			EXTENDED TO MAY 15, 201	19		_		
	0	00	Return of Organization Exempt Fro			ŀ	OMB No. 15	45-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	•		ons)	20 1	17
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as i	it may b	e made public.	- h	Open to I	Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the				Inspec	tion
<u>A</u> F	or th	e 2017 calend	ar year, or tax year beginning $ m JUL1$, 2017 and end	ding J	JN 30, 2018	3		
B C a	heck if pplicab	le: C Name o	organization		D Employer identif	icatio	n number	
	Addre		-CHINA ASSOCIATION, INC.					
	 Name		usiness as		06-0	646	5971	
	Initial returr			om/suite	E Telephone numbe	er		
	Final	442	TEMPLE ST. BOX 208223				2-0880	
	termii ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		1,615	,629.
X	Amer	ded NEW	HAVEN, CT 06520-8223	Ī	H(a) Is this a group r	return		
	Appli tion	^{ca-} F Name a	nd address of principal officer: DAVID YOUTZ		for subordinate			XNo
	pendi	^{ng} 442 T	EMPLE STREET, NEW HAVEN, CT 06520		H(b) Are all subordinates	include	d? Yes	No
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or [527	lf "No," attach a	a list.	(see instruct	tions)
			YALECHINA.ORG		H(c) Group exemption			
		f organization: [X Corporation Trust Association Other ►	L Year o	f formation: 1901	M Sta	te of legal dor	nicile: CT
Pa	nrt I	Summary						
e	1	Briefly describ	e the organization's mission or most significant activities: $[THE YA]$	LE-C	HINA ASSOCI	AT:	ION	
anc		INSPIRE	S PEOPLE TO LEARN AND SERVE TOGETHE	R. 1	FOUNDED IN	190)1 BY	
ern	2	Check this bo	$\mathbf{x} \models \square$ if the organization discontinued its operations or disposed	of more	than 25% of its net a	issets	i	
) VO	3		ing members of the governing body (Part VI, line 1a)					25
8	4		ependent voting members of the governing body (Part VI, line 1b)					25
Activities & Governance	5		of individuals employed in calendar year 2017 (Part V, line 2a)					0
ivit	6		of volunteers (estimate if necessary)					45
Act	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12					0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	·····		•		0.
					Prior Year		Current Y	
en	8		and grants (Part VIII, line 1h)		2,376,368.	·	854	,178.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0. 698,112.	<u> </u>	720	0. ,943.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		22,760.		139	<u>,943.</u> 0.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,097,240.		1,592	•••
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		53,481.			<u>, 121.</u>
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	_		<u>, 303.</u> 0.
			to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		992,132.		1,128	
ses			undraising fees (Part IX, column (A), line 11e)		0.	<u>'</u>	1,120	<u>,030.</u> 0.
Expenses			ng expenses (Part IX, column (A), line 11e) 78,193			<u>'</u>		••
EX			es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	844,616.		769	,959.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,890,229.		1,951	
	19	-	expenses. Subtract line 18 from line 12		1,207,011.			,201.
es	15				inning of Current Year	_	End of Ye	-
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		17,661,535.		18,736	
Ass I Ba	21		(Part X, line 26)		218,423.	,†		<u>,261.</u>
Net -unc	22		fund balances. Subtract line 21 from line 20		17,443,112.	. :	18,278	
Pa	irt II				,====•			
		U	declare that I have examined this return, including accompanying schedules and	id stateme	nts, and to the best of n	ny kno	wledge and b	elief, it is
			Declaration of preparer (other than officer) is based on all information of which p				5	,
			, , , ,		,			

Sign Here	Signature of officer DAVID YOUTZ, PRESIDENT Type or print name and title			Date			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	WILLIAM F. PALLMAN, CPA			self-employed P00187670			
Preparer	Firm's name 🕨 PALLMAN & COMPAN	Y, P.C.		Firm's EIN 16-1661957			
Use Only	Firm's address 🖕 677 STATE STREET						
	NEW HAVEN, CT 06	511		Phone no. (203) 562–1797			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) YALE-CHINA ASSOCIATION, INC. 06-0646971 Pa
Par	t III Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE YALE-CHINA ASSOCIATION INSPIRES PEOPLE TO LEARN AND SERVE
	TOGETHER. FOUNDED IN 1901 BY GRADUATES OF YALE UNIVERSITY, IT FOSTER:
	LONG-TERM RELATIONSHIPS THAT IMPROVE EDUCATION, HEALTH, AND CULTURAL
	UNDERSTANDING IN CHINA AND THE UNITED STATES.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 1,811,264. including grants of \$ 52,505.) (Revenue \$ EDUCATION PROGRAM: PROVIDED 10,310 HOURS IN CLASSROOM HOURS AND/OR
	RESEARCH. HEALTH PROGRAM: PROVIDED 10,510 HOORS IN CLASSROOM HOORS AND/OK RESEARCH. HEALTH PROGRAM: PROVIDED 1,518 HOURS IN DIRECT SERVICE,
	CLASSROOM HOURS AND/OR RESEARCH. PUBLIC SERVICE PROGRAM: PROVIDED
	4,950 HOURS IN DIRECT SERVICE AND/OR CLASSROOM HOURS. ARTS PROGRAM:
	PROVIDED 640 HOURS IN DIRECT SERVICE AND/OR CLASSROOM HOURS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,811,264.
4e	
	Form 990 (;

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Form	990	(2017)

YALE-CHINA ASSOCIATION, INC.

Pa	rt IV Checklist of Required Schedules			-0
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

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YALE-CHINA ASSOCIATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	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? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
		06		x
27	complete Schedule L, Part II	26		- 23
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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		Х
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
35a	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		X
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	Х	

Form **990** (2017)

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Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: MONG KONG					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
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 transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		-		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	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:	ا مد ا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	440				
	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
100	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)	100		
		1041		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	130 13c				
				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		<u> </u>
					000	1

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732005 11-28-17

YALE-CHINA	ASSOCIATION,	INC.
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Form 990 (2017)

Form 990	(2017)
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YALE-CHINA ASSOCIATION, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					-
		1.1	25		Yes	Ļ
1 a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	25			l
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		25			l
b	Enter the number of voting members included in line 1a, above, who are independent		25			I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					l
	officer, director, trustee, or key employee?			2		ļ
3	Did the organization delegate control over management duties customarily performed by or under	the direct superv	rision			I
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?		4		l
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		5		l
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					I
	more members of the governing body?			7a		I
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					Ī
	persons other than the governing body?			7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					t
-	The governing body?			8a	х	l
b	Each committee with authority to act on behalf of the governing body?			8b	Х	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			00		t
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		I
	tion B. Policies (This Section B requests information about policies not required by the Internal			9		1
		nevenue Coue.)			Yes	1
•	Did the eventimation have least shorters, here shoe as efflicted.			10-	162	
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing t	he form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					l
				12a	X	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? ${\it lf}$	"Yes," describe				I
	in Schedule O how this was done			12c	Х	ļ
3	Did the organization have a written whistleblower policy?			13	Х	l
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and appro	oval by independe	ent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decisior	1?				I
а	The organization's CEO, Executive Director, or top management official			15a	Х	I
	Other officers or key employees of the organization			15b		t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				l
- 4	taxable entity during the year?			16a		l
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			150		ł
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					l
				16b		ļ
00	exempt status with respect to such arrangements?			100		
						_
7 0		T (Contine FOT)				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-1 (Section 501(JUSIS ONIY) a	ivaliaŭ	ne	
	for public inspection. Indicate how you made these available. Check all that apply.		\			
~		in in Schedule O				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of interes	t policy, and	i finan	cial	
_	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's to	books and record	ls: 🕨			
	VICE PRESIDENT - 203-432-0880					
	442 TEMPLE STREET, NEW HAVEN, CT 06510					_
2006	§ 11-28-17			Form	990	(
	б		_			
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	imployees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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 report-

able 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)	(B)			(C		nper	loui	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and The	hours per	(do box	not c . unle	heck ss pe	more rson	than is bot	one h an	compensation	compensation	amount of
	week			nd a d				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire.				eq		organization	(W-2/1099-MISC)	from the
	related	tee ol	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		oyee	duo				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Higle	For			
(1) LINA AYENEW	2.00									
TRUSTEE		Х						0.	0.	0.
(2) JOAN CHANNICK	2.00									
TRUSTEE		Х						0.	0.	0.
(3) DEBORAH S. DAVIS	2.00									
TRUSTEE		X						0.	0.	0.
(4) ALONZO EMERY	2.00									
TRUSTEE		X						0.	0.	0.
(5) BRIAN GU	2.00									
TRUSTEE		x						0.	0.	0.
(6) PEI-YUAN CHIA	2.00									
TRUSTEE		x						0.	0.	0.
(7) MARY HU	2.00									
TRUSTEE		X						0.	0.	0.
(8) JOANNE IENNACO	2.00									
TRUSTEE		X						0.	0.	0.
(9) JONATHAN LOWET	2.00									
TRUSTEE		X						0.	0.	0.
(10) PETER MAN	2.00									
TRUSTEE		X						0.	0.	0.
(11) STEPHEN ROACH	2.00									
TRUSTEE		X						0.	0.	0.
(12) RICHARD SKOLNIK	2.00									
TRUSTEE		X						0.	0.	0.
(13) PETER STEIN	2.00									
TRUSTEE		X						0.	0.	0.
(14) HENRY S. TANG	2.00									
TRUSTEE		X						0.	0.	0.
(15) JOHN C. TANG	2.00									
TRUSTEE		X						0.	0.	0.
(16) QINAN TANG	2.00									
TRUSTEE		x						0.	0.	0.
(17) BILL LI CHIEN TSAI	2.00									
TRUSTEE		Х						0.	0.	0.
732007 11-28-17										Form 990 (2017)

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2017.06000 YALE-CHINA ASSOCIATION, INC 2110___2

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ighe	st C	compensated Employee	es (continued)				
(A)	(B)			(0				(D)	(E)	Τ		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable			mate	ed
	hours per	box,	unles	ss pe	rson	is bot	h an	compensation	compensation	n	amo	ount o	of
	week		er an	dad	irecto	or/trus	tee)	from	from related		C	ther	
	(list any	ector						the	organizations		comp		
	hours for	or dir	æ			ated		organization	(W-2/1099-MIS	C)		m the	
	related organizations	ustee	truste		a	pensi		(W-2/1099-MISC)			•	nizati	
	below	ual tru	onal		ploye	t com						relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orgar	IIZatio	UIIS
(18) CAROLYN GREENE	2.00	'n	<u> </u>	Ó	¥	тэ	F						
TRUSTEE	2.00	x						0.		0.			Ο.
(19) ANITA QINGLI WANG	2.00												<u> </u>
TRUSTEE	2.00	x						0.		0.			Ο.
(20) GARY ZHOU	2.00									••			••
TRUSTEE	2.00	x						0.		0.			Ο.
(21) XIZHOU ZHOU	2.00									<u>.</u>			<u> </u>
TRUSTEE	2.00	x						0.		0.			0.
(22) SHEILA LEVRANT DE BRETTEVILL	2.00	~				-		0.		••			0.
TRUSTEE	2.00	x						0.		0.			0.
(23) R. DRAKE PIKE	2.00	~				-		0.		••			0.
TRUSTEE	2.00	x						0.		0.			0.
(24) CHRISTIAN F. MURCK	7.00	~						0.		0.			0.
CHAIR	7.00			х				0.		0.			0.
(25) DOUGLAS M. FERGUSON	7.00			Δ		-		0.		0.			0.
VICE-CHAIR	7.00			х				0.		0.			0.
(26) ANN B. WILLIAMS	7.00			<u>_</u>		<u> </u>		0.		0.			0.
SECRETARY	7.00			х				0.		0.			0.
								0.		0.			0.
1b Sub-total								128,645.		0.	2/	0	$\frac{0.}{45.}$
c Total from continuation sheets to Part VI								128,645.		0.			$\frac{45}{45}$
d Total (add lines 1b and 1c)								-		• •	24	, 9'	49.
2 Total number of individuals (including but n	ot limited to th	iose	liste	d al	bove	e) wł	no r	eceived more than \$100	,000 of reportable	Э			1
compensation from the organization													
										п		Yes	No
3 Did the organization list any former officer,					•			•	nployee on		-		v
line 1a? If "Yes," complete Schedule J for si											3		<u>X</u>
4 For any individual listed on line 1a, is the su												x	
and related organizations greater than \$150											4	~	
5 Did any person listed on line 1a receive or a	•							•			-		v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ich	pers	son .					5		X
Section B. Independent Contractors			<u> </u>						* · · · · · · · · · · · · · · · · · · ·				
1 Complete this table for your five highest co	-									pensa	ation fr	om	
the organization. Report compensation for t	the calendar y	ear e	endii	ng v	vith	or w	ithir T	· · · · · · · · · · · · · · · · · · ·	ear.		(0)		
(A) Name and business	address	NC	ONE	ŗ				(B) Description of se	ervices	C	(C) mpen		n
	2001035	INC		<u> </u>			_				mpen	Sation	
							-						
							-						
							_						
							-						
2 Total number of independent contractors (ii	ncluding but n	ot liv	nito	d to	the	ا مم		above) who recoived m	ore than				
\$100,000 of compensation from the organiz	, and the second s	JU III	me	. 10	(0	5180		ore unall				
SEE PART VII, SECTION		ידי	JUA	ות	101	N S	SH	EETS			-orm 9	90 (*	2017)
											0.111 U	(2	
732008 11-28-17													

	HINA ASSO								06-064	6971	
Part VII Section A. Officers, Directors		mplo I	oyee			ligh	est				
(A) Name and title	(B) Average hours	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations	
27) PING LIANG	7.00								0	0	
TREASURER	10.00			X				0.	0.	0	
(28) DAVID YOUTZ PRESIDENT	40.00			x				128,645.	0.	24,945	
		_									
Fotal to Part VII, Section A, line 1c	I		L	L	L	<u> </u>	L	128,645.		24,945	

732201 04-01-17

Form	990	0 (2017) YALE-CHINA AS	SOCIATIO	N, INC.		06-0646	971 Page 9
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		/=		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Åm, O		c Fundraising events 1c					
Gift lar		d Related organizations 1d					
ini,		e Government grants (contributions) 1e					
rior S		f All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	852,178.				
the function of the second sec		g Noncash contributions included in lines 1a-1f: \$		050 450			
a Č		h Total. Add lines 1a-1f		852,178.			
			Business Code				
Program Service Revenue	2	a					
erv ue		b					
/en		c					
Be		d					
Pro							
_		f All other program service revenue					
	3	g Total. Add lines 2a-2f Investment income (including dividends, inter					
	Ŭ	other similar amounts)		738,451.			738,451.
	4						
	5	-					
	-	(i) Real	(ii) Personal				
	6	a Gross rents					
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	►				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 25,000	,				
		b Less: cost or other basis					
		and sales expenses					
		c Gain or (loss) 1,492		1 400	1 400		
		d Net gain or (loss)	▶	1,492.	1,492.		
Other Revenue	8	a Gross income from fundraising events (not including \$ of					
Sev		contributions reported on line 1c). See					
er I		Part IV, line 18 a					
Oth		b Less: direct expenses b					
-		c Net income or (loss) from fundraising events	····· ►				
	9	a Gross income from gaming activities. See					
		Part IV, line 19 a					
		b Less: direct expenses b					
		c Net income or (loss) from gaming activities .a Gross sales of inventory, less returns					
	10	and allowances a					
		b Less: cost of goods sold b					
		c Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11						
		b					
		c					
		d All other revenue					
		e Total. Add lines 11a-11d				-	
	12	Total revenue. See instructions.	►	1,592,121.	1,492.	0.	
73200	9 11-	I-28-17					Form 990 (2017)

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Part IX Statement of Functional Expenses

YALE-CHINA ASSOCIATION, INC.

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	52,505.	52,505.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 5 9 5 9 9			~~ ~~
	trustees, and key employees	153,590.	115,193.	7,679.	30,718
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	711,137.	647,515.	35,519.	28,103
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.6.4		10.000	40.050
9	Other employee benefits	264,131.	232,518.	12,960.	18,653
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal		10 805		
	Accounting	13,516.	12,705.	811.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		.		
f	Investment management fees	7,590.	7,590.		
g	Other. (If line 11g amount exceeds 10% of line 25,	10 100	0 050	600	
	column (A) amount, list line 11g expenses on Sch 0.)	10,479.	9,850.	629.	
12	Advertising and promotion	14 402	12 (20	0.01	
13	Office expenses	14,493.	13,632.	861.	
14	Information technology				
15	Royalties				
16	Occupancy	004 050	004 025	010	
7	Travel	204,253.	204,035.	218.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates		10.000	000	
22	Depreciation, depletion, and amortization	13,797.	12,969.	828.	
3	Insurance	30,352.	28,531.	1,821.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CORE PROGRAM EXPENDITUR	343,457.	343,457.		
b	STIPENDS	113,174.	113,174.		
с	STUDENT EXCHANGE	9,860.	9,860.		
d	GOVERNANCE	8,988.	7,730.	539.	719
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,951,322.	1,811,264.	61,865.	78,193
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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if following SOP 98-2 (ASC 958-720)

11 2017.06000 YALE-CHINA ASSOCIATION, INC 2110___2

Form **990** (2017)

10231101 788076 2110

Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
			e to arry in		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,164,809.	1	174,057.
	2	Savings and temporary cash investments				2	384,462.
	3	Pledges and grants receivable, net		E Contraction of the second seco		3	63,257.
	4	Accounts receivable, net	50,000.	4			
	5	Loans and other receivables from current and for	•	-			
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali				-	
	_	section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use				8	
	9				26,718.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	187,359.			
	b	Less: accumulated depreciation		178,485.	19,445.	10c	8,874.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			15,400,563.	12	18,106,179.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			17,661,535.	16	18,736,829.
	17	Accounts payable and accrued expenses			218,423.	17	458,261.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	chedule D		21	
es	22	Loans and other payables to current and former					
il ti		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X of			
		Schedule D		F	010 400	25	450.001
	26	Total liabilities. Add lines 17 through 25			218,423.	26	458,261.
		Organizations that follow SFAS 117 (ASC 958		ere ▶ 🔺 and			
ces	07	complete lines 27 through 29, and lines 33 an			6,994,658.	07	8,416,658.
lan	27	Unrestricted net assets			2,250,460.	27	548,167.
or Fund Balances	28	Temporarily restricted net assets			8,197,994.	28	9,313,743.
pur	29				0,197,994.	29	9,313,743.
ų L		Organizations that do not follow SFAS 117 (A	SC 958), c				
S O	20	and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds				30 31	
Net Assets	31	Paid-in or capital surplus, or land, building, or eq				31	
Nei	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances		E Contraction of the second seco	17,443,112.	32	18,278,568.
	33	Total net assets or fund balances			17,661,535.	33 34	18,736,829.
	104	Total habilities and her assets/fully balalices			1,,001,000.	04	Form 990 (2017)

Form **990** (2017)

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Form 990 (2017)

Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	1 17	,59 ,95 -35 ,44 ,19	1,3 9,2 3,1	22. 01. 12.
8	Prior period adjustments	8				0.
9 10	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	9	18	,27	8,5	• •
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			2b	X	
с	consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the consolidated basis Image: Consolidated basis	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
3a	If the organization changed either its oversight process or selection process during the tax year, explain in Schu As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					X
h	Act and OMB Circular A-133?		J:+	3a		~
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

YALE-CHINA ASSOCIATION, INC.

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-E	Z)
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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.

OMB No. 1545-0047
2017
Open to Public Inspection

Nan	ne of t	the organization							identification number
				OCIATION, IN					6-0646971
Pa	rt I	Reason for Public (Charity Status (All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch				• • •	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	antial part of its support	irom a gov	vernmenta	l unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)	ix) operate	ed in conjı	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	le or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	• •						
11		An organization organized a	-	•	•				
12		An organization organized a	-	•	-			-	
		more publicly supported or							Check the box in
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga		-	•				
		the supported organization		• • • •	a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus							
С		☐ Type III functionally inte						illy integrat	ed with,
		its supported organization							
d		☐ Type III non-functionally						-	
		that is not functionally int	•	v	•		•	d an attent	iveness
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е		Check this box if the orga					а туре ї, турє	еп, туре п	
	Ente	functionally integrated, or er the number of supported of				zation.			
I		vide the following information	0	nd arganization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetarv	(vi) Amount of other
		organization	.,	(described on lines 1-10	Yes	ing document? No	support (see ii	nstructions)	support (see instructions)
				above (see instructions))					
						1			
Tota	al								
		Paparwork Baduation Act	lation and the last	unions for Form 000 c	- 000 E7	700001 10			m 000 or 000 EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for F 732021 10-06-17 14

2017.06000 YALE-CHINA ASSOCIATION, INC 2110___2

Schedule A (Form 990 or 990-EZ) 2017 YALE-CHINA ASSOCIATION, INC. Part II

06-0646971 Page 2

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

Caleadar year (of fixel year beginning in) Galeadar year (of fixel year beginning in) Galeadar year (of fixel year beginning in) Galeadar year (of fixel year beginning in) Tax revenues levied for the organization's benefit and elther pade to or expended on its behalt Tax revenues levied for the organization without charge Tax revenues levied for the organization included on line 1 that exceeds 2% of the amount shown on line 11. Column (f) Caleadar year (of fixel year beginning in) Tax revenues levied for the set of capital assets (Explain in Part V) Tax revenues levied for the organization first, second, third, (outh, or fifth tax year as a section 501(c)3) organization charge the organization first, second, third, (outh, or fifth tax year as a section 501(c)3) organization charge the form 5016 for the organization first, second, third, (outh, or fifth tax year as a section 501(c)3) organization mether that organization did not check a box on line 13, and line 14 is 33 173% or more, check this box and stop here. The organization did not or theck as box on line 13, a	Sec	ction A. Public Support						
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 b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 		-				-	-	
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
	40							
Schedule A (Form 990 or 990-EZ) 2017	18	Private foundation. If the organizatio	n dia not check a	box on line 13, 16	a, 100, 17a, or 17t			

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Schedule A (Form 990 or 990-EZ) 2017 YALE-CHINA ASSOCIATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar ye	ar (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1 Gifts,	grants, contributions, and								
memb	pership fees received. (Do not								
includ	e any "unusual grants.")								
	receipts from admissions,								
	andise sold or services per- d, or facilities furnished in								
	ctivity that is related to the								
	ization's tax-exempt purpose								
3 Gross	receipts from activities that								
are no	ot an unrelated trade or bus-								
iness	under section 513								
4 Tax re	evenues levied for the organ-								
izatior	n's benefit and either paid to								
or exp	ended on its behalf								
5 The va	alue of services or facilities								
furnisl	hed by a governmental unit to								
the or	ganization without charge								
6 Total.	Add lines 1 through 5								
7a Amou	nts included on lines 1, 2, and								
3 rece	eived from disqualified persons								
	s included on lines 2 and 3 received								
	her than disqualified persons that the greater of \$5,000 or 1% of the								
amount	on line 13 for the year								
c Add li	nes 7a and 7b								
	c support. (Subtract line 7c from line 6.)								
ection	B. Total Support								
-	ar (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e	e) 2017	(f) Total	
9 Amou	nts from line 6								
	income from interest,								
	nds, payments received on ties loans, rents, royalties,								
and in	come from similar sources								
	ted business taxable income								
``	ection 511 taxes) from businesses								
acquire	ed after June 30, 1975								
c Add li	nes 10a and 10b								
	come from unrelated business								
	ies not included in line 10b, ier or not the business is								
	irly carried on								
2 Other	income. Do not include gain								
or loss	s from the sale of capital signal for the sale of capital signal for the sale of capital signal for the sale of								
	Support. (Add lines 9, 10c, 11, and 12.)								
4 First1	five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,	
check	this box and stop here							►	
Section	C. Computation of Publi	c Support Pe	ercentage						
15 Public	support percentage for 2017 (li	ne 8, column (f) d	livided by line 13,	column (f))		15			%
	support percentage from 2016					16			%
ection	D. Computation of Inves	tment Incom	e Percentage						
7 Invest	ment income percentage for 20	17 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17			%
8 Invest	ment income percentage from 2	016 Schedule A,	Part III, line 17			18			%
9a 33 1/3	3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%	6, and line 1	17 is not	
more	than 33 1/3%, check this box an	id stop here. The	e organization qua	lifies as a publicly	supported organiz	ation		▶□	
b 33 1/3	3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is mo	ore tha	n 33 1/3%,	and	
line 18	3 is not more than 33 1/3%, cheo	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted o	rganization	►	
	e foundation. If the organization								
2023 10-06	-17				Sch	edule /	A (Form 990) or 990-EZ) 20	17
				16					
	788076 2110		17.06000					2110	~

1

2

3a

3b

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 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2017 YALE-CHINA ASSOCIATION, INC. Part IV Supporting Organizations (continued)

	·····		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	5			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 99	90 or 99	90-EZ)	2017
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Schedule A	(Form 990 or 990-EZ) 2017	YALE-CHINA	ASSOCIATION,	INC.
Part V	Type III Non-Function	onally Integrated	509(a)(3) Supporting	g Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net In	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital	gain	1		
2 Recoveries of prior-year	r distributions	2		
3 Other gross income (se	ee instructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and deple	ation	5		
6 Portion of operating ex	penses paid or incurred for production or			
collection of gross inco	me or for management, conservation, or			
maintenance of proper	ty held for production of income (see instructions)	6		
7 Other expenses (see in	structions)	7		
8 Adjusted Net Income	(subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset	Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market	value of all non-exempt-use assets (see			
instructions for short ta	ax year or assets held for part of year):			
a Average monthly value	of securities	1a		
b Average monthly cash	balances	1b		
c Fair market value of oth	ner non-exempt-use assets	1c		
d Total (add lines 1a, 1b	, and 1c)	1d		
e Discount claimed for b	lockage or other			
factors (explain in deta	il in Part VI):			
2 Acquisition indebtedne	ess applicable to non-exempt-use assets	2		
3 Subtract line 2 from lin	e 1d	3		
4 Cash deemed held for	exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exem	ot-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-yea	r distributions	7		
8 Minimum Asset Amou	Int (add line 7 to line 6)	8		
Section C - Distributable A	mount			Current Year
1 Adjusted net income for	r prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amoun	t for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 d	or line 3	4		
5 Income tax imposed in	prior year	5		
6 Distributable Amount	Subtract line 5 from line 4, unless subject to			
emergency temporary	reduction (see instructions)	6		
7 Check here if the	current year is the organization's first as a non-functional	ly integra	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Fai	v Type III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations (continued)	-
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
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	he organization is responsive	e	
	(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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Part VI Supplemental I	nformation. Provide	the explanations re	quired by Part II, lir	ne 10; Part II, line 17a	or 17b; Part III, line 12;
line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b, 4c, on D, lines 2 and 3; Part , and 8; and Part V, Sec	IV, Section E, lines	1c, 2a, 2b, 3a, and	3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C t V, Section B, line 1e; Part V tional information.
				0-6	lule A (Form 990 or 990-EZ
2028 10-06-17				Sched	uie A (Form 990 Or 990-EZ

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.



Employer identification number

Name of the organization

	YALE-CHINA ASSOCIATION, INC.		06-0646971
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar	r Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	nor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?		Yes 🗌
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ls can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	purpose confe	rring
	impermissible private benefit?		Yes
Pai	IT II Conservation Easements. Complete if the organization answered "Yes" on Fo	orm 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	of a historically	y important land area
	Protection of natural habitat Preservation	of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a co	onservation easement on the las
	day of the tax year.		Held at the End of the Tax
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a histo	ric structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat		nization during the tax
	year 🕨		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor		
		C C	C <i>j</i>
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation ea	asements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ction 170(h)(4)(8	B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and		
	include, if applicable, the text of the footnote to the organization's financial statements that d		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasure	s, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven	ue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research ir	n furtherance of	f public service, provide, in Part
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue s	statement and b	palance sheet works of art, histo
	treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public se	ervice, provide the following amo
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets fo		
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	-	
а	Revenue included on Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990)
HΑ	Tor ruper work neutron Act Notice, see the instructions for rorm soo.		
	51 10-09-17		

Sche		INA ASSOCIA				06-06			ge 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Simi	lar Asse	ts (continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	t use of its	collection	items	
	(check all that apply):								
а	Public exhibition	d		hange programs					
b	Scholarly research	e	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					oose in Par	t XIII.		
5	During the year, did the organization solicit o			•			-		
Dec	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or		
10	• *		ion for contribution	a ar athar agasta n	at includes	J			
Id	Is the organization an agent, trustee, custodi						Yes		No
h	on Form 990, Part X?	and complete the fel	lowing table:			····· └──			NU
b		and complete the for	iowing table.				Amount		
~	Beginning balance				1c		Amount		
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •				
Pa	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	/ears b	ack
1a	Beginning of year balance	15,400,563.	14,651,366.		-	100,296.	12,	351,2	269.
b	Contributions	1,528,394.		295,999					500.
С	Net investment earnings, gains, and losses	1,937,629.	1,560,976.	435,991	. 1,	530,980.	2,	375,2	202.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	760,407.	811,779.	788,817	•	923,083.		626,6	575.
f	Administrative expenses				_				
g	End of year balance	18,106,179.	15,400,563.		. 14,	708,193.	14,	100,2	96.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	<u>%</u>							
0-	The percentages on lines 2a, 2b, and 2c sho			un al an altan insinata un al da					
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	nd administered to	r the organ	Ization	Г	/es	
	by: (i) unrelated organizations							X	No
									х
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule B2				3b		<u> </u>
4	Describe in Part XIII the intended uses of the							I	
_	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot basis (investm	• •		Accumulat lepreciation		(d) Book	value	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		18	7,359.	178,4	85.	8	,87	4.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	0c.)		. 🕨	8	,87	4.

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017	YALE-CHINA	ASSOCIATION,	INC.
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(a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or o	and of year market value
	(b) BOOK value	(C) Method of Valuation. Cost of	end-of-year market value
Financial derivatives			
Closely-held equity interests			
(A) ENDOWMENT AND INVESTMENT			
(B) FUNDS	18,106,179.	END-OF-YEAR MARKE	T VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	18,106,179.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Complete if the organization answered "Yes" ((a) [on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(h) Deels velve
(4)			(b) Book value
(1)	•		
(2)			(b) Book value
(2) (3)	•		(b) Book value
(2) (3) (4)	·		
(2) (3) (4) (5)	• 		
(2) (3) (4) (5) (6)	•		
(2) (3) (4) (5)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	9 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3)	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	9 15.) on Form 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	9 15.) on Form 990, Part IV, line 1 (t		

Schedule D (Form 990) 2017

06-0646971	Page 4
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7	IALE-CHINA	ASSOCIATION

Sche	dule D (Form 990) 2017 YALE-CHINA ASSOCIATION,	INC.		06-	0646971	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With	n Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,938,	,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,194,657.			
b	Donated services and use of facilities	2b	152,000.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1,346,	
3	Subtract line 2e from line 1			3	1,592,	<u>,121.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,592,	<u>,121.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements Wit	h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					
1	Total expenses and losses per audited financial statements			1	2,103,	,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	152,000.			
b	Prior year adjustments	2b	-144.			
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,856.
3	Subtract line 2e from line 1			3	1,951,	,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	1,951	,322.

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 X, LINE 2:

THE ORGANIZATION'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE OR

AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE BENEFIT FROM

LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE

ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX

EXPENSE OR BENEFIT.

732054 10-09-17

SCHEDULE F	Stateme	ates	OMB No. 1545-0047			
SCHEDULE F (Form 990) Statement of Activities Outside the United Sta					2017	
Department of the Treasury	•	-	Attach to Form 990.			Open to Public
Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer id	entification number
YALE-CHINA ASS					06-064	
		Activities Ou	tside the United States. Comple	te if the orgar	nization answei	red "Yes" on
Form 990, Part						
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outside the
	The following Par	t I. line 3 table c	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of				vity listed in (d) (f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the regio	n in the region
			PROGRAM MANAGMENT,			
EAST ASIA AND THE			ADMINISTRATION AND			
PACIFIC	1	. 2	FUNDRAISING			100,683.
3 a Sub-total	1	. 2				100,683.
b Total from continuation						, .
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	1	. 2				100,683.

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

732071 10-06-17

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC		2,505.		٥.		
		EAST ASIA AND THE PACIFIC		50,000.		0.		
	ch the grantee or cou	unsel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lette					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

732074 10-06-17

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

PART I, LINE 2:

Part V Supplemental Information

THE YALE-CHINA ASSOCIATION ISSUED GRANTS TO TWO CHINESE UNIVERSITIES FOR A SCHOLARSHIP PROGRAM FOR CHINESE UNDERGRADUATES WHO ARE FROM UNDER-PRIVILEGED BACKGROUNDS. WITHOUT THIS SUPPORT, IT MIGHT HAVE BEEN IMPOSSIBLE FOR THESE PROMISING YOUNG PEOPLE TO FINISH THEIR UNDERGRADUATE THE YALE-CHINA ASSOCIATION MONITORS THE GRANTS IN SEVERAL WAYS. DEGREES. FIRST THE INSTITUTION IS REQUIRED TO GIVE DETAILED FINANCIAL AND NARATIVE REPORTS TO THE ORGANIZATION, WHICH INCLUDES AN ACCOUNTING OF HOW EACH DOLLAR IS SPENT, AS WELL AS INFORMATION ON ALL OF THE STUDENTS WHO RECEIVED SCHOLARSHIPS. SECOND, A BILINGUAL MEMBER OF THE YALE-CHINA STAFF SERVES ON THE SCHOLARSHIP SELECTION COMMITTEE AT THE INSTITUTION TO ENSURE THE SELECTION PROCESS IS TRANSPARENT AND SOUND. THIRD, STAFF REGULARLY INTERACT WITH THE SCHOLARSHIP STUDENTS TO MONITOR THE SUPPORT THEY ARE RECEIVING FROM THE INSTITUTION. FINALLY, YALE-CHINA LIMITS THE AMOUNT OF MONEY FROM THE GRANTS THAT THE INSTITUTION CAN USE FOR ADMINISTRATIVE SUPPORT TO A NOMINAL AMOUNT.

SCHEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Department of the Treas	N Attack to Form 000		Open to		ic
Internal Revenue Servic	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the orga		Employer in			mber
Davit L Ours	YALE-CHINA ASSOCIATION, INC.	06-0	64697	T	
Part I Que	tions Regarding Compensation				
	an an da ha an da a' 16 Marana an an da an an an da ha an an da ha da ha an da an da an da an an Bahari an an B	- 000		Yes	No
	propriate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	on A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	s or charter travel Housing allowance or residence for person r companions Payments for business use of personal re				
	mnification and gross-up payments Health or social club dues or initiation fee				
	nary spending account Personal services (such as, maid, chauffe				
		eur, criei)			
b If any of the	oxes on line 1a are checked, did the organization follow a written policy regarding payment or				
-			1b		
	zation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate whi	n, if any, of the following the filing organization used to establish the compensation of the organiz	ation's			
	e Director. Check all that apply. Do not check any boxes for methods used by a related organization				
	pensation of the CEO/Executive Director, but explain in Part III.				
	sation committee				
·	dent compensation consultant I Compensation survey or study				
Form 99	D of other organizations I Approval by the board or compensation	committee			
4 During the ye	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization	r a related organization:				
a Receive a se	erance payment or change-of-control payment?		4a		X
b Participate ir	or receive payment from, a supplemental nonqualified retirement plan?		4b		X
c Participate ir	or receive payment from, an equity-based compensation arrangement?		4c		Х
If "Yes" to ar	/ of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ion			
•	the revenues of:				v
	ion?				X X
	ganization?		5b		^
	e 5a or 5b, describe in Part III.				
	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ION			
-	the net earnings of:		6.		x
	ion?				X
	ganization? e 6a or 6b, describe in Part III.		6b		
	e ba or bb, describe in Part III. sted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	e			
-	on lines 5 and 6? If "Yes," describe in Part III		7		x
	bunts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to		/		
•	exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
	e 8, did the organization also follow the rebuttable presumption procedure described in				
	ection 53.4958-6(c)?		9		
	ork Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2017
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06-0646971

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAVID YOUTZ	(i)	128,645.	0.	0.		24,945.	153,590.	0
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



YALE-CHINA ASSOCIATION, INC.

06-0646971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRADUATES OF YALE UNIVERSITY, IT FOSTERS LONG-TERM RELATIONSHIPS THAT

IMPROVE EDUCATION, HEALTH, AND CULTURAL UNDERSTANDING IN CHINA AND THE

UNITED STATES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT, INCLUDING THE

VICE PRESIDENT AND DIRECTOR OF FINANCE AND OPERATIONS, AND THE BOARD OF

TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO COMPLETE AN ANNUAL

DISCLOSURE FORM. DISCLOSURES ARE REVIEWED BY THE BOARD CHAIR AND THE

GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED BY A COMMITTEE AND THE BOARD TREASURER AND COMPARED TO SALARIES OF SIMILAR NONPROFIT EXECUTIVES WORKING IN THE SAME FIELD AND ALSO COMPARED TO THOSE WORKING IN CONNECTICUT. THAT COMPARISON INFORMATION IS KEPT ON FILE AT THE ORGANIZATION. THE EXECUTIVE DIRECTOR'S COMPENSATION IS THEN REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 18:

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017)
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Name of the organization YALE-CHINA ASSOCIATION, INC.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

990 PAGE 1 ITEM B AMENDED RETURN CHECKED

FORM 990 HAS BEEN AMENDED TO INDICATE THAT THE ORGANIZATION OBTAINS AN

INDEPENDENT AUDIT OF THE FINANCIAL STATEMENTS

Schedule O (Form 990 or 990-EZ) (2017)

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