EXTENDED TO MAY 16, 2022

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

JUL 1, 2020 and ending JUN 30, A For the 2020 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change YALE-CHINA ASSOCIATION, INC. Name change 06-0646971 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 442 TEMPLE STREET. BOX 208223 203-432-0880 termin-ated 1,783,563. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW HAVEN, CT 06520 H(a) Is this a group return Applica-F Name and address of principal officer: JOHN FRISBIE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.YALECHINA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1901 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: YALE-CHINA BRIDGES AMERICAN AND Activities & Governance CHINESE CULTURES BY CREATING LASTING, TRANSFORMATIVE PARTNERSHIPS Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 26 Number of voting members of the governing body (Part VI, line 1a) 26 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 45 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 1,046,602. 552,732.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 846,681. 985,425. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 176. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,893,459. 1,538,157. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 58,018. 54,837. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,152,563. 1,107,881. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 644,220. 471,224. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,854,801. 1,633,942. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -95,785**.** <u>38,65</u>8. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 18,891,433. 24,697,927. 20 Total assets (Part X, line 16) 209,525. 58,745. 21 Total liabilities (Part X, line 26) 18,681,908. 639,182. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date

Signature of officer Sign JOHN FRISBIE, PRESIDENT Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name WILLIAM S. KALINOWSKI, CPWILLIAM S. KALINOWSK P01359118 Paid Firm's name BURZENSKI & COMPANY, P.C., Firm's EIN \triangleright 06-1120541 Preparer Firm's address > 100 SOUTH SHORE DRIVE Use Only Phone no. (203)468-8133 EAST HAVEN, CT 06512-4668 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Other program services (Describe on Schedule O.)

including grants of \$ Total program service expenses

1,487,085.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	X	
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	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	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 14a	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	21	
b	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	
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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
	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?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>-</u> _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

22 Section 5010(A), 5012(A) and 5010(A) or grants or of ther assistance to or for domestic individuals on Part IX, column (A), ine 27 if Virey, "complete Schedule I, Part I and all ill. 22 X Solid the organization arrawer "Ver" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustes, key employees, and highest compensation of the organization's current and former officers, directors, trustes, key employees, and highest compensated employees? If "Yes," complete Schedule K, If "No." yo to line 25a. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No." yo to line 25a. 24 Did the organization marked and you proceeds of flax exempt bonds? 25 Did the organization marked and account of the than a refunding escrow at any time during the year to defease any tax exempt bonds? 26 Did the organization marked and associated of the exempt bonds? 27 Did the organization and an				Yes	No
23 Did the organization answer "Ver" to Part WI, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and nighest compensated employees? If "Ves," complete Schedule I, "No." or to be 25a	22				
And former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and tay of the year, that was issued after December 31, 2002? If "Yes," answer fines 24 through 24d and complete Schedule K. If "No." go to fine 29a			22		X
Schedule I. Det 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.," yo to fine 25a	23				
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.", or Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization exame that it engaged in an excess benefit transaction with a disqualified person unit and that the transaction with a disqualified person unit a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was mare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations provide Schedule L, Part II 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity from the prior of the director of the director or the development of the part of the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member as principation aparty to a business transaction with one of the following parties (see Schedule L, Part II) 25c A Substantial contributor or			23	x	
start day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule L. If "No." to to the 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 25a Section 50(CR), 80 Did(N), and 501c(129) and that the transaction has not been reported on any of the organization spice Forms 990 or 990-E27 if "Yes," complete Schedule L. Part I 25b X 50 Did the organization are port any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or formed. Proficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled antity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization are part yet to a business transaction with nor of the following parties (see Schedule L, Part II) 28 Was the organization are part yet to a business transaction with nor of the following parties (see Schedule L, Part II) 28 X 28 Was the organization receive contributions of art. historical research or founder, or substantial contributor? If "Yes," complete Schedule L, Part II 28 X 29 Did the organization receive orner than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II 28 X 29 Did the organization receive orner than \$25,000 in non-cash contributions? If "Yes,"	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain are scorw account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I yes, "complete Schedule I., Part I yes," to major year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spinor Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," complete Schedule I., Part II yes, "complete Schedule I., Part IV yes," complete Schedule II yes, "complete Schedule II yes," complete Schedule II yes," complete Schedule II yes, "complete Schedule II yes," complete Schedule II yes," complet			24a		Х
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(2)(3, 501(4)), and 501(4)), and 501(4)) are possibly organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 in prior Forms 990 or 990-227 (if "Yes," complete Schedule L, Part II 25b Did the organization peror any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X 27 A Significant or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part II, I	С		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d				
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization ware 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 E2? If "Yes," complete Schedule L, Part II 25b					
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of neutrol member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions, for applicable filling thresholds, conditions, and exceptions): 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A Significant or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 31 Did the organization have a controlled entity disregarded as separate from the organization und			25a		Х
Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28 b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 288 c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV 288 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29a X 30 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I 31 X 31 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X 32 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X 32 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-32 if 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Yes, 'complete Schedule R, Part V, Iine 2 34 33 Did the organization re	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Ves," complete Schedule L, Part II" 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Ves," complete Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions? 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable pling thresholds, conditions, and exceptions? 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization individual described in line 28a or 28b? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 29% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization on the Author of th		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A 53% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part I. 31 Did the organization of schedule A; part IV. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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. 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule B, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule B, Part V, line 2 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule B, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section	26				
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II vinstructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization individual, the employee of the organization selections? If "Yes," complete Schedule M 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule M 27 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 32 X 34 Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? A X 37 Did the organization conduct more than 5% of its activiti	27		20		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 3596 controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 21 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 22 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 23 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 32 X 24 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 25 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 25 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 26 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Note: All Form 990 files are required to complete Schedule R, Part V, line 2 36 X 27	21				
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 359% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 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 Did the organization or loudy 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 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, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(a) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V,			27		Х
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	۔ ف	Enter the number reported in Box 2 of Form 1000 Fatar 0 if and analysis 15		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
		(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
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 retur	ns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	X	
b	If "Yes," enter the name of the foreign country ► HONG KONG				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
	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		Х
	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		0-		x
	any contributions that were not tax deductible as charitable contributions?		6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		15		
Ŭ	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	 			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ا مدا			
	Gross income from members or shareholders	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			_
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Г	. 000	(0000)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DIRECTOR OF FINANCE AND OPERATIONS - 203-432-0880			
	442 TEMPLE STREET. BOX 208223, NEW HAVEN, CT 06520			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, 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 (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	Ī		(0)	•		(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle cer an	ss pe	more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID YOUTZ	40.00									
PRESIDENT				Х				195,943.	0.	26,928.
(2) LINA AYENEW	2.00									_
TRUSTEE		Х						0.	0.	0.
(3) MARY HU	7.00									_
SECRETARY		Х		Х				0.	0.	0.
(4) GANG CHEN	7.00									_
TREASURER		Х		Х				0.	0.	0.
(5) PEI-YUAN CHIA	2.00									_
TRUSTEE		Х						0.	0.	0.
(6) DEBORAH DAVIS	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(7) ALONZO EMERY	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(8) MAYCHING KAO	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(9) BRIAN GU	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(10) MARY HU	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(11) JOANNE IENNACO	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(12) SHEILA LEVRANT DE BRETTEVILLE	2.00	١								
TRUSTEE	7 00	Х						0.	0.	0.
(13) PING LIANG	7.00	١,,		,,						
CHAIR	7 00	Х		Х				0.	0.	0.
(14) ALEX LIEBMAN	7.00	Į.,								_
VICE CHAIR	2 00	Х						0.	0.	0.
(15) JONATHAN LOWET	2.00	x						0.	0.	_
TRUSTEE	2 00	Α						0.	0.	0.
(16) PETER MAN	2.00	X						0.	0.	_
TRUSTEE	2 00	^						0.	<u> </u>	0.
(17) JULIUS J. MITCHELL	2.00	x						0.	0.	0.
TRUSTEE 032007 12-23-20	1	Δ						1 0.	<u> </u>	Form 990 (2020)

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Section A. Onicers, Directors, Trus	iees, key Eiii	pioy	ees	, all	u ni	igne	SI C	Joinpensated Employe	es (continueu)				
(A)	(B)			(C Pos	C) ition	,		(D)	(E)	(F)			
Name and title	hours per Position (do not check more than one box, unless person is both an					than		Reportable compensation	Reportable compensatio			stimate nount	
	week					or/trus		from	from related		aı	other	Oi
	(list any	ector						the	organizations		com	pensa	ition
	hours for related	or dire	æ			ated		organization	(W-2/1099-MIS	3C)		om th	
	organizations	ustee	truste		96	nbens		(W-2/1099-MISC)				anizat d relat	
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	ь					anizati	
	line)	Indivi	Instit	Officer	Key e	Highe	Former				,		
(18) JAMIE HORSLEY	2.00												
TRUSTEE	0 00	Х				<u> </u>	_	0.		0.			0.
(19) R. DRAKE PIKE	2.00	. ,								^			0
TRUSTEE (20) JOHN C. TANG	2.00	Х				\vdash		0.		0.			0.
TRUSTEE	2.00	X						0.		0.			0.
(21) BILL LI CHIEN TSAI	2.00	25				\vdash		0.		<u> </u>			••
TRUSTEE		x						0.		0.			0.
(22) BARRY J. WU	7.00					t		-					
VICE CHAIR		Х						0.		0.			0.
(23) GARY ZHOU	2.00												
TRUSTEE		Х						0.		0.			0.
(24) JIANYOU TAN	2.00												•
TRUSTEE	40 00	Х						0.		0.			0.
(25) JOHN FRISBIE	40.00	-		x				0.		0.			0.
PRESIDENT (26) ROBERT ROHRBAUGH	2.00			^		-	-	0.		0.			0.
TRUSTEE	2.00	X						0.		0.			0.
Alt. Outstand		· ·			<u> </u>	1		195,943.		0.	2	6,9	
c Total from continuation sheets to Part VI								0.		0.	-		0.
d Total (add lines 1b and 1c)								195,943.		0.	2	6,9	28.
2 Total number of individuals (including but n								eceived more than \$100	0,000 of reportabl	e			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,													Х
line 1a? If "Yes," complete Schedule J for s								har companation from			3		Λ
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	trie organization		4	Х	
5 Did any person listed on line 1a receive or a									idual for services				
rendered to the organization? If "Yes," com					-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	ıpens	ation [·]	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi <u>r</u>		year.				
(A) Name and business	address	NT/	INC	7				(B) Description of s	envices	_)) anmo)) nsatio	n
- Name and business	addiess	11/	דאדר	<u>. </u>				Description of s	iei vices		ompe	iisatio	"
2 Total number of independent contractors (i	ncluding but n	ot li	mito	d to	tho	ا می	etec	d ahove) who received a	ore than				
\$100,000 of compensation from the organi	-	IJE III	iiiile	u 10		0	ى ب ى (a above, who received h	IOI G II IAI I				
SEE PART VII, SECTION		ΓΙΊ	NU2	AT:	IOI	N S	SH:	EETS			Form	990 (2020)

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Form 990 YALE-CHII	NA ASSO	CIZ	TP	101	Ŋ,	11	1C	•	06-064	6971
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average	l			ition			Reportable	Reportable	. 0
	hours	(c	heck	all:	that	that apply)		compensation	compensation	
	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)	compensation from the organization and related
(27) NATHAN TAFT	2.00									
TRUSTEE		Х						0.	0.	0.
(28) MING THOMPSON	2.00									
TRUSTEE		Х						0.	0.	0.
(29) EDITH N. MACMULLEN	2.00									
HONORARY TRUSTEE		Х						0.	0.	0.
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		-								
		1								
		\vdash	\vdash	\vdash		\vdash	 			
		1								
		1								
Total to Part VII, Section A, line 1c										

	rt VI			1111 110	DOCINITO	117 11101		00 0010	J/I rage 0
I a	LVI					i- H-i- D+\/III			
		Check if Schedule O	contains a	response	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
S S	1 1	Endorated campaigns		1a					36000113 3 12 - 3 14
Contributions, Giffs, Grants and Other Similar Amounts		Federated campaigns Membership dues		1b					
اع ق		Fundraising events		1c					
ifts ar A		Related organizations		1d					
S,E		Government grants (contr		1e					
Sign		All other contributions, gifts,		10					
prt the	-	similar amounts not included		1f	552,732.				
o di	g			1g \$	<u> </u>				
a S	h	Total. Add lines 1a-1f			>	552,732.			
					Business Code				
9	2 a	i							
Program Service Revenue	b								
enu enu	С								
ran Sev	d								
og	е								
۵	f	All other program service							
\rightarrow		Total. Add lines 2a-2f							
	3	Investment income (include				075 205			075 205
		other similar amounts)				875,305.			875,305.
	4	Income from investment of		-					
	5	Royalties		Real	(ii) Personal				
	٠.	Owen wente	I. — ·	neai	(II) Personal	-			
	6 a		6a 6b						
		Less: rental expenses Rental income or (loss)	6c						
		Net rental income or (loss)	,——		>				
		Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	7a 355						
	b	Less: cost or other basis							
ne		and sales expenses	7b 245 7с 110	,406.					
Revenue	С	Gain or (loss)	7c 110	,120.					
	d	Net gain or (loss)		<u></u>		110,120.	110,120.		
Other	8 a	Gross income from fundraising	ng events (n	ot					
δ		including \$		of					
		contributions reported on	•						
		Part IV, line 18							
		Less: direct expenses			<u> </u>				
		Net income or (loss) from	_						
	9 a	Gross income from gamin		I					
	h	Part IV, line 19							
		: Net income or (loss) from			>				
		Gross sales of inventory,	-						
		and allowances							
	b	Less: cost of goods sold			1				
		Net income or (loss) from							
s					Business Code				
e e	11 a	ı							
Miscellaneous Revenue	b								
Sev.	С								
Mis		All other revenue							
		Total. Add lines 11a-11d				1 500 455	110 100		075 225
	12	Total revenue. See instruction	ons		<u></u>	1,538,157.	110,120.	Ι 0.	875,305.

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Form **990** (2020)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			, ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	E4 027	E4 027		
	individuals. See Part IV, lines 15 and 16	54,837.	54,837.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	193,810.	170,553.	10,853.	12,404
•	trustees, and key employees	193,010.	170,333.	10,033.	12,404
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	625,650.	554,275.	35,057.	36,318
7		023,030.	334,273.	33,037.	30,310
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	288,421.	250,139.	16,291.	21,991
11	Fees for services (nonemployees):			,	,
''	Management				
b	Legal				
c					
d					
e	5 () () () () () () () ()				
f	Investment management fees	9,172.	9,172.		
g		•			
9	column (A) amount, list line 11g expenses on Sch O.)	66,763.	65,147.	752.	864
12	Advertising and promotion	-	-		
13	Office expenses	4,691.	3,600.	913.	178
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,771.	6,723.	13.	35
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,541.	37,476.		1,065
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,968.	6,968.		
23	Insurance	15,012.	13,427.	769.	816
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	44.5.35	44.5.55		
а	STIPENDS	116,269.	116,269.		
b	RECRUITMENT AND SELECTI	66,583.	66,583.		
С	PROGRAM HOUSING	53,395.	53,395.		
d	COMMUNITY OUTREACH	39,000.	39,000.		F 400
е	· —	48,059.	39,521.	3,415.	5,123
25	Total functional expenses. Add lines 1 through 24e	1,633,942.	1,487,085.	68,063.	78,794
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 291,525. 319,056. Cash - non-interest-bearing 1 47,026. 26. 2 Savings and temporary cash investments 33,504. 55,558. Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use R 2,450. 0. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 206,443. basis. Complete Part VI of Schedule D _____ | 10a | 199,534. 12,818. 6,909. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 18,504,110. 24,316,378. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 18,891,433. 24,697,927. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 58,745. 209,525. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 209,525. 58,745. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 9,125,778. 11,967,539. Net assets without donor restrictions 27 27 9,556,130. 12,671,643. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 18,681,908. 24,639,182. Total net assets or fund balances 32 32 18,891,433. 24,697,927. 33 Total liabilities and net assets/fund balances ...

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Pa	rt XI Reconciliation of Net Assets					_		
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -95,78 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 6,053,05 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part 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. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audified by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis basis		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 24 , 639 , 18 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	5	J / /							
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9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting	8		8						
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1 Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting							
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш		
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X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:							
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As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	review, or compilation of its financial statements and selection of an independent accountant?								
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit					
	Act and OMB Circular A-133?								
	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Name of the organization YALE-CHINA ASSOCIATION, INC. **Employer identification number** 06-0646971

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		· ·			ii).	
4	Ħ	A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in co.	njarrotion with a ricopital	GOOGIIDO			the freepital e flame,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a d	overnmental unit describ	ood in
3				nege of university owner	o opera	led by a g	overnmentar unit descrit	Jea III
_		section 170(b)(1)(A)(iv). (C	· · · · ·			70(I-)(4)(A)	6.3	
6		A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	•					
а		Type I. A supporting orga				•	, ,	v aivina
		the supported organization	· ·	· ·		•		
		organization. You must o						
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina
~		control or management o	•					•
		organization(s). You mus			arric perse	nis triat oc	ontrol of manage the sup	ported
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with
·		its supported organization					• •	ea with,
d		Type III non-functionally		•				ization(a)
u								
		that is not functionally int	-		-		-	iveriess
		requirement (see instruct	·	-				
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.		
f		er the number of supported o		-l				
<u>g</u>		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	`	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Fota								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2376368.	1004178.	1224237.	1198602.	697,832.	6501217.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge	0256260	1004170	1004020	1100600	607.020	CE0101E					
4	Total. Add lines 1 through 3	2376368.	1004178.	1224237.	1198602.	697,832.	6501217.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
_	column (f)						6501217.					
<u>6</u> Sec	Public support. Subtract line 5 from line 4.						0301217.					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(4) 2010	(a) 2020	(f) Total					
	Amounts from line 4	2376368.	1004178.	1224237.	(d) 2019 1198602.	(e) 2020 697,832.	6501217.					
	Gross income from interest,	23703000	10011700	1221237	11300021	30021 037,0321 03012						
0	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	694,032.	738,055.	827,889.	846,976.	875,305.	3982257.					
9	Net income from unrelated business	001,001	700,000	0_/,000	020,070	0.0,000						
Ū	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)			280.	176.	6,900.	7,356.					
11	Total support. Add lines 7 through 10						10490830.					
12	Gross receipts from related activities,	etc. (see instruction	ons)			12						
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)						
	organization, check this box and stor	here					<u></u>					
	ction C. Computation of Publ											
14	Public support percentage for 2020 (14	61.97 %					
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	63.35 %					
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and											
	stop here. The organization qualifies as a publicly supported organization											
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box											
	and stop here. The organization qualifies as a publicly supported organization											
17a		_										
	and if the organization meets the fact				•	-						
	meets the facts-and-circumstances to	_		* * *	-	17- and line 15 in						
b	10% -facts-and-circumstances tes	_					IU% Or					
	more, and if the organization meets the		•		•		▶□					
40	organization meets the facts-and-circ			•			\					
18	Private foundation. If the organization	n dia not check a	DOX ON THE 13, 16	a, 100, 1/a, 0r 1/1	o, check this box a	ına see mstruction	<u>s</u>					

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Manayada 5						
	A Amounts included on lines 1, 2, and						
/ 6	′ ′						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received					-	
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	ĺ					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						▶□
k	33 1/3% support tests - 2019. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	t 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
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			-110
•	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		103	110
•	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 line 2, above, did the organization's supported organizations have a			
Ü	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 0		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea {see instructions	1		
a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
_	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				
-	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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	S
1 Check here if the organization satisfied the Integral Part	Test as a qualifying trust on Nov. 20, 1	970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting	rganizations must complete Sections	A through E.
Section A - Adjusted Net Income	(A) P	Prior Year (B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production	or	
collection of gross income or for management, conservation,	r	
maintenance of property held for production of income (see in	structions) 6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount	(A) P	Prior Year (B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		
instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors		
(explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use asset	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for g	eater amount,	
see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, colu	mn A) 1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, c	olumn A) 3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless sub	ect to	
emergency temporary reduction (see instructions).	6	
7 Check here if the current year is the organization's first a	s a non-functionally integrated Type III	I supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemple				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YALE-CHINA ASSOCIATION, INC.

Employer identification number 06-0646971

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
Pai	'		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguisned, or terminated by the or	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
4 5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Training of violations, and emorning conser-	vation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservation	n easements during the year
•	> \$, casee. cag and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts 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 tre	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Pai	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or O	ther	Simila	r Asse	ts (contin	ued)				
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke sigr	nificant u	se of its						
	collection items (check all that apply):												
а	Public exhibition	d	Loan or exc	hange program									
b													
С													
4													
5													
	to be sold to raise funds rather than to be ma							Yes		No			
Pai	reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes	on Fo	orm 990,	Part IV,	line 9, or					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets	not in	cluded		,		_			
	on Form 990, Part X?						L	Yes		No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:										
								Amount	:				
	Beginning balance					1c							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	• • • • • • • • • • • • • • • • • • • •					1f		1					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial account l	iability	·?	L	Yes	Ļ	No			
$\overline{}$	If "Yes," explain the arrangement in Part XIII.												
Pai	t V Endowment Funds. Complete in												
		(a) Current year	(b) Prior year	(c) Two years bac) Three year		(e) Four					
	Beginning of year balance	18,129,456.	17,832,401.	18,106,17	9.		0,563.	14,	651	366.			
b	Contributions						8,394.						
	Net investment earnings, gains, and losses	6,928,364.	1,136,358.	952,10	1.	1,93	7,629.	1,	560	976.			
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs	741,442.	839,303.	1,225,87	9.	76	0,407.		811,	779.			
	Administrative expenses												
g	End of year balance	24,316,378.	18,129,456.	17,832,40	1.	18,10	6,179.	15,	400	563.			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:									
а	Board designated or quasi-endowment		_%										
b	Permanent endowment	%											
С		%											
	The percentages on lines 2a, 2b, and 2c sho	•											
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered f	or the	organiza	ition	-					
	by:								Yes	No			
	(i) Unrelated organizations							3a(i)	X				
	(ii) Related organizations									_X_			
b	If "Yes" on line 3a(ii), are the related organiza							3b					
4	Describe in Part XIII the intended uses of the		wment funds.										
Pai	t VI Land, Buildings, and Equipm												
	Complete if the organization answered	1	· · · · · · · · · · · · · · · · · · ·										
	Description of property	(a) Cost or or basis (investn	1 ' '	or other (cother)	•	umulated eciation		(d) Book	k valu	e 			
1a	Land												
b	Buildings												
	Leasehold improvements												
d	Equipment		20	6,443.	19	99,53	4.	(5,9	09.			
<u>e</u>	Other												
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	'0c.)			<u> </u>	(5,9	<u>09.</u>			
						•	chadula	D /Earm	000	2020			

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			rago
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ENDOWMENT AND INVESTMENT			
(B) FUNDS	24,316,378.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,316,378.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	E 000 B 1 W 1	44 0 5 000 D	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Par	t XI Reconciliation of Revenue per Audited Financial S	-	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	7,743,216.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments		9.	
	Donated services and use of facilities		10.	
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	2d		(205 050
	Add lines 2a through 2d			6,205,059
	Subtract line 2e from line 1		3	1,538,157.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			0.
	Add lines 4a and 4b			1,538,157
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XII Reconciliation of Expenses per Audited Financial 5			
rai	Complete if the organization answered "Yes" on Form 990, Part IV,	•	pei neti	uiii.
	Total expenses and losses per audited financial statements		1	1,785,942.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,703,342
	Donated services and use of facilities	2a 152,00	00.	
			/ • •	
	Prior year adjustments Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	152,000.
	Subtract line 2e from line 1			1,633,942
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, , .
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		····	1,633,942.
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		line 4; Par	t X, line 2; Part XI,
PAR	T X, LINE 2:			
THE	ORGANIZATION'S ACCOUNTING POLICY PRO	OVIDES THAT A TAX E	EXPENS	SE OR
BEN	EFIT FROM AN UNCERTAIN TAX POSITION M	MAY BE RECOGNIZED V	HEN I	T IS MORE
LIK	ELY THAN NOT THAT THE POSITION WILL E	BE SUSTAINED UPON E	XAMIN	ATION. THE
ORG	ANIZATION HAS NO UNCERTAIN TAX POSITI	ONS RESULTING IN A	N ACC	RUAL OF TAX
EXP	PENSE OR BENEFIT.			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

vario oi t	ino organization					Employer racina	noution number
YALE-	CHINA ASSO	CIATION,	INC.			06-06469	71
Part I				tside the United States. Comple	te if the organ	ization answered '	'Yes" on
	Form 990, Part IV	/, line 14b.					
				ds to substantiate the amount of its gra			
the	grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes X No
		ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
	ted States.						
		ne following Part (b) Number of		an be duplicated if additional space is n		vity listed in (d)	(f) Total
	(a) Region	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	`employees, agents, and independent	gram services, investments, grants to		specific type	for and
			contractors in the region	recipients located in the region)		(s) in the region	investments in the region
			in the region				
				PROGRAM MANAGEMENT,			
EAST AS	IA AND THE			ADMINISTRATION AND			
PACIFIC		1	2	FUNDRAISING			80,138.
							00.100
3 a Sub		1	2				80,138.
	al from continuation	0	(
	ets to Part I als (add lines 3a						0.
	ais (aud iiries sa L3h)	1	,				80 138.

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

Schedule F (Form 990) 2020

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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE								
		PACIFIC	SEE PART V	54,837.		0.				
			recognized as charities by the							
			or counsel has provided a sec							
3 Enter total number of other organizations or entities										

Schedule F (Form 990) 2020

Part III Grants and Other Assistan	ce to Individuals Outsid	le the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	additional space is neede						
(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)

Part IV	Foreign	Forms

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

Schedule F (Form 990) 2020

Page 5

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:
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
UNDERGRADUTATE DEGREES. THE YALE-CHINA ASSOCIATION MONITORS THE GRANTS
IN SEVERAL WAYS. FIRST, THE INSTITUTION IS REQUIRED TO GIVE DETAILED
FINANCIAL AND NARRATIVE 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 INTERACTS WITH THE SCHOLARSHIP STUDENTS
TO MONTIOR THE SUPPORT THEY ARE RECEIVING FROM THE INSTITUION. FINALLY,
YALE-CHILE LIMITS THE AMOUNT OF MONEY FROM THE GRANTS THAT THE
INSTITUTION CAN USE FOR THE ADMINISTRATIVE SUPPORT TO A NOMINAL AMOUNT.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

YALE-CHINA ASSOCIATION, INC. **Employer identification number** 06-0646971

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a L	The organization?	5a		X
b	Any related organization?	5b		V
_	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
_	contingent on the net earnings of:	6-		Х
a	The organization?	6a		X
D	Any related organization?	6b		-22
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		
	negulations section 55.4956-6(c)?	פ		

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

Schedule J (Form 990) 2020

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(U)	reported as deferred on prior Form 990
(1) DAVID YOUTZ (i	195,943.	0.	0.	0.	26,928.	222,871.	0.
PRESIDENT (i		0.	0.	0.	0.	0.	0.
(i							
(i)						
(i)						
(i							
(i							
(i							
(1)							
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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 O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

YALE-CHINA ASSOCIATION, INC.

Employer identification number 06-0646971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND EXPERIENCES IN EDUCATION, HEALTH AND THE ARTS. FOUNDED IN 1901 BY GRADUATES OF YALE UNIVERSITY, THE ASSOCIATION TODAY LINKS YALE COMMUNITIES AND RESOURCES WITH PARTNERS IN CHINA, HONG KONG AND NEW HAVEN.

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

IN CHINA, HONG KONG AND NEW HAVEN.

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

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT, INCLUDING THE PRESIDENT AND DIRECTOR OF FINANCE AND OPERATIONS, AND CERTAIN MEMBERS OF THE BOARD OF TRUSTEES.

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

OFFICERS, DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO COMPLETE A DISCLOSURE FORM. CONFLICT OF INTEREST QUESTIONS RAISED ARE REVIEWED BY THE BOARD CHAIR AND/OR THE GOVERNANCE COMMITTEE.

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

THE PRESIDENT'S STARTING SALARY IS REVIEWED BY A COMMITTEE AND THE BOARD TREASURER AND COMPARED TO SALARIES OF SIMILIAR NONPROFIT EXECUTIVES WORKING IN THE SAME FIELD AND ALSO COMPARED TO THOSE WORKING IN CONNECTICUT. PRESIDENT'S COMPENSATION IS THEN REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF TRUSTEES, AS PART OF THE BUDGET PROCESS.

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

Schedule O (Form 990 or 990-EZ) 2020

YALE-CHINA ASSOCIATION, INC.	Employer 06-0	0646971	mber
FORM 990, PART VI, SECTION C, LINE 18:			
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST, ON THE ORGANIZA	TION'S	WEBSITE,	AS
WELL AS GUIDESTAR.ORG.			
FORM 990, PART VI, SECTION C, LINE 19:			
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST			

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Attach to your tax return. or tax year beginning 07/01/20 and ending 06/30/21. Attachment Sequence No. 938

OMB No. 1545-2195

	lf you bo	ve etteched continue	tion statements of	andk hore	Num	nhar of continuatio	n statements	
If you have attached continuation statements, check here Number of continuation Name(s) shown on return Number of continuation Taypayer						r identification number (TIN)		
'		-CHINA ASSO	СТАПТОМ Т	NC		06-06469		umber (Tilv)
_		-CIIIIM ABBO	CIAITON, I	110.		00-00403	7 1	
3	Type of filer a Specified in	dividual b	Partnership	c [Corporation	on	d Trust	
4	If you checked box 3	a, skip this line 4. If yo	u checked box 3b or	r 3c, enter the	name and TIN	I of the specified ind	lividual who clos	sely holds the
	partnership or corpor	ration. If you checked	box 3d, enter the nar	me and TIN of	the specified	person who is a curi	rent beneficiary	of the trust.
	(See instructions for	definitions and what to	o do if you have more	e than one spe	cified individu	al or specified perso	on to list.)	
	a Name					b TIN		
P	Part I Foreign De	posit and Custo	dial Accounts S	ummary				
1	Number of deposit a	ccounts (reported in P	art V)			>		1
2	Maximum value of all						\$	16,096.
3		accounts (reported in						
4	Maximum value of all						\$	
5		posit or custodial acco					Yes	X No
		eign Assets Sumr		ne tax year:			163	110
	0 0.1.0.	_ -						
1		sets (reported in Part	· ·				Φ.	
2		assets (reported in Pa					\$	V
3	Were any foreign ass				-		Yes	X No
Г	art III Summary	or Tax Items Attr			gn Financi			
	(a) Asset category	(b) Tax item	(c) Amount rep		(), =		reported	1.1
				edule	(a) FC	orm and line	(e) Sche	dule and line
	Foreign deposit and	a Interest	\$					
(custodial accounts	b Dividends	\$					
		c Royalties	\$					
		d Other income	\$					
		e Gains (losses)	\$					
		f Deductions	\$					
		g Credits	\$					
2 (Other foreign assets	a Interest	\$					
	o in to the tong it did onto	b Dividends	\$					
		c Royalties	\$					
		d Other income	\$					
			\$					
		e Gains (losses)	 					
		f Deductions	\$					
D	ord IV	g Credits	\$	1-1	\			
	art IV Excepted S	·		,				
If yo	ou reported specified for	oreign financial assets	on one or more of the	ne following for	ms, enter the	number of such forr	ms filed. You do	not need to
incl	ude these assets on Fo	orm 8938 for the tax y	ear.					
1. 1	Number of Forms 3520		Number of	Forms 3520-A		. 3. Nu	mber of Forms	5471
4. 1	Number of Forms 8621		Number of	Forms 8865				
P	art V Detailed In	formation for Ea	ch Foreign Dep	osit and Cu	ustodial Ad	count Included	l in the Part	I Summary
	(see instruc	ctions)						
If yo	ou have more than one	account to report in F	Part V, attach a conti	nuation statem	nent for each a	additional account. S	See instructions	i.
			Custodial		2	Account number or 15-514-68-	other designati	
3	Check all that apply	a Account op	ened during tax year	. b .	<u> </u>	ed during tax year		
5	oricon air triat apply		ntly owned with spou			ported in Part III with	h respect to this	e accet
_	Maximum		_ ·			•	· · · · · · · · · · · · · · · · · · ·	16,096.
4		count during tax year					77	
5		currency exchange ra		iue of the acco	unt into U.S. (dollars?	X Yes	No
6		s" to line 5, complete a				1		
	(a) Foreign currency	in which account	(b) Foreign currence		ite used to	(c) Source of exch	· ·	
~	is maintained	D.T.	convert to U.S. doll		0.0	Treasury Departme	ent's Bureau of t	the Fiscal Service
CH	IINA, RENMIN	RT	7.	7651520	υU	OFX.COM		
LH/	A For Paperwork R	eduction Act Notice,	see the separate in	structions.	023021 11-	02-20		Form 8938 (2020)

Pa			ch Foreign Deposit and (Custodial A	ccount Included in the Par	rt I Summary		
		e instructions) (continued)						
7a		ancial institution in which accou	nt is maintained	b Glob	oal Intermediary Identification Num	ber (GIIN) (Optional)		
8	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 4/F., 10 DES VOEX ROAD CENTRAL							
9	City or towr	n, state or province, and country KONG	(including postal code) CHINA					
Pa	art VI De	tailed Information for Ea	ach "Other Foreign Asse	t" Included	in the Part II Summary (see	e instructions)		
If yo	ou have more	than one asset to report in Part	VI, attach a continuation statem	nent for each ac	dditional asset. See instructions.			
1	Description	of asset		2 Identifying	number or other designation			
3	Complete a	Il that apply. See instructions fo	r reporting of multiple acquisition	or disposition	dates.			
a			icable					
			oplicable					
•		eck if asset jointly owned with sp			x item reported in Part III with response	ect to this asset		
4	Maximum v	alue of asset during tax year (ch	eck box that applies)					
		\$50,000 b \$50,0	. ,	\$100,001 - \$1		1 - \$200,000		
•								
5	•	, ,	te to convert the value of the as	set into U.S. do	bllars?	」 Yes No		
6		ered "Yes" to line 5, complete a			Table 1			
	. ,	currency in which asset is	(b) Foreign currency exchange	rate used to	(c) Source of exchange rate use			
	denominate	:d	convert to U.S. dollars		Treasury Department's Bureau o	the Fiscal Service		
7	If asset repo	orted on line 1 is stock of a forei	gn entity or an interest in a foreig	n entity, enter	the following information for the as	set.		
а	Name of for	eign entity		b GIIN	l (Optional)			
С	Type of fore	eign entity (1)	Partnership (2)	Corporation	(3) LTrust	(4) Estate		
d	Mailing add	ress of foreign entity. Number, s	street, and room or suite no.					
						_		
е	City or towr	n, state or province, and country	(including postal code)					
8	If asset reno	rted on line 1 is not stock of a fo	oreign entity or an interest in a fo	reian entity ent	ter the following information for the	asset		
					nt with the same information for ea			
		arty. See instructions.						
а	Name of iss	uer or counterparty						
		ormation is for	Issuer Counterpar	ty				
b		uer or counterparty	_	7				
	(1)	Individual (2)	Partnership (3)	Corporation	(4) Trust	(5) Estate		
_	Check if icc	uer or counterparty is a	U.S. person For	eign person				
٠	51100K II 133	as, or obuiltorparty to a	5.5. poison 10i	5.911 polo011				
d	Mailing add	ress of issuer or counterparty. N	lumber, street, and room or suite	e no.				
			a 1 a 2 a 3 a 3 a 3 a 3 a 3 a 3 a 3 a 3 a 3 a 3					
е	City or towr	n, state or province, and country	(including postal code)					