sup> 1,7	90,	923.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	11,	662.
3	Revenue less expenses Subtract line 2 from line 1	3			20,	739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	33,	408.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3	12,	669.
Part		_	_	<u></u>		
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.,</u> .		<u></u>	<u>.</u> .	
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other			27:50 2. 100	論語	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plaır	ı ın	4,67	1918 m	
	Schedule O ·		1	133		100
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	1.4		
	reviewed on a separate basis, consolidated basis, or both					340 A
	Separate basis Consolidated basis Both consolidated and separate basis			1380	<b>建筑</b>	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a	325		1
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis			<b>建</b>		and.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	фіаіг	חור		- C. C.	T I
	Schedule O			ight by	F-32	<b>全套</b>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ı ın			
	the Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lits		3b		

### 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.

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

st. OMB No 1545-0647
20 17
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASIAN AMERICAN COALITION FOR CHILDREN

Employer identification number 13-3682471

ANI	D FAMILIES, INC.					13-36824	171
Pa	rt I Reason for Public Cha	arity Status (All o	organizations must o	omplet	e this pa	art) See instructions	S.
The	organization is not a private fou	ındatıon because ı	t is (For lines 1 through	gh 12, ch	neck only	one box)	
1	A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	section 1	170(b)(1)(A)(i).	$\sim$
2	A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990	)-EZ) )	/ \ /
3	A hospital or a cooperative	hospital service o	rganization described	ın sectio	n 170(b)	)(1)(A)(iii).	$\cup$ /
4	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A	)(iii). Enter the
	hospital's name, city, and s	tate					
5	An organization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (C	Complete Part II)					
6	A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(	(b)(1)(A)(v).	
7	X An organization that norm.	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
	described in section 170(b)	)(1)(A)(vi). (Compl	lete Part II )				
8	A community trust describe	ed in section 170(1	o)(1)(A)(vi). (Complete	Part Ii)			
9	An agricultural research or	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	d in conjunction with a	land-grant college
	or university or a non-land-	grant college of ag	griculture (see instruct	ions) E	nter the	name, city, and state o	f the college or
	university						
10	An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt in nent income and u on after June 30, 1	functions - subject to on functions - subject to on functions - subject to su	certain e able inco (a)(2). (0	exception ome (less Complete	is, and (2) no more tha s section 511 tax) from e Part III )	ın 331/3 % of its
11	An organization organized	•	· ·	•			
12	An organization organized	•	•				
	of one or more publicly su	• •					
	Check the box in lines 12a t	=	7.7		_		=
а	Type I A supporting orga	·	•	_		<del>-</del>	• • • •
	the supported organization	• • • •	• • •		ajority of	f the directors or truste	ees of the
	supporting organization \	-					
b	Type II A supporting org	•					
	control or management of		=	the sam	e persor	is that control or mar	age the supported
	organization(s) You must	· ·					
С	Type III functionally integ	•					lly integrated with,
	its supported organization	, , ,	•				
d	Type III non-functionally	•		•		* *	• ,,
	that is not functionally into	•	•	•		· ·	d an attentiveness
	requirement (see instruct	•	•				U. T
е	Check this box if the orga						и, туре ш
f	functionally integrated, or			_		IIOH	
,	Enter the number of supported Provide the following information	_		• • • •		• • • • • • • • • • • •	
9_	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(i) mains or supported organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
			above (see instructions))	Yes	nent?	instructions)	instructions)
				163	140		
(A)							
B)							
C)							
-							<del></del>
D)	1			}			
_							
E)							
			. ,				
Tata	.I				1 I	İ	l .

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

Schedule A (Form 990 or 990-EZ) 2017

ciledule A	(1-0111 350 01 350-EZ) 2017	
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v	i)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualif	y under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III)	
ection A	A. Public Support	

Sec	tion A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	607,873.	560,322.	348,196.	445,538.	239,679.	2,201,608.		
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	607,873.	560,322.	348,196.	445,538.	239,679.	2,201,608.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on								
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	- +			, τ		219,033.		
_6_	Public support. Subtract line 5 from line 4				`		1,982,575.		
Sec	tion B. Total Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	607,873.	560,322.	348,196.	445,538.	239,679.	2,201,608.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,892.	1,382.	726.	1,625.	1,102.	6,727.		
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)		5,741.	19,567.	2,154.	460.	27,922.		
11	Total support. Add lines 7 through 10						2,236,257.		
12	Gross receipts from related activities, etc. (s	ee instructions) .			l	12	3,709,810.		
13	First five years. If the Form 990 is for organization, check this box and stop here.		<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶		
	tion C. Computation of Public Supp			<del></del>			88.66%		
14	Public support percentage for 2017 (Iir		-			14	89.48%		
15	Public support percentage from 2016	•	•		-	15	<del></del>		
10a	331/3% support test - 2017. If the org box and stop here. The organization qu								
b	331/3% support test - 2016. If the org	•		_					
-					· ·				
17a	this box and stop here. The organization qualifies as a publicly supported organization								
b	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	supported organization Private foundation. If the organization instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see			
	instructions	• • • • • • • • • • • • • • • • • • • •		• • • • • • •		hedule A (Form 99			

Page 3

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.)

	if the organization fails to qu	ially under the	e tests listed b	elow, please c	ompiete Part i	1.)	
Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
	received (Do not include any "unusual grants")			<u> </u>			<u></u> _
2	Gross receipts from admissions, merchandise			,			
	sold or services performed, or facilities		Ì				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			1			
	unrelated trade or business under section $513$ .						
4	Tax revenues levied for the		1				
	organization's benefit and either paid to		1		/	1	
	or expended on its behalf						
5	The value of services or facilities		<b>!</b>				
	furnished by a governmental unit to the	}		}		}	
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5			<u> </u>	/		<del></del>
7 a	Amounts included on lines 1, 2, and 3		<b>\</b>	1	<b> </b>		
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified		l 1	,			
	received from other than disqualified persons that exceed the greater of \$5,000		<b>\</b>	1		]	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				1.4	ļ	
8	Public support. (Subtract line 7c from	基質にもら	是 医温度性	V. Zing	<b>建筑</b>	是是然能可	
	line 6)	<b>建始起来</b>	A whish !	(4) 经国际证	3 N. M. M. C. B. C	(成) (五)	<del></del>
<u>Sec</u>	tion B. Total Support					<del>,</del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014 <sup>2</sup>	(%) 2015	(d) 2016	(e) 2017	(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						f
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses	/	7				
	acquired after June 30, 1975	/		<u> </u>		1	
С	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.		,				
12	Other income Do not include gain or loss from the sale of capital assets						
13	(Explain in Part VI)	/		<del></del>	<del> </del>	<del></del>	
13	and 12)	,		]		J J	_
14	First five years. If the Form 990 is 1	for the organiza	tion's first soco	nd third fourth	or fifth tay w	ear as a section	501(c)(3)
14	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	••••
<u>360</u> 15	Public support percentage for 2017 (line 8			mn (f))		15	%
16	Public support percentage from 2016 Sche					16	
	tion D. Computation of Investmen			<u></u>	· · · · · · · · · · · · · · · · · · ·		70
	Investment income percentage for 2017 (li			13 column (f)	<del></del>	17	%
17		-	-			<del> </del>	<u>%</u> %
18	Investment income percentage from 2016					18   a than 331/3 % a	
198	331/3% support tests - 2017. If the or						
b	17 is not more than 331/3%, check th 331/3% support tests - 2016. If the organization	anization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	did not check	a box on line	<u>14, 19a, or</u> 19b	, check this bo	x'and see instru	ictions 🟲

Yes No

### Part IV

**Supporting Organizations** 

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

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

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11 Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either aliane or together with persons described in (b) and (c) below, the governing body of a supported organization?  A family member of a person described in (a) on (b) above?  A 35% controlled entity of a person described in (a) on (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatily appoint or elect at least a majority of the organization's directors or trustees at all times during the tay year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tay year? If "No," describe in Part VI how the supported organization's directors or trustees were ellocated among the supported organizations and what contidions or restrictions, if any, applied to such powers during the tay year allowing the tay year allowing the tay year allowing the tay year allowing the tay is organization operate for the benefit of any supported organization ellowing the tay is explained organization operate for the benefit of any supported organization of the thin the supported organization operate for the supported organization of the supported organization and the supported organization of the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and the supported organization and (ii) copies of the supported organization as provided the supported organization and (ii) copies of the supported organization and (ii) copies of the organization of the reliabloshing becamed in (i) and the organization or supported organization or supported organization is pro	Part	Supporting Organizations (continued)		1	
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Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  1 The organization satisfied the Activities Test Complete line 2 below  2 The organization is the parent of each of its supported organizations. Complete line 3 below  3 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)  2 Activities Test Answer (a) and (b) below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement  3 Parent of Supported Organization's involvement  4 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization's Provide details in Part VI.  5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3	By reason of the relationship described in (2), did the organization's supported organizations have a			
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	b				*~

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

· compared to the compared to

\_ - - - - - - - "

4

5

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

	ile A (Form 990 or 990-EZ) 2017		<del> </del>	Page 7
	V. Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	<del>, , , , , , , , , , , , , , , , , , , </del>
Sect	ion D - Distributions	<u></u>	<del>.</del>	Current Year
1_	Amounts paid to supported organizations to accomplish e			
<b>-2</b>		mpt purposes of suppor	ted	,
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	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			
7	Total annual distributions. Add lines 1 through 6			-
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI) See instructions.		•	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		,	
			(ii)	(iii)
;	Section E - Distribution Allocations (see instructions)	(ı) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	是非常是可以再	學是於學生的學學	ť
2	. Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017	がない。		
а				
b	From 2013		S. P. W. B. W. L. W. T. C. C.	
	From 2014	· 产生产生的 1995		
d	From 2015			
е	From 2016			THE PARTY OF
f	Total of lines 3a through e	The ratio of the ratio to the ratio and the ratio		
g	Applied to underdistributions of prior years	THE RESERVE OF THE PARTY OF THE	San Nation of State of the Control of the State of the St	
h	Applied to 2017 distributable amount		<b>美工作的工作工作工作工作</b>	23 days crackers 4 (See a language)
<del>-:-</del>	Carryover from 2012 not applied (see instructions)	PREFERENCE TO SELECTION OF THE PERSON OF THE		<b>主义</b> 的是是 <b>是</b> 的人之
÷	Remainder Subtract lines 3g, 3h, and 3i from 3f	Contracting to the second of the second		<b>美国政治公司</b>
4	Distributions for 2017 from	L-PRESIDENT AND PRESIDENT	Mars & Section of State and Section 1	STATE OF THE PROPERTY OF THE P
-	Section D, line 7 \$			
	Applied to underdistributions of prior years		<b>工程,人名伊尔斯斯斯特里亚亚州</b>	WE SEE SHIP TO SEE AND A SECOND COME.
a b	Applied to 2017 distributions of prior years  Applied to 2017 distributable amount		大学教育的な事 いんだんはほれん	表表表现的表现是是"A"。"这就是"是不是是
	_ <del></del>	1. 以第二次 1000 1000 1000 1000 1000 1000 1000 10	Title Excellent	
<u> </u>	Remainder Subtract lines 4a and 4b from 4.	1967年1月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	た。まず 44 700 E 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AND THE PARTY OF T
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions	AND SECURITY OF THE PARTY OF TH	Spanishers was the series	では、日本のは、「一大」という。
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<b>会所に対しない。</b>	を1945年の1945年の1945年である。 1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の1945年の19	Brand Brand Carrier C. And Service C. A.
7	Excess distributions carryover to 2018. Add lines 3j			三百八八十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
	and 4c	CRUMP OF NAME OF STREET	16 全里到北美军系建了	では、これには、一般のでは、
8	Breakdown of line 7	注意をいる。 第一個のでは、		THE TENED OF A TANK
a	Excess from 2013		<b>建筑江水系,到的各种等</b>	
. b	Excess from 2014	是其一是一个		
С	Excess from 2015		工程表示在主意作列。	AL WEST STATE
d	Excess from 2016	混译的 经经验证	是这些影響是在他們	

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.)

PART II - LINE 10

OTHER INCOME IS USED TO SUPPORT THE ORGANIZATIONS TAX EXEMPT ACTIVITIES.

2014

2015

2016

2017

5,741

19,567

2,154

460

### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

		on Form 990, Part IV, line 3, or Fore Complete Parts I-A and B Do not comp		46 (Political Campaign Activ	ities), then
		ion 501(c)(3)) organizations Complete		Do not complete Part I-B	
	Section 527 organizations Com		Tarts 1-7 taria o bolow	Do not complete i art i-b	
	<u> </u>	on Form 990, Part IV, line 4, or Form	n 990-EZ. Part VI. line	47 (Lobbying Activities), the	n
		that have filed Form 5768 (election u			
	· · · · · · ·	that have NOT filed Form 5768 (elect			-
		on Form 990, Part IV, line 5 (Prox)			
Tax)	(see separate instructions), the	n			•
_	Section 501(c)(4), (5), or (6) org				
		ERICAN COALITION FOR CH	ILDREN		ntification number
	FAMILIES, INC.			13-368	
Pa	rt I-A Complete if the o	organization is exempt under	section 501(c) or	ris a section 527 orga	nization.
1	The state of the s	organization's direct and indirect	political campaign a	activities in Part IV (see in	nstructions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	xpenditures (see instructions)			· <del></del>
3_		campaign activities (see instruction			<del></del>
Par	t I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), e	xcept section 501(c)(3	)
1		expended by the filing organization			
2		ng organization's funds contribute			<del></del>
_		es	-		
3		enditures Add lines 1 and 2 Er			
•					
4		e Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification numb	per (EIN) of all sect	ion 527 political organiza	ations to which the filing
		ts. For each organization listed, ei			
		tributions received that were pron			
	as a separate segregated fur	nd or a political action committee (	T		ntormation in Paπ IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)					
(2)					
			1		
(3)					
•			7		
(4)					
•			1		
(5)					
,			1		
(6)					
,			1		
For B	Pananyork Reduction Act Notice	see the Instructions for Form 990 o	- 000-E7	Sobodul	C (Form 990 or 990-F7) 2017

Over \$17,000,000

Sch	edule C (Form 990 or 990-EZ) 2017 ASIAN	AMERICAN COALITION FOR CHILDREN	13-3	3682471 Pagè <b>2</b>
Pa	rt.II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	d filed Form 5768 (ele	ction under
Α		ongs to an affiliated group (and list in Part IV end share of excess lobbying expenditures)	each affiliated group men	nber's name,
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions ap	ply	
	Limits on Lobb (The term "expenditures" mo	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	2,954.	
С	Total lobbying expenditures (add lines 1	a and 1b)	2,954.	
			1,808,708.	
		I lines 1c and 1d)	1,811,662.	
f	Lobbying nontaxable amount Enter the	e amount from the following table in both		
	columns	-	240,583.	
	If the amount on line 1e, column (a) or (b) is:	THE TEST 145		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 

Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000

g Grassroots nontaxable amount (enter 25% of line 1f) . . . . . . . . h Subtract line 1g from line 1a If zero or less, enter -0- . . . . . . . .

\$1,000,000

No

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60,146

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

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

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2014	( <b>b)</b> 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount	226,907.	249,000.	247,869.	240,583.	964,359.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,446,539.		
c Total lobbying expenditures	6,268.	5,481.	1,300.	2,954.	16,003.		
d Grassroots nontaxable amount	56,727.	62,250.	61,967.	60,146.	241,090.		
e Grassroots ceiling amount (150% of line 2d, column (e))		e entropy (et al. ) Belle entropy (et al. )			361,635.		
f Grassroots lobbying expenditures	6,268.	5,481.			11,749.		

Schedule C (Form 990 or 990-EZ) 2017

Page 3

Schedule C (Form 990 or 990-EZ) 2017

	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).				(b)		
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed ription of the lobbying activity	Yes	No	<u> </u>	Amo		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or		出 明 年 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			
а	referendum, through the use of Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		- A
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e f	Publications, or published or broadcast statements?	<del> </del>					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	• • • • •	24	<u>}</u>		1 75.77	*** ***	\$12.E 7
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	۽ تيوقي	₹* Ç.	F.M.	hanni	I. L	A STATE OF THE STA
b c	If "Yes," enter the amount of any tax incurred under section 4912		55.		<del></del>		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			, , ,	3, T. 13	To Day of	E 4 4 44
Par	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).					Vaa	
	Mars substantially all (00% or mars) dues recoved sandadustible by members?				1	Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	-	
1	1II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	OR (I	b) Pa			3, is	_
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou			£.			
	political expenses for which the section 527(f) tax was paid).			2a			
a	Current year			2b			
b c	Total			2c			
_	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			34			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	-	- 1				
5	and political expenditure next year?	• • •		5			
Par							
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated instructions), and Part II-B, line 1. Also, complete this part for any additional information	d grou	ıp list	), Part	II-A, lir	nes 1	and
						_	_
					_		
		<del></del> - <del></del>					

Schedule C (Form 990 or 990-EZ) 2017

Page 4

Part IV Supplemental Information (continued)

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990.

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

20**17** 

Open to Public Inspection

Employer identification number Name of the organization ASIAN AMERICAN COALITION FOR CHILDREN 13-3682471 AND FAMILIES, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

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

Schedule D (Form 990) 2017 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs a Other Scholarly research b C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1 c 11d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . . . . **b** Contributions . . . . . . . . . . . . c Net investment earnings, gains, and losses . . . . . . . . . . . . . . . . **d** Grants or scholarships . . . . . . e Other expenditures for facilities f Administrative expenses . . . . . g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation Land **b** Buildings . . . . . . . . . . Leasehold improvements 12,513 2,519. 15,032. d Equipment ...... 2,519. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c

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(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	Part VII		l "Yes" on Form 990	) Part IV line 11h See Form 990	Part X line 12
(including name of security)  (including name of security)  (i) Financial derivatives  (2) Closely-held equity interests  (3) Other  (4)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (10)				<del></del>	<del></del>
(2) Closely-held equity interests		(including name of security)	(b) BOOK Value		
(3) Other (A) (B) (B) (C) (C) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(A) (B) (C) (C) (D) (E) (E) (F) (G) (G) (H) (Final Licolumn (10) must equal Form 990, Part X, col (8) line 12) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
(B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
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(G) (ch) (rb) (rb) (rb) (rb) (rb) (rb) (rb) (rb			<del></del>		
(c) must equal Form 990, Part X, col (8) line 12) ▶    Part VIII   Investments - Program Related.   (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value   (d)   (e) Method of valuation Cost or end-of-year market value   (e) Method of valuation Cost or end-of-year market value   (f)					
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.				<del></del>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (cost or end-of-year market value (cost or end-of-year m				L	<del></del>
(1)	Part VIII		"Yes" on Form 990	, Part IV, line 11c See Form 990	, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) (obs. Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part X  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability  (b) Book value  (1) Federal income taxes  (2) (3) (4) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶  otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		(a) Description of investment	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Obta. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  (a) Description  (b) Book value  (1) (2) (3) (4) (5) (6) (77) (8) (9) Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (6) (7) (8) (9) Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	(1)				
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(6) (7) (8) (9)  rotal. (Column (a) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶  otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	(4)				
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	(5)				
(8) (9)   Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 13)	(6)				
(9)	(7)				
State   Column (b) must equal Form 990, Part X, col (B) line 13)   Name of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value	(8)				
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13 )			
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  rotal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶					<u> </u>
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Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10 total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			ne 15)	<u> </u>	
Column (b) must equal Form 990, Part X, col (B) line 25   ▶	Part X		= 000	5 (8/) 44 44/0 5	000 D 11
(a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶					
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1		(b) Book valu	<u>e</u>	
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	<del></del>	ral income taxes			
(4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶					
(5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶					•
(6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶					
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				·	
(9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶					
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
	(9)			!	
. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		
	2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	he organization's financial statements th	at reports the

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13-3682471 ASIAN AMERICAN COALITION FOR CHILDREN Page 4 Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,808,148. 1 1 Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990. Part VIII, line 12 2 17,225 c Recoveries of prior year grants............ 17,225. 1,790,923. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . . 4c 1,790,923. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,828,887. 1 Total expenses and losses per audited financial statements . . . . . . . . . 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 17,225 2b 2c 2d 17,225. 2e 1,811,662. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b..... 1,811,662. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs gov/Form990 for the latest instructions. Name of the organization ASIAN AMERICAN COALITION FOR CHILDREN Employer identification number 13-3682471 F

	Francisian Activities Co				"Vee" on Form	000 Dod 1/4 line	
Part	Fundraising Activities. Co Form 990-EZ filers are no				res on Form	990, Part IV, line	: 17.
1	Indicate whether the organization ra				activities Check	all that apply	
а	Mail solicitations	-		-	non-government g		
b	Internet and email solicitations				government grant		
c	Phone solicitations				ising events		
d	In-person solicitations		g opo	0.01 1011010	9 0.0		
	Did the organization have a written	or oral paraomont	t with any in	dividual (in	cluding officers of	tirootore tructoos	
	or key employees listed in Form 99 If "Yes," list the 10 highest paid incompensated at least \$5,000 by the	0, Part VII) or enti dividuals or entitie	ty in connec	ction with p	rofessional fundra	ising services?	Yes Note of the fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			<del>                                     </del>
1							
2							
3							
4							
5		<del>                                     </del>					
6							
7			<del>-  </del>				
8		<del> </del>					
9	<del></del>		_				
10				-			
otal		<del></del>					
3	List all states in which the organizategistration or licensing			to solicit	contributions or	has been notified	it is exempt from
			<u> </u>		<del> </del>		
_							
					<del></del>		

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

Schedule G (Form 990 or 990-EZ) 2017

Page 2

Schedule G	(Form 990 or 990-EZ) 2017
Part II,	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000

		gross receipts greater than \$5,0				
		,	(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	173,044.			173,044
œ		Less Contributions	93,679.			93,679
	3	Gross income (line 1 minus line 2)	79,365.			79,365
	4	Cash prizes				
	5	Noncash prizes				<u> </u>
sesus	6	Rent/facility costs	54,250.	!		54,250
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment , , , , , , , , , , , , , , , , , , ,				
	9	Other direct expenses	8,625.		<u> </u>	8,625
	10	Direct expense summary Add lines 4	through 9 in column (d)		•	62,875
	11	Net income summary Subtract line 1	0 from line 3, column (d)			16,490
	rt II		anization answered "Ye			orted more
0		4 .0,000 0 0 000		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo		col (a) through col (c))
Rev		2				
_		Gross revenue	•		<del></del>	
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2	through 5 in column (d)			
	8	Net gaming income summary Subtra	ct line 7 from line 1, colu	ımn (d)	<u> </u>	
9	Er	nter the state(s) in which the organizat	ion conducts gaming act	ivities		
	Is	the organization licensed to conduct g "No," explain				. Yes No
	_					
		ere any of the organization's gaming li "Yes," explain	censes revoked, susper	nded, or terminated durii	ng the tax year?	. Yes No

### ASIAN AMERICAN COALITION FOR CHILDREN

Sched	lule G (Form 990 or 990-EZ) 2017 Page
11	Does the organization conduct gaming activities with nonmembers?
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?Yes No
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility
b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	· · · · · · · · · · · · · · · · · · ·
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ►
16	Gaming manager information
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

Schedule G (Form 990 or 990-EZ) 2017

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

## 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.

	► Go to www.irs gov/Form990 for the latest information
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<ul><li>Attach to Form 990.</li></ul>	/For
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Open to Public 2017

OMB No 1545-0047

ASIAN AMERICAN COALITION FOR CHILDREN

Employer identification number 13-3682471

	ind Assistance
	General Information on Grants and Assistance
AMILIES, INC.	eneral Inform
AMIT.	G

# Part

Ŷ X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part III

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) NYU CENTER FOR THE STUDY OF ASIAN AMERICAN	i						
227 EAST 30TH STREET NEW YORK, NY 10016	13-5562309	501(C)(3)	90,909.				PATIENT NAVIGATOR
(2) ARAB AMERICAN FAMILY SUPPORT CENTER							
150 COURT STREET BROOKLYN, NY 11201	11-3167245	501(C)(3)	128,909.				PN+CB+AH
(3) UNITED CHINESE ASSOCIATION OF BROOKLYN							
78 QUENTIN ROAD BROOKLYN, NY 11223	37-1469112	501 (C) (3)	118,909.				PN+CB
(4) UNITED SIKHS							
JAF P.O. BOX 7203 NEW YORK, NY 10116	11-3483921	501(C)(3)	93,909.				PN+AH
(5) YWCA OF QUEENS							
42-07 PARSONS BLVD. FLUSHING, NY 11355	20-0351906	501 (C) (3)	.606,06				PATIENT NAVIGATOR
(6) ADHIKAAR FOR HUMAN RIGHTS & SOCIAL JUSTICE					i		
71-07 WOODSIDE AVENUE WOODSIDE, NY 11377	20-3384725	501(C)(3)	. 606, 909.				PATIENT NAVIGATOR
(7) SLOAN-KETTERING INSTITUTE FOR CANCER							
P.O. BOX 26338 NEW YORK, NY 10087	13-1924236	501(C)(3)	90,909.				PATIENT NAVIGATOR
(8) ASIAN AMERICAN FEDERATION OF NEW YORK							
120 WALL STREET NEW YORK, NY 10005	13-3572287	501(C)(3)	12,000.				CAPACITY BUILDING
(9) COUNCIL OF PEOPLES ORGANIZATION	i						
1081 CONEY ISLAND AVENUE BROOKLYN, NY 11230	75-3046891	501(C)(3)	35,000.				CAPACITY BUILDING
(10) KOREAN AMERICAN FAMILY SERVICE CENTER							
P.O BOX 541429 FLUSHING, NY 11354	13-3609811	501(C)(3)	35,000.				CAPACITY BUILDING
(11) SAPNA NYC							i
2348 WATERBURY AVENUE BRONX, NY 10462	26-3124969	501(C)(3)	35,000.				CAPACITY BUILDING
(12) SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES							
143-06 45TH AVENUE FLUSHING, NY 11355	11-3632920	501 (C) (3)	36,300.				СВ+АН
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	organizations lis	sted in the line 1 tat	e			

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

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

Schedule I (Form 990) (2017)

SCHEDULE (Form 990) Department of the Treasury Name of the organization AND FAMILIES,

Internal Revenue Service

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.

ASIAN AMERICAN COALITION FOR CHILDREN

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å X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? ..... Part General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Part II.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) APEX FOR YOUTH, INC.							
2 RECTOR ST, STE 1312 NEW YORK, NY 10006	13-3650718	501(C)(3)	34,993.				CAPACITY BUILDING
(2) ASIAN AMERICAN WRITERS WORKSHOP	l					i	
112 WZ7TH ST, STE 600 NEW YORK, NY 10001	13-3677911	501(C)(3)	35,000.				CAPACITY BUILDING
(3) DAMAYAN MIGRANT WORKERS ASSOCIATION, INC.							
406 WEST 40TH STREET NEW YORK, NY 10018	03-0481206	501 (C) (3)	37,997.				СВ+АН
(4) TURNING POINT FOR WOMEN AND FAMILIES							
P.O. BOX 670086 FLUSHING, NY 11367	54-2177390	501(C)(3)	35,000.				CAPACITY BUILDING
(5) IMMIGRANT SOCIAL SERVICES, INC	;						
137 HENRY STREET NEW YORK, NY 10002	13-2689273	501 (C) (3)	35,000.				CAPACITY BUILDING
(6) INDIA HOME, INC.							
69-55 260TH PLACE GLEN OAKS, NY 11004	20-8747291	501 (C) (3)	25,000.				CAPACITY BUILDING
(7) KOREAN AMERICAN YOUTH FOUNDATION	<del>-</del>						
163-07 DEPOT ROAD, #B1 FLUSHING, NY 11358	11-3186054	501 (C) (3)	32,000.				CAPACITY BUILDING
(8) RESTORE NYC, INC.							
PO BOX1003 NEW YORK, NY 10274	20-2390142	501(C)(3)	15,000.				CAPACITY BUILDING
(6)							
(10)							
(44)							
(12)							
	, - <del>-</del>						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government	organizations lis	ted in the line 1 tak	ole		<b>A</b>	20.
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table					

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Schedule I (Form 990) (2017)

PAGE 42

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) (2017)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ત က ĸ ဖ

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information

- LINE 2 PART

CACF'S HEALTH PROGRAMS PROVIDES RE-GRANTS TO SEVERAL OF PARTNERS TO

ASSISTYUS IN MEETING OUR GOALS TO INCREASE ACCESS HEALTH CARE SERVICES

AND PROGRAMS, PROVIDE OUTREACH ON HEALTH OPTIONS AND RESOURCES, AND

PARTICIPATE IN EDUCATIONAL ACTIVITIES TO RAISE AWARENESS ABOUT HEALTH

DEPENDING ON THE CHALLENGES AND NEEDS FACING ASIAN PACIFIC AMERICANS.

FUNDING STREAM, OUR RE-GRANTS PROCESS IS EITHER DONE THROUGH A REQUEST

FOR APPLICATION OR THROUGH DIRECT SELECTION OF EXISTING MEMBERS AND

PARTNERS THAT CAN MEET STATED DELIVERABLES SET FORTH BY CACF'S CURRENT

GRANTS AND CONTRACTS.

Schedule I (Form 990) (2017)

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### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. ASIAN AMERICAN COALITION FOR CHILDREN

Employer identification number

AND FAMILIES, INC.

13-3682471

Pai	Types of Property		<del></del>					
		(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 noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		<u></u>					
5	Clothing and household				]			
	goods		<u> </u>					
6	Cars and other vehicles							
7	Boats and planes				<u></u>			
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous				ļ			
13	Qualified conservation							
	contribution - Historic							
	structures							
14								
	contribution - Other							
15	Real estate - Residential						_	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			<u> </u>				
19	Food inventory			<del></del>	<del></del>			
20	Drugs and medical supplies			<del></del>	<u> </u>			
21	Taxidermy		<del></del>	<u> </u>				
22	Historical artifacts							
23	Scientific specimens				<del></del>			
24	Archeological artifacts  Other ►( LIVE AUCTION )	X	6.	19,750.	FMV			
25	Other (SILENT AUCTION)	X	38.		FMV			
26	· —			11/223.				
27 28	Other ►() Other ►()		<del></del>	<del></del>	<del></del>			
	Number of Forms 8283 received	by the ora	anization during the tax v	par for contributions for	<del></del>			
29	which the organization completed F	-			29			
	which the organization completed r	01111 0203,	rait IV, Dollee Acknowledg	emem			Yes	No
302	During the year, did the organizati	ion receive	hy contribution any propei	rty reported in Part I lines	s 1 through		-	100
<b>J</b> 04	28, that it must hold for at least the		-		L L			,
	to be used for exempt purposes for	-			<b> </b>	30a		X
b	If "Yes," describe the arrangement in		ording period					
31	Does the organization have a		ance nolicy that require	s the review of any r	nonstandard			
	contributions?	-	· · · · · · · · · · · · · · · · · · ·		<b> </b>	31	-	X
32a	Does the organization hire or use							
	contributions?	-				32a		Х
b	If "Yes," describe in Part II							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pror	perty for which column (a)	is checked.			,
	describe in Part II							, 

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Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)

Page 2

Part II Sun

**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.

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

ASIAN AMERICAN COALITION FOR CHILDREN Employer ide

AND FAMILIES, INC.

Employer identification number 13-3682471

PART III - LINE 1

THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES ("CACF") AIMS TO IMPROVE THE HEALTH AND WELL-BEING OF ASIAN PACIFIC AMERICAN CHILDREN AND FAMILIES IN NEW YORK CITY. CACF BELIEVES THAT CHILDREN OF ALL BACKGROUNDS SHOULD HAVE AN EQUAL OPPORTUNITY TO GROW UP HEALTHY AND SAFE AND SHOULD LIVE IN A SOCIETY FREE FROM DISCRIMINATION AND PREJUDICE. CACF CHALLENGES STEREOTYPES OF ASIAN PACIFIC AMERICANS AS A "MODEL MINORITY" AND ADVOCATES ON BEHALF OF UNDERSERVED FAMILIES IN THE COMMUNITY, ESPECIALLY IMMIGRANTS STRUGGLING WITH POVERTY AND LIMITED ENGLISH SKILLS. CACF ADVOCATES FOR BETTER POLICIES, FUNDING AND SERVICES FOR EAST ASIAN, SOUTH ASIAN, SOUTHEAST ASIAN, AND PACIFIC ISLANDER CHILDREN, YOUTH AND FAMILIES.

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR AND DISTRIBUTED TO THE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B. - QUESTION 12C

THE CONFLICT OF INTEREST POLICY IS SIGNED BY THE BOARD MEMBERS ANNUALLY.

PART VI, SECTION B. - QUESTION 15A

ANNUAL PERFORMANCE EVALUATION FOR ALL STAFF, INCLUDING CO-EXECUTIVE
DIRECTORS.

Name of the organization ASIAN AMERICAN COALITION FOR CHILDREN

AND FAMILIES, INC.

Employer identification number

13-3682471

PART VI, SECTION C. - QUESTION 19

CACF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.