

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



Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

_			<u></u>					
	For th	ne 2008 calendar year,	or tax year beginning	, 2008, and endir	ng			
В	Check	if applicable				D Employ	er Identification I	Number
	XAC	idress change Please use	ASIAN CLASSICS INPUT PROJECT	T INC		04-3	3728043	
	Na	or print or type.	61 4TH AVENUE, 3RD FLOOR			E Telepho	ne number	
		stial return Specific	NEW YORK, NY 10003			(212	2) 475-66	550
	Пте	rmination instruc-						
	\vdash	mended return				G Gross re	ceipts \$	219,790.
	\vdash		and address of principal officer JOHN BRADY		H(a) Is this		for affiliates?	Yes X No
			AS C ABOVE			affiliates inclu		Yes N
$\overline{}$	Tav	-exempt status X 501		(1) or 527	If 'No,'	attach a list	(see instructions)	
÷			ANCLASSICS.ORG	(1) 01 102/	W(c) Group	exemption nu	mbar ►	
ĸ		of organization X Corpora		L Year of Forma			tate of legal domi	uculo NY
	art I	Summary	ation Trust Association Oner	TE Tear of Forma	1011 130	<u> </u>	tate of legal domi	cile 141
1.6			ganization's mission or most significant activi	ties: WORKS TO	PRESE	איד דעו	TOTSAPPI	FARTNO
			ING THE GREAT IDEAS OF THE FA					
JCe			AS ACCESSIBLE TO THE WORLD AT		/ E A LO (24)	7 1/∓ ₹- ₹1	AC 7 A 7.40	77.T T (7.47.77.T
E.		TO AND THE						
ove.	2	Check this box ►	if the organization discontinued its operations	s or disposed of mo	ore than 2	5% of its a	assets.	
Ğ			nbers of the governing body (Part VI, line 1a)			[3	1
S.	4	Number of independen	nt voting members of the governing body (Pai	rt VI, line 1b) .		[4	
Activities & Governance			oyees (Part V, line 2a)			٠. [5	
Ę			teers (estimate if necessary).			- [6	
٩		_	business revenue from Part VIII, line 12, colui	mn (C)	•	٠	7a	0
	b	Net unrelated business	s taxable income from Form 990-T, line 34.				_7b	0.
	_		RECEIVED	78 ·	P	rior Year	Cu	rrent Year
ē		Contributions and gran	-			219,790.		
ē	9	Program service reven	ue (Part VIII, line 2g) \	191	·	.		
Revenue	10	Investment income (Pa	art VIII, column (A), lines 3, 140 and 76 2010	10/8/	<u> </u>	•		
	11 12	Total revenue (Part VI	III, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 nes 8 through 11 (must equal Part VIII, colum	10/1 == 12)				219,790.
			ounts paid (Part IX, column (A) Ilmes (3)	110 (A), 1116 12)	_			215,150.
			members (Part IX, column (A), line 4)					
		•	nsation, employee benefits (Part IX, column (-	
ě	l	•		A), mies 5-10)				
Expenses	l		ng fees (Part IX, column (A), line 11e)		1 3 3 4 5 5 5 5	المراد المراد المراد	See Market	15 死中型2-14是E
ă	l	= :	nses (Part IX, column (D), line 25) ▶	6,093.	300	1.50	LAYE WAR	TO SEE SEE SEE
-	1		IX, column (A), lines 11a-11d, 11f-24f)		<u> </u>			285,141.
	1	•	nes 13-17 (must equal Part IX, column (A), lii	ne 25)				285,141.
	19	Revenue less expense	s. Subtract line 18 from line 12	···				-65,351.
900					Begin	ning of Ye		d of Year
Safat	20	Total assets (Part X, III	ne 16)		ļ	32,5		20,099.
Net Assets or Fund Balances	21	Total liabilities (Part X,	, line 26)	• ••		8,1	14.	60,972.
			ances. Subtract line 21 from line 20	·			0.	0.
Pa	rt II	Signature Bloc	:k					
		Under penalties of perjury, true, correct, and complete	I declare that I have examined this return, including accompa Declaration of preparer (other than officer) is based on all ii	anying schedules and stat nformation of which prepa	ements, and irer has any k	to the best of inowledge.	my knowledge ar	id belief, it is
Sig	ın	► Han K	2,/					
He		Signature of officer	7		Dat	te		
		► JOHN BRADY			EXECU	TIVE D	IREC	
		Type or print name and	i title					
				Date		eck if	Preparer's id	entifying number ons)
Pai	id	Branavar's	A		sel	if- iployed ►		,
Pre		Preparer's signature	m DIIan	17-13	701		N/A	
pai	rer's	Firm's name (or MAR)	KS AND ROUND, INC.					··
Us On		Voure if colf	2 NORTH MACARTHUR BLVD		EIN	v ► N/	'A	
UII	'y	laddroon and	AHOMA CITY, OK 73132					1-9360
Mai	, the II		with the preparer shown above? (see instructi	(anc)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08

Form 990 (2008)

١ ١

	1 990 (2008) ASIAN CLASSICS INFUI PROJECT INC 04-3/28043 Page:
Pa	
1	· Briefly describe the organization's mission:
	WORKS TO PRESERVE THE DISAPPEARING BOOKS CONTAINING THE GREAT IDEAS OF THE EASTERN
	HALF OF HUMANITY AND TO MAKE THESE BOOKS AND IDEAS ACCESSIBLE TO THE WORLD AT LARGE.
	3111 11 1111 11 11 11 11 11 11 11 11 11
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
	If 'Yes,' describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If 'Yes,' describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total
	expenses, and revenue, if any, for each program service reported.
	TOS AND
48	(Code (Code (Expenses \$ 274, 269. including grants of \$) (Revenue \$)
	POTENTIAL
4 t	(Code. (Code. (Revenue \$))
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.)
<u> 4e</u>	Total program service expenses ► \$ 274, 269. (Must equal Part IX, Line 25, column (B))

Park 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	The second secon	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If 'Yes,' complete Schedule F, Part I.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.	17		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part l	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
BAA		Form	990 (2	2008)

Form 990 (2008) ASIAN CLASSICS INPUT PROJECT INC
Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	1p 1		
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII. Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
		200		 ^ -
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		X
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		_x_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
34		Form	990 (2008)

		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		1:1	· .
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	• •	
2 a 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	1	, ,	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			,
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country. ▶			-
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		٠,	:
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		i
6a Did the organization solicit any contributions that were not tax deductible? [6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			عنو م
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	. •		. *;
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- '/_	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ارو ما خوما
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		_ : .
a Did the organization make any taxable distributions under section 4966?	93		*
b Did the organization make any distribution to a donor, donor advisor, or related person?	9a 9b		
10 Section 501(c)(7) organizations. Enter.	-30		
a Initiation fees and capital contributions included on Part VIII, line 12	7		·
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:		- 1	2,
a Gross income from other members or shareholders		-	,
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		,	· · · · · · · · · · · · · · · · · · ·
	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.			
BAA	orm	990 (2	2008)

Form 990 (2008) ASIAN CLASSICS INPUT PROJECT INC 04-3728043 Page

Partivital Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u> </u>	ction A.	Governing Body and Ivianagement				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, es, or changes in Schedule O See instructions.	describe the circumstances,	2.04	Yes	No
1	a Enter the	e number of voting members of the governing body.	1a 5	132		14
	b Enter the	e number of voting members that are independent	1b 5			
2	Did any officer, of	officer, director, trustee, or key employee have a family relationship or a business re lirector, trustee or key employee?	elationship with any other	2		X
3	Did the o	organization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other personal trustees.	under the direct supervision	3		Х
4		organization make any significant changes to its organizational documents	. ,	4		X
		e prior Form 990 was filed?				
5	Did the d	organization become aware during the year of a material diversion of the organizatio	n's assets?	5		Х
6	Does the	organization have members or stockholders?		6		X
7	a Does the governin	organization have members, stockholders, or other persons who may elect one or a g body?	more members of the	7a		х
	b Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
	the follow	5	ertaken during the year by			
	•	erning body?	•	8a	Х	
		nmittee with authority to act on behalf of the governing body?	• • •	<u>8b</u>	X	
		organization have local chapters, branches, or affiliates?	•	9a		<u>X</u>
	and bran	does the organization have written policies and procedures governing the activities of the organization?	•	9b		
		opy of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S		10	х	
11	ls there a organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who cal tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		X
<u>Se</u>	ction B.	Policies				
					Yes	<u>No</u>
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
	to conflic		• • • • • • • • • • • • • • • • • • • •	12b	х.	-
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po e O how this is done . SEE SCHEDULE .0	licy? If 'Yes,' describe in	12c	х	
		organization have a written whistleblower policy?		13	Х	
14		organization have a written document retention and destruction policy?		14	PER WEST	X
15	persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision.			
	_	nization's CEO, Executive Director, or top management official?.		15 a		<u>X</u>
		icers of key employees of the organization?.		15b		X
		the process in Schedule O. (see instructions)				4.5
	entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?		16a		X
1		nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	ction C.	Disclosures				
17	List the s	states with which a copy of this Form 990 is required to be filed > NY				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar n. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	ailable	e for p	ublic
	_	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documits available to the public SEE SCHEDULE O	nents, conflict of interest poli	cy, an	d finai	ncıal
20	State the	name, physical address, and telephone number of the person who possesses the b ARNOLD P.O. BOX 66 MILANVILLE PA 18443				

BAA

Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did no	ot compen	sate a	any (offic	er, (directo	or, tr	ustee, or key employ	ee	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	Position (check all that apply)			ly)	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOHN BRADY		 	-			<u>a</u>	\vdash			
EXECUTIVE DIREC	1 0						[0.	0.	0.
MICHAEL ROACH		_	┢	_						
FOUNDING DIRECT	1 0						ł	0.	0.	0.
DR. ROBERT TAYLOR										
ASST DIRECTOR	0							0.	0.	0.
ROBERT CHILTON										
DIRECTOR	0							0.	0.	0.
DR. GORDON ASTON										
DIRECTOR	0							0.	0.	0.
ELLY VAN DER PAS	1									
DIRECTOR	0							0.	0.	0.
JAMPA DADAK	1							_		_
DIRECTOR	0							0.	0.	0.
SONAM HLAMO						j				_
GENERAL MANAGER	0							0.	0.	0.
NGAWANG GYATSO								ا ۾	_	0
MANAGER	0							0.	0.	0.
KELSANG TAHUWA	,							0.	0.	^
JAPAN ACIP REP SANTOSH DWIVEDI	0				\dashv			0.	0.	0.
DIRECTOR	0					- [0.	0.	0.
DR JOSE IGNACIO CABEZON			-	\dashv	-					<u> </u>
ADVISOR	О							0.	0.	
DR. LOKESH CHANDRA	_ _ _			\dashv				<u></u>	- 0.	<u> </u>
ADVISOR	0	ĺ	ĺ	ĺ	ĺ	ĺ		0.	0.	0.
DR. ARTEMUS ENGLE				_	\neg					
ADVISOR	0			1			- 1	0.	0.	0.
DR. M.A. JAYASHREE										
ADVISOR	0			- 1				0.	0.	0.
THUPTEN JINPA, PHD				\neg	\neg		\neg			
ADVISOR	0]				0.	0.	0.
DAVID REIGLE					_		Ī			
ADVISOR	0					1		0.	0.	0.

TEEA0107L 04/24/09

N. V. RAMACHANDRAN Application of the properties of the proper	Part VII Section A. Officers, Directors, Trus	tees, k	Се у	En	nplo	ye	es,	an	d Highest Con	npensated Emp	oloyees (cont.)
N. V. RAMACHANDRAN ADVISOR O. O. O. O. O. O. PRINTSHEES BY ADVISOR O. O									(D)	(E)	(F)
N. V. RAMACHANDRAN ADVISOR DR. VESNA WALLACE ADVISOR O	Name and Title								Reportable	Reportable	
N. Y. RAMACHANDRAN ADVISOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		per week	or d	inst	Q.	ě	en E	ξ	the organization	related organizations	compensation
N. Y. RAMACHANDRAN ADVISOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			vidu	T T	Ę	en	nest bloye	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization
N. Y. RAMACHANDRAN ADVISOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			or to	na.		₽ J	e com				
N. Y. RAMACHANDRAN ADVISOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	ıster	trus]	8	pen				1
N. V. RAMACHANDRAN ADVISOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			"	ee	!						
ADVISOR O. O. O. O. O. DR. VESNA WALLACE ADVISOR O.		l									
ADVISOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	N.V. RAMACHANDRAN										
ADVISOR DR. VESNA WALLACE ADVISOR O O O O O O O O O O O O O O O O O O	ADVISOR	0			<u> </u>				0.	0.	0,
DR. VESNA WALLACE ADVISOR O. O. O. O. O. O. Ib Total	BRIAN SMITH										
ADVISOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADVISOR	0	L						0.	0,	0,
1b Total 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual and For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual state of the organization of If Yes', complete Schedule J for such individual state of the organization of If Yes', complete Schedule J for such individual state of the organization? If Yes', complete Schedule J for such person is tested on line 1a, is the sum of reportable compensation from any unrelated organization for services for X Section B. Independent Contractors 1 Complete Installe for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	DR. VESNA WALLACE				- "						
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation	ADVISOR	0							0.	0,	0.
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation	_										
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation			1 1								
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											-
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation				1							
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation		1						Į			
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation		-									
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation											
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation								J			
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation				1							
2 Total number of individuals (including those in Ta) who received more than \$100,000 in reportable compensation from the organization ► 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 'If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of Services Compensation Compensation								_			
organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	1 b Total				,			•	0.	0.	0.
organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	2 Total number of individuals (including those in 1a) v	vho rece	eived	mo	re ti	han	\$10	0,00	00 in reportable co	ompensation from t	he
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	_										
on line 1a? If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in											Yes No
on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	2. Did the erganization list any farmer officer, director	or tructe	ا م	.	amni	lovo		r bic	sheet compensate	ud amployee	The San William
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	on line 1a? If 'Yes,' complete Schedule J for such ii	ndividua	je, k	cy c	sinp.				, , ,		3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	4 For any individual listed on line 1a, is the sum of re	portable	con	nper	nsati	ion a	and	othe	er_compensation f	rom	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	the organization and related organizations greater t	han \$15	0,00	02	f 'Ye				Schedule J for s	uch	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services (C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in										•	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	5 Did any person listed on line 1a receive or accrue c	ompens	ation	i fro	m a	ny t	unre	late	d organization for	services	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in		ledule 3	101 3	suci	ı pe	301					<u> </u>
Compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	Complete this table for your five highest compensate	ed inder	end	ent	con	tract	tors	that	received more th	an \$100,000 of	
Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	compensation from the organization.				_						
Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	(A)							- 1	(B)	İ	(C)
2 Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of Meladaling those in Ty Wile Tota	Name and business addres	s							Description o	f Services	Compensation
2 Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of Meladaling those in Ty Wile Tota											
2 Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of Meladaling those in Ty Wile Tota											
2 Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of Meladaling those in Ty Wile Tota											
2 Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of Meladaling those in Ty Wile Tota											
2 Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of Meladaling those in Ty Wile Tota								_			
2 Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of Macperlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of MacPerlacine Contractors (Meladaling those in Ty Wile Total Hamber of Meladaling those in Ty Wile Tota	<u></u>										
	· · · · · · · · · · · · · · · · · · ·	those in	1) v	vho	rece	eive	d m	ore t	than \$100,000 in	٠٠,	

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above	219,790.		St.	
PROGRAM SERVICE REVENUE	2a PRESERVE ANCIENT WRITINGS b c d				
PROGRA	f All other program service revenue		61 1 .c 34		
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties				
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss).	and the second			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d Net rental income or (loss)				
NUE	c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including. \$	***************************************			
OTHER REVENU	of contributions reported on line 1c). See Part IV, line 18	*- *- *-			
	9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶				,
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory ▶	· .			
	Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,				
	10c, and 11e	219,790.	0.	0.	0.

Părt 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) but are not required to complete	columns (B), (C), and (D).
---	----------------------------

	All other organizations must com	 			
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			4日本の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の	THE PARTY OF THE P
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes				
11	Fees for services (non-employees)				
á	a Management				
ı	L egal				
(Accounting .	1,671.	1,671.	·	
(d Lobbying				
•	Prof fundraising svcs. See Part IV, In 17	- 			·
f	Investment management fees				
Ç	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	15,259.	15,259.		
17	Travel	18,907.	18,848.	59.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .	1,993.	205.	1,788.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	889.	889.		
23	Insurance	7,650.	7,250.		400.
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
-	below.) CONTRACT LABOR	166,176.	166,176.		
	PRINTING AND PUBLICATIONS	24,065.	24,065.		
	SUPPLIES	12,513.	12,513.		
	EQUIPMENT	7,891.	6,491.		1,400.
	SOFTWARE DEVELOPMENT	6,000.	6,000.		1,300.
	All other expenses	22,127.	14,902.	2,932.	4,293.
	Total functional expenses. Add lines 1 through 24f	285,141.	274,269.	4,779.	6,093.
	Joint Costs. Check here ► If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		_ 			Form 990 (2008)

Pa	in X	Balance Sneet	(A) Beginning of year	\prod	(B) End of year								
	1	Cash – non-interest-bearing	28,938.	1	17,027								
	2	Savings and temporary cash investments	25.	2	100								
	3	Pledges and grants receivable, net		3	100								
	Δ.	Accounts receivable, net		4	1,280								
	5	•		 `	1,200								
		Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5									
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		-									
Α	_	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6									
S	7	Notes and loans receivable, net		7									
ASSETS	8	Inventories for sale or use	ļ <u></u>	8									
Š	9	Prepaid expenses and deferred charges		9	ļ. <u></u>								
		Land, buildings, and equipment. cost basis 10a 4, 631.	_	,	•								
	р	Less: accumulated depreciation. Complete Part VI of		ļ									
		Schedule D	2,581.	10 c	1,692.								
	11	Investments — publicly-traded securities] 	11									
	12	Investments — other securities See Part IV, line 11 .		12									
	13	Investments — program-related. See Part IV, line 11.	,	13									
	14	Intangible assets		14									
	15	Other assets. See Part IV, line 11	1,046.	15_									
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,590.	16	20,099.								
	17	Accounts payable and accrued expenses	8,114.	17_	20,422.								
	18	· · ·											
.	19												
1	20	Tax-exempt bond liabilities	·	20									
ĝ	21	Escrow account liability. Complete Part IV of Schedule D		21									
4B-1-1-ES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II											
T		of Schedule L		22	40,550.								
S	23	Secured mortgages and notes payable to unrelated third parties		23									
	24	Unsecured notes and loans payable		24									
	25	Other liabilities. Complete Part X of Schedule D		25									
	26	Total liabilities. Add lines 17 through 25.	8,114.	26	60,972.								
И		Organizations that follow SFAS 117, check here ► and complete lines	<u> </u>	-> -									
E Z		27 through 29 and lines 33 and 34.	, , , , , , , , , , , , , , , , , , ,										
Ā	27	Unrestricted net assets		27									
人のとして	28	Temporarily restricted net assets		28									
	29	Permanently restricted net assets		29									
R		Organizations that do not follow SFAS 117, check here ► X and complete		, `	4								
F.		lines 30 through 34.											
UZC'4	30	Capital stock or trust principal, or current funds		30									
	31	Paid-in or capital surplus, or land, building, and equipment fund		31									
日本レイアンルの	32	Retained earnings, endowment, accumulated income, or other funds		32									
Ñ	33	Total net assets or fund balances	0.	33	0.								
ร็	34	Total liabilities and net assets/fund balances	8,114.	34	60,972.								
Pa	rt XI	Financial Statements and Reporting											
1	Acc	ounting method used to prepare the Form 990: Cash X Accrual	Other		Yes No								
		e the organization's financial statements compiled or reviewed by an independent			2a X								
		e the organization's financial statements complied or reviewed by an independent a e the organization's financial statements audited by an independent accountant?.		•••	2b X								
				udit									
		es' to 2a or 2b, does the organization have a committee that assumes responsibilit ew, or compilation of its financial statements and selection of an independent acco			. 2c								
		a result of a federal award, was the organization required to undergo an audit or au it Act and OMB Circular A-133?											
			• • • •										
BAA		es, did the organization undergo the required audit or audits?	· · · · · · · · · · · · · · · · · · · 		3b Form 990 (2008)								

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	of the organization							Employe	r identifica	tion number		
ASI	AN CLASSICS IN	PUT_PROJECT_IN	IC					04-3728043				
Par	t I Reason for Pu	blic Charity Statu	is (All organizations	must	comple	ete this	part.) (see	ınstruc	tions)		
The c	organization is not a pri	vate foundation becar	use it is: (Please check o	nly one	organiz	ation.)			-			
1	A church, convent	ion of churches or ass	sociation of churches des	cribed ii	n sectio	n 170(b)	χ1χΑχί).				
2	A school described	in section 170(b)(1)((A)(ii). (Attach Schedule	E.)								
3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)												
4	A medical research	h organization operate	ed in conjunction with a h	nospital	describe	d in se	ction 17	⁷ 0(b)(1)(A)(iii). Er	nter the ho	spital's	5
	name, city, and sta	ate										
5	170(b)(1)(A)(iv). (Complete Part II)											
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8			170(b)(1)(A)(vi). (Comple	te Part	II)							
9	= = · · · · · · · · · · · · · · · · · ·											
10	An organization or	ganized and operated	exclusively to test for pu	ublic saf	ety. See	section	n 509(a)	(4). (se	e instruc	tions)		
11												
a Type I b Type II c Type III — Functionally integrated d Type III — Other												
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).												
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box												
9	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrit	oution fr	om any	of the f	ollowing	persons	7		
	<i>a</i>		A. I. M. I								Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?	togetne	with pe	ersons a	escribe	a in (ii)	and (111)	11 g (i)		
		nber of a person desc	=							11 g (ii)		
	(iii) a 35% contro	olled entity of a persor	n described in (i) or (ii) a	bove?				•		11 g (iii)		
h	• •		the organizations the org		n suppo	rts.						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	ou notify nzation in (i) of upport?	organizat	s the ion in col zed in the S.?	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
				<u> </u>			ļ					
				<u> </u>	<u> </u>							
				l								
				-								
				 	L							
	····		<u> </u>									
Total		·	. ,					,				
Total BAA	For Privacy Act and Pa	aperwork Reduction A	Act Notice, see the Instru	ctions f	or Form	990.	9	chedule	A (Form	990 or 99	0-EZ)	2008

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

Schedule A (Form 990 or 990-EZ) 2008 ASIAN CLASSICS INPUT PROJECT INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on i	ine 9 of Part I.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						_
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
_	7c from line 6)				C. Maria Control		
500	tion B. Total Support	Lyden Miles 15 Vinnahame	NA destruction of Land 2 I make Blanch and Landson.	SANAL ARREST DESCRIPTION CAMPAGES	temeliness South and a work and a south and a south a	Day of the section of the section of	
		(2) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale: 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						(f) Total
Cale: 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in					全	
Cale: 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12)	is for the organiza	ation's first, secon			全	
Cale: 9 10 a b 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secon	d, third, fourth,	or fifth tax year as	全	
Cale 9 10 a b b 11 12 13 14 Sect 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of 20	is for the organiza stop here blic Support P	ation's first, secon ercentage	d, third, fourth, c	or fifth tax year as	a section 501(c)(3	
Cale 9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	is for the organiza stop here . blic Support P 08 (line 8, column 2007 Schedule A,	ation's first, secon ercentage n (f) divided by lin Part IV-A, line 27	d, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) • [
Cale 9 10 a b 11 12 13 14 Sect 15 16 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from attorney.	is for the organizatop here blic Support P 108 (line 8, column 2007 Schedule A, estment Incon	ation's first, secondercentage In (f) divided by line Part IV-A, line 27 The Percentage	e 13, column (f))	or fifth tax year as	a section 501(c)(3	% %
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage from a tion D. Computation of Investment income percentage for 20 investment income percent	is for the organization here. blic Support Post (line 8, column 2007 Schedule A, estment Inconor 2008 (line 10c,	ercentage of divided by lin Part IV-A, line 27 ne Percentage column (f) divided	e 13, column (f)).	or fifth tax year as	a section 501(c)(3	% %
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from attorney.	is for the organization the stop here. blic Support P 108 (line 8, column 2007 Schedule A, estment Incon or 2008 (line 10c, rom 2007 Schedul organization did not according to the stop of the stop	ercentage n (f) divided by lin Part IV-A, line 27 ne Percentage column (f) divided e A, Part IV-A, lir check the box on lir	e 13, column (f)). d by line 13, columne 27h. ne 14, and line 15 in	or fifth tax year as	15 16 17 18 %, and line 17 is not	% % %
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from a computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation in the computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation in the computation of the computation of the computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation in the properties of the computation of Investment income percentage from 33-1/3 support tests – 2008. If the computation of Investment income percentage from 34 the computation of Investment income percentage from 34 the computation of Investment income percentage from 34 the computation of Investment income percentage from 35 the computation of Investment in	is for the organizatop there. blic Support P 108 (line 8, column 2007 Schedule A, estment Incomor 2008 (line 10c, rom 2007 Schedule organization did not oox and stop here.	ercentage In (f) divided by line 27 The Percentage column (f) divided by A. Part IV-A, line check the box on line the organization of one check a box	e 13, column (f). g d by line 13, colume 27h ne 14, and line 15 if qualifies as a pu on line 14 or 19a	or fifth tax year as mn (f))	15 16 17 18 %, and line 17 is not irganization	% % % and line 18

Schedule A	(Form 99	0 or 990	-EZ) 200	98 H2	TAN C	TWOOT	22 INPU	JI PRO	<u> </u>	LINC		04-3/4	20043	Paç	ge 4
Racily	Suppler Part II,	mental line 17	Inform a or 17	nation. 7b; or F	Compl Part III,	line 12	part to Provide	provide le any c	the e	xplanati dditional	on requi	red by F ation. (s	ee instru	ne 10; ictions)	
									- -	 _		-			
					. -		_		- -			- -			
							-		-			- -		· -	
												-			
						. .								 -	
									-	- -					_ _
			- -		. _	. .		_ 	- 	- -					
- -					- -										
-									- -						
					- -				- -	- -		· -	-		
						·									
										-					
				- -											
								 -		- -		- -			
			- -	- -					- -	- 					
						-		- -		- -			- 		
										- <i></i> -					
	- -		-			. - -		- <i></i> -	- -			· -			
		- -		- -					- -					~ - 	- -
															
-									. -					~	
				-											
															
		- -	 ·		-		-	- -		- -					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public ka

Name of the organization		Employer Identification number
ASIAN CLASSICS INPUT PROJECT IN	C	04-3728043
Part lo Organizations Maintaining Donc the organization answered 'Yes'	or Advised Funds or Other Similar I to Form 990, Part IV, line 6.	Funds or Accounts Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year).		
4 Aggregate value at end of year		
5 Did the organization inform all donors and do funds are the organization's property, subject	onor advisors in writing that the assets held to the organization's exclusive legal contro	ın donor advised I? Yes No
6 Did the organization inform all grantees, don used only for charitable purposes and not for impermissible private benefit??.	ors, and donor advisors in writing that grant the benefit of the donor or donor advisor or	funds may be rother Yes No
Part III Conservation Easements Comp	ete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held t		
Preservation of land for public use (e.g.,		on of an historically important land area
Protection of natural habitat	·	on of certified historic structure
Preservation of open space		
2 Complete lines 2a-2d if the organization held	a qualified conservation contribution in the	form of a conservation easement on the last day
of the tax year.		Provided
		Held at the End of the Year
a Total number of conservation easements		
b Total acreage restricted by conservation ease		2b
c Number of conservation easements on a cert	ified historic structure included in (a)	. <u>2c</u>
d Number of conservation easements included	• • •	2 <u>d</u>
3 Number of conservation easements modified	, transferred, released, extinguished, or tern	ninated by the organization during the taxable
year ►		
4 Number of states where property subject to o	onservation easement is located >	
5 Does the organization have a written policy re- enforcement of the conservation easement it	egarding the periodic monitoring, inspection holds?	, violations, and Yes No
6 Staff or volunteer hours devoted to monitoring	g, inspecting, and enforcing easements duri	ng the year ▶
7 Amount of expenses incurred in monitoring,	nspecting, and enforcing easements during	the year ►\$
8 Does each conservation easement reported of 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	on line 2(d) above satisfy the requirements o	of section
9 In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	to the organization's financial statements the	xpense statement, and balance sheet, and hat describes the organization's accounting for
Part III [*] Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, II	or Other Similar Assets ne 8.
1a If the organization elected, as permitted under	er SFAS 116, not to report in its revenue sta	tement and balance sheet works of art, historical nerance of public service, provide, in Part XIV.
treasures, or other similar assets held for put amounts relating to these items.	olic exhibition, education, or research in furth	tement and balance sheet works of art, historical nerance of public service, provide the following
(i) Revenues included in Form 990, Part VIII	, line 1	▶ \$
(i) Revenues included in Form 990, Part VIII(ii) Assets included in Form 990, Part X		. >\$
2 If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar asse	
		▶\$
a Revenues included in Form 990, Part VIII, line b Assets included in Form 990, Part X		≻ \$

Schedule D (Form 990) 2008 ASTA							04-37			Page 2
Part III Organizations Mainta	ining Coll	<u>ections</u>	s of Art, Hist	orical	Treasures, c	or Othe	er Similar As	sets (co	<u>ıntını</u>	ıed)
3 Using the organization's accessing that apply):	on and other	records,	, check any of t	he follow	ving that are a	significa	ant use of its co	llection ite	ems (c	heck all
a Public exhibition			d Loan	or exch	ange programs	;				
b Scholarly research			e X Other	r <u>WOR</u>	KS AVAILAI	BLE T	HROUGH WWW	<u></u>		
c Preservation for future gener	rations		_							
4 Provide a description of the organ Part XIV. SEE PART XIV	ınızatıon's co	llections	and explain ho	w they t	urther the orga	nızatıon	's exempt purp	ose in		
5 During the year, did the organiza assets to be sold to raise funds in	rather than to	be mai	ntained as part	of the o	rganization's co	<u>ollection</u>	<u>1?</u>	Yes		X No
Part IV Trust, Escrow and Cu	ı stodiai Ar an amoun	ranger	nents Compl orm 990, Par	lete if	organization e 21	answe	ered 'Yes' to	Form 99	}0, Pa	art
1a Is the organization an agent, trus included on Form 990, Part X?						ther ass	ets not			-
						• •		Yes	L	_] No
b If 'Yes,' explain the arrangement	in Part XIV	and com	piete the follow	ving tabl	9					
a Danisana a balanca						<u> </u>		Amount		
c Beginning balance					• •		l c			
d Additions during the year	• •	• •	• •			-	d			
e Distributions during the year .	• •		• •				e			
f Ending balance					• •	لا	f			7
2a Did the organization include an a		rm 990,	Part X, line 21	,	• • • • • • • • • • • • • • • • • • • •		• • • •	Yes	L	No
b If 'Yes,' explain the arrangement		******	otion oncurer	1V0	a' to Form O	00 Da	rt IV lm = 10			
Part V Endowment Funds Co										
da Daniela de la balancia	(a) Curren	t year	(b) Prior yea		(c) Two years bac	CK (d) Three years back	(e) FC	our years	3 Dack
1 a Beginning of year balance.	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	- 1	#
b Contributions	 			 -	- (n e)	-	1000		.+	}
c Investment earnings or losses.			, A	· · · · ·	, , , , , , , , , , , , , , , , , , , 		 	+		
d Grants or scholarships .			, is so		9 7	\tau\	<u> </u>	1		
Other expenditures for facilities and programs.			1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	-1	1.52.23	*	,	· ::	· · · · · · ·	
f Administrative expenses			5 % 10 mg % g	* **		' r 1	<u> </u>	 		
g End of year balance				<u> </u>	• • • • • • • • • • • • • • • • • • • •	L	* . * . * .		<u> </u>	تـــــــــــــــــــــــــــــــــــــ
2 Provide the estimated percentage	-	end bala								
a Board designated or quasi-endov			⁸				•			
b Permanent endowment										
c Term endowment ►	——⁴									
3a Are there endowment funds not i	n the posses	sion of t	he organization	that are	held and adm	iinistere	d for the	<u></u>		
organization by:									Yes	No_
(i) unrelated organizations.		•		•	•	•		3a(i)		
(ii) related organizations	•					• •		3a(ii)		
b If 'Yes' to 3a(II), are the related of	_						•	3b		
4 Describe in Part XIV the intended							-			
Part VI Investments-Land, B										
Description of investment		(a) Cost	or other basis vestment)	(b) C	ost or other sis (other)	(c) [Depreciation	(d) Bo	ook Va	lue ———
1a Land	٠	ļ				ļ				
b Buildings	•	<u> </u>								
c Leasehold improvements .				_						
d Equipment					4,631.		2,939.		1,	692.
e Other										
Total. Add lines 1a-1e (Column (d) sho	ould equal Fo	rm 990,	Part X, column	(B), line	10(c))		<u>-</u>		1,	692.
BAA					· <u> </u>		Sched	ule D (For	rm 990)) 2008

TEEA3302L 12/23/08

Schedule D (Form 990) 2008 ASIAN CLASSICS IN			Page
Part VII Investments-Other Securities See Fo	orm 990, Part X, lin	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products .			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12)			,
Part VIII Investments-Program Related (See F	orm 990, Part X. J	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) becomplied of investment type	(3) 500/(14/45	Cost or end-of-year market value	
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13.)		the state of the s	, .
Part IX: Other Assets (See Form 990, Part X,		·	
(a) De	scription	(b) Book valu	ue
			
		· · · · · · · · · · · · · · · · · · ·	
		····	
		<u> </u>	
Total. Column (b) Total (should equal Form 990, Part X, col		<u></u>	
Part X Other Liabilities (See Form 990, Part)			
(a) Description of Liability	(b) Amount	_	. `.
Federal Income Taxes			`~"
		\rightarrow .	
	İ		
			, e ³
			, , ,
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)			
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) In Part XIV, provide the text of the footnote to the organizat positions under FIN 48.	ion's financial statemen	ts that reports the organization's liability for uncertain to	ax

Schedule D (Form 990) 2008 ASIAN CLASSICS INPUT PROJECT INC	04-3728043	Page 4
Part XI: Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		219,790.
2 Total expenses (Form 990, Part IX, column (A), line 25)		285,141.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		-65,351.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-65,351.
Part:XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statements	1	219,790.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3_	219,790.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	200	
a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	219,790.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1 Total expenses and losses per audited financial statements	1	285,141.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments	333	
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	285,141.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	. 5	285,141.
Part XIV Supplemental Information	·	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part line 4, Part XI, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	IV, lines 1b and 2	b; Part V,
PARTJII, LINE 1A - E/S FOOTNOTE FOR ART, TREASURES, ETC		
THE_ASIAN_CLASSICS_INPUT_PROJECT_WORKS_TO_PRESERVE_THE_DISAPPEARING	_BOOKS_CONT	AINING
THE_GREAT_IDEAS_OF_THE_EASTERN_HALF_OF_HUMANITY_AND_TO_MAKE_THESE_B	OOKS _AND _ID	EAS
ACCESSIBLE TO THE WORLD AT LARGE.		
OUR MISSION IS CARRIED OUT IN SEVERAL STEPS. FIRST, WE SEARCH THE		
REMAINING_COLLECTIONS_OF_BOOKS_AND_RECORD_THEIR_LOCATION_AND_CONTEN	IS IN CATAL	<u>DG</u>
FORM. NEXT, WE COPY THE BOOKS AND SEND THESE COPIES TO BE INPUT ON	TO COMPUTER	MEDIA
BAA TEEA3304L 12/23/08	Schedule D (Fo	

Schedule D (Form 990) 2008	_ Page
Partixive Supplemental Information (continued)	
PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC. (CONTINUED)	
AT DATA ENTRY CENTERS THAT WE HAVE ESTABLISHED AROUND THE WORLD.	
ALMOST ALL OF THESE DATA CENTERS ARE STAFFED BY PEOPLE WHO COME FROM THE COUNTRIES	 :
WHERE THESE GREAT BOOKS WERE WRITTEN AND PRINTED. MANY ARE REFUGEES, OR LIVING IN	
COUNTRIES WHERE ECONOMIC OR POLITICAL PROBLEMS ENDANGER THEIR GREAT BOOKS, AND EVE	N
THE RIGHT TO READ AND STUDY THEM. THE PROJECT HELPS NOT ONLY TO PRESERVE THESE RIGHT	CH
CULTURAL TRADITIONS, BUT PROVIDES THESE PEOPLE WITH AN OPPORTUNITY TO LEARN NEW	
SKILLS FOR SUPPORTING THEMSELVES, WHILE HELPING TO SAVE THE GREAT BOOKS OF THEIR	
HERITAGE.	
ACIP THEN MAKES THESE BOOKS AND THE IMPORTANT IDEAS THEY CONTAIN AVAILABLE TO THE	- -
WORLD, ESPECIALLY TO THOSE IN THE WEST WHO HAVE NOT YET BEEN EXPOSED TO THEM. OVER	
THE PAST TEN YEARS ACIP HAS RELEASED TENS OF THOUSANDS OF PAGES OF GREAT BOOKS, ON	
TENS OF THOUSANDS OF COMPUTER DISKS AND THROUGH THE WORLD WIDE WEB, COMPLETELY FREE	E
REQUESTING A SMALL DONATION FOR ONLY THE COST OF MATERIALS AND POSTAGE, TO THOUSAND	DS
OF USERS IN MORE THAN 50 COUNTRIES.	- -
PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHERS EXEMPT PURPO	<u> </u>
THE ORGANIZATIONS COLLECTIONS ARE OF BOOKS CONTAINING THE GREAT IDEAS OF THE EASTER	RN
HALF OF HUMANITY.	
THE PURPOSE IS TO PRESERVE, CATALOG, INPUT ONTO COMPUTER MEDIA AND MAKE AVAILABLE T	ro
THE GENERAL PUBLIC THESE IMPORTANT BOOKS.	

Schedule D (Form 990) 2008	Page 5
PartixIVI Supplemental Information (continued)	
	··-··-
~~	
	~
	
	-

TEEA3305L 07/24/08

Schedule **D** (Form 990) 2008

BAA

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

2008

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

Pepartment of the Treasury Internal Revenue Service

Tyes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open to Publication

Name of the organization ASIAN CLASSICS INPUT PROJECT INC						Employer identification number 04-3728043							
Part le Excess Benefit Transactions To be completed by organizations the	s (sect	ion 50 ered 'Yes	(c)(3) and section on Form 990, Part IV	501(c) line 25a	(4) organiza	ations	only	/).	ıne 40	b.			
										(c) Correcte			
1 (a) Name of disqualified person		- +	(b) Description of transaction							Yes	No		
											 -		
2 Enter the amount of tax imposed on the o section 4958	rganıza		nagers or disqualified p	ersons d	uring the year	under	► Ś			L			
3 Enter the amount of tax, if any, on line 2,				 1		•	⊳ ṡ̀						
Loans to and/or From Interest To be completed by organiza Part V, line 38a.	sted P tions 1	ersons that an	swered 'Yes' on F	orm 990		7	or F						
(a) Name of interested person and purpose	(b) Loan the orga	to or from inization?	(c) Original principal amount	(d) Balance due		(e) In d	l b				oroved ard or ottee?	(g) W agree	/ritten ment?
	То	From				Yes	No	Yes	No	Yes	No		
JOHN BRADY CASH FLOW	X	<u> </u>	45,000.	40,550.		-	Х	Х		Х	<u> </u>		
Total			▶ \$		40,550.	1.16	建装 。		1.7	نور الأون	· A		
Part III Grants or Assistance Benefi To be completed by organiza	tting I	nterest hat an	ed Persons. swered 'Yes' on F	orm 990	, Part IV, lı	ne 27							
(a) Name of interested person	(b) Relations	tionship between interested person and the organization				(c) Amount of grant or type of assistance						
							_	··					
Part IV* Business Transactions Invol To be completed by organiza	ving l tions t	nterest hat an	swered 'Yes' on F	orm 990	, Part IV, III	ne 28	a, 28	b, or	28c		_		
(a) Name of interested person (b) Relationst interested per organiz			and the transact	nt of on \$	(d) Des	cription o	f transa	ction		(e) Sha organiz reven	ation's		
				····						Yes	No		
							· · · · ·						

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

	Employer identification number								
ASIAN CLASSICS INPUT PROJECT INC	04-3728043								
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS									
BOARD REVIEWS 990 PRIOR TO FILING.									
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	NT OF C								
BOARD REVIEWS FOR NON COMPLIANCE.									
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE									
FORM 990 IS AVAILABLE UPON REQUEST.									

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

2008

OMB No 1545-0172

Attachment Sequence No 67

ldentifying number

AS:	AN CLASSICS INPU	T PROJECT IN	IC				0	4-3728043
	ess or activity to which this form rela							
FOF	M 990/990-PF							
Par		pense Certain I	Property Under Se	ction 179 e you complete F	Part I.			
1	Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount See the instructions for a higher limit for certain businesses						1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)						2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)						3	\$800,000
4		I limitation. Subtract line 3 from line 2. If zero or less, enter -0						
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions						5	
6	(a	Description of property		(b) Cost (business	s use only)	(C) Elected co	st	, · · · · · · · · · · · · · · · · · · ·
7	Listed property Enter the	amount from line	29		7			
8	Total elected cost of secti			(c), lines 6 and 7	7		8	
9	Tentative deduction. Enter the smaller of line 5 or line 8							
10	Carryover of disallowed di						10	
11	Business income limitatio					ee instrs)	11	<u> </u>
12	Section 179 expense dedicarryover of disallowed de				• 13 T		12	
	: Do not use Part II or Part				7 13			
Par			ce and Other Depr		at include liste	d proporty	/Soo	instructions \
							1 (366	Instructions)
14	Special depreciation allow tax year (see instructions)		property (other than lis	ted property) pla-	ced in service · · ·	during the	14	
15	15 Property subject to section 168(f)(1) election							
16	Other depreciation (includ		·	<u> </u>			16	
Par	t III MACRS Depre	ciation (Do not in	nclude listed property)	(See instructions)			
			Section	on A				· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for as	sets placed in serv	rice in tax years beginn	ing before 2008			17	889.
18	If you are electing to grou asset accounts, check her	p any assets place	ed in service during the	tax year into one	e or more gen	eral ►	1, 4	
_			n Service During 2008	Tax Year Using 1	he General D	epreciation	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19a	3-year property .	1 200		·-··				
b 5-year property								
c 7-year property		1						
d 10-year property		1						· · ·
	15-year property .							
	20-year property	1						
g 25-year property		1 .		25 yrs		S/L		
h Residential rental		<u> </u>		27.5 yrs	MM	S/L		
property				27.5 yrs	MM	S/L		
i Nonresidential real		 	·····	39 yrs	MM	S/L		
property					MM	S/L		
		Assets Placed in	Service During 2008 T	ay Year Using the			1 Svs	lem
20 a	Class life.	T	Cervice Burning 2000 1	ax roar eging an	, and the state of	S/L	. 0,3	
b 12-year		1		12 yrs		S/L		
o 40		 		40 yrs	MM S/L			
Par		estructions \		-10 JIB	1101	<u> </u>		<u> </u>
	Listed property Enter amo					1 :	1	
			es 19 and 20 in column (a) a	 and line 21. Enter here		۲	-	
	Total. Add amounts from line 12, the appropriate lines of your return						2	889.
23	For assets shown above a	nd placed in servic	e during the current ye	ar, enter) 		- 1	

\sim	^	_	_
Z	(}	()	н

FEDERAL WORKSHEETS

PAGE 1

ASIAN CLASSICS INPUT PROJECT INC

04-3728043

FORM 990, PART IX, LINE 24 OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK CHARGES		3,577.	2,286.	63.	1,228.
CONTRACT LABOR CONVENTION CREDIT CARD FEES		166,176. 5,210. 470.	166,176. 2,615.		2,595. 470.
DUES AND SUBSCRIPTIONS EQUIPMENT		95. 7,891.	95. 6,491.		1,400.
EQUIPMENT RENTAL EXCHANGE RATE DEFICIT		1,730. 58. 1,600.	1,730. 58. 1,330.	270.	
FOOD/CATERING LICENSES/FEES		277.	277.		
POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS REPAIRS		1,300. 24,065. 32.	1,291. 24,065. 32.	9.	
SOFTWARE DEVELOPMENT SUPPLIES		6,000. 12,513.	6,000. 12,513.		
TELEPHONE UTILITIES	TOTAL \$	5,652. 2,126. 238,772.	3,062. 2,126. \$ 230,147.	2,590. \$ 2,932.	\$ 5,693.
	1014F \$	230,112.	230,147.	2,332.	3,033.