EXTENDED TO NOVEMBER 16, 2020

(Rev January 2020)

Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Address ASIAN LEGACY LIBRARY US, INC. 83-2826030 Doing business as Initial Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 6490 SR 179 (520) 360-0423 termi City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SEDONA, AZ 86351 H(a) Is this a group return Applica Yes X No F Name and address of principal officer. JOHN BRADY for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) If "No," attach a list, (see instructions) J Website: ► ASIANLEGACYLIBRARY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Trust L Year of formation: 2018 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities ALL'S MISSION IS TO FIND Activities & Governance PRESERVE AND DIGITIZE RARE AND ENDANGERED WORKS OF ANCIENT CULTURE. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39-C.F. 0. 7b SCANNED FEB 0 7 2022 Prior Year **Current Year** 354 10 27 20 S 228,358. 0. Contributions and grants (Part VIII, line 1h) 0. О. Program service revenue (Part VIII, line 2g) ū 7. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 106, 2nd 1) 11 228,365. 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 15,669. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 78,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 86,544. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 180,213. 0. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 48,152. Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 54,652. 0. Total assets (Part X, line 16) 6,500. 0. Total liabilities (Part X, line 26) 21 0. Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, Lacelare that I have examined this return, including accompanying schedules and statements, and to the bost of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 10/12/2020 Signature of officer Sign JOHN BRADY PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name eparer's signature Paid MONICA J. STERN, CPA **№**0/05/20 P00295294 self-employed Firm's EIN > 77-0602105 Firm's name MONICA J. STERN, CPA, PLLC Preparer Firm's address 11225 NORTH 28TH DRIVE, Use Only SUITE A100

PHOENIX, AZ 85029-5608

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. (602) 674-8226

X Yes No

Form **990** (2019)

orn	n 990 (2019) ASIAN LEGACY LIBRARY US, INC. 83-2826030 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission  THE ACTAN LECACY LIBRARY LICE THIC (ALL) FINDS AND DESCRIPTED DADE AND
	THE ASIAN LEGACY LIBRARY US, INC. (ALL) FINDS AND PRESERVES RARE AND ENDANGERED WORKS OF ANCIENT ASIAN CULTURE AND MAKES THEM AVAILABLE
	FREE ONLINE TO EVERYONE.
	TREE ONLINE TO EVERTONE.
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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
<u> </u>	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 80,800. including grants of \$ 15,669.) (Revenue \$)
	ASIAN LEGACY LIBRARY (ALL) HAS ACCESSED SEVERAL COLLECTIONS OF ANCIENT
	WISDOM IN CHINA, INDIA AND MONGOLIA; MADE PLANS TO ACCESS OTHERS; AND DEVELOPED THE RELATIONSHIPS NECESSARY TO GAIN PERMISSION TO PERFORM
	CULTURAL PRESERVATION ACTIVITIES ON THESE COLLECTIONS.
	ALL IS COMPLETING THE DIGITAL PRESERVATION OF THE NATIONAL LIBRARY OF
	MONGOLIA'S COLLECTION OF ANCIENT MANUSCRIPTS. THIS WILL ALLOW THESE
	COLLECTIONS TO BE DISTRIBUTED DIGITALLY FREE OF CHARGE TO CURRENT AND
	FUTURE GENERATIONS.
4b	(Code) (Expenses \$ ) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 80,800.
	Form <b>990</b> (2019)

Form 990 (2019)

ASIAN LEGACY LIBRARY US, INC.

Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<del> </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ĺ	v
,	public office? If "Yes," complete Schedule C, Part I	3	<del> </del>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		_^
3	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	Ì	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	] .	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	404		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
3	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	х	
4a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
:0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>_x_</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2019)

ASIAN LEGACY LIBRARY US, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			<b>.</b>
L	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	<u> </u>
·	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		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1 1		ĺ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		X_
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
Ī	"Yes," complete Schedule L, Part IV	28a	ĺ	<u>x</u>
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_	- 1	37
07	If "Yes," complete Schedule R, Part V, line 2	36		_ <u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1.00.1		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable 1a 5	1 1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ľ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X .	
932004	01-20-20	⊦orm	IJU ()	2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
	,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1.00
	filed for the calendar year ending with or within the year covered by this return  2a  0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
N,	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
20		3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ا ۔ ا		v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
Ď	If "Yes," enter the name of the foreign country			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
p	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization 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?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		İ
-	Gross income from other sources (Do not net amounts due or paid to other sources against			
•	amounts due or received from them)		l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ľ	i
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	•	.	1	
	Enter the amount of reserves on hand  Did the execute receive any newments for indeer tenning convices during the tax year?	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?  If "You " boast filed a Form 730 to report these payments? If "No " provide an explanation on Schodule O	14a		_^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ـــا		v
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

If "Yes," complete Form 4720, Schedule O

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

	Observed Cabadula O contains a vacciona a vacciona de la vacciona de la Dart VII			$\mathbf{x}$
500	Check if Schedule O contains a response or note to any line in this Part VI			لما
<u>3ec</u>	tion A. Governing Body and Management		\ <u>\</u>	
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 6	-		
	If there are material differences in voting rights among members of the governing body, or if the governing		[	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting membors included on line 1a, above, who are independent  1b  6	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
	officer, director, trustee, or key employee?	2_	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5		X
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	] _		
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u> _	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		г	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		:	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	_13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3, 2, 2, 2, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	s only	) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	ASIAN LEGACY LIBRARY US, INC 520 360-0423			
	6490 SR 179 SEDONA AZ 86351			

Form 990 (2	
	nnu

#### ASIAN LEGACY LIBRARY US, INC.

83-2826030

Page 7

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

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

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

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

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

(A)	(A) (B)			De:	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			than		Reportable	Reportable	Estimated	
	hours per week	box	, unle cer ar	ss pe	rson Irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	Ē					$\Box$	the	organizations	compensation
	hours for	direc				B		organization	(W-2/1099-MISC)	from the
	related	tee on	ustee			ensat	ŀ	(W-2/1099-MISC)	,	organization
	organizations	al fres	nal tr		loyee	g 9				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	ey emp	Highest compensated employee	Богте			organizations
(1) JOHN BRADY	5.00	=	<u> </u>	P	<u> </u>	I e	<u> </u>			
PRESIDENT		X		x	ļ			0.	0.	0
(2) BEN GHALMI	2.00									
TREASURER		X		Х				0.	0.	0
(3) CHRISTINA KASICA	2.00									
SECRETARY		X		X				0.	0.	0
(4) STANLEY CHEN	2.00									
VICE PRESIDENT		X		Х				0.	0.	0
(5) CONSTANCE O'BRIEN	2.00									
DIRECTOR		X					L_	0.	0.	0
(6) MICHAEL ROACH	2.00									
DIRECTOR		X					L_	0.	0.	0
			İ	}						
		<u> </u>	ļ							
	-		 							
<del></del>	<del></del>							<u>-</u>		· · · · · · · · · · · · · · · · · · ·
	<del> </del>									
						-				
_ <del></del>										
	-									
						$\vdash$		-	-	
	1	i i				ĺĺ				

Compensation from the organization is and telled organizations of the organization from the organization of the organization from the organizations of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organizations of the organizations of the organizations of the organizations of the organizations of the organizations of the organization of t	Га	[ VII   Section A. Officers, Directors, Trus	<u>stees, Key Em</u>	ploy	<u>/ees</u>	<u>, an</u>	d Hi	ghe	st C	ompensated Employ	ees (continued)				
Name and title    Average   Phours for resided of the programme of the pro		' (A)	(B)	İ		(6	C)			(D)	(E)			(F)	
Total from continuation sheets to Part VII, Section A   Discontinuation shee		Name and title	(do not check more than one   Reportable   Reportable			E		eď							
Compensation   Comp			hours per							compensation	'		aı	mount	of
1b Subtotal  C Total from continuation sheets to Part VII, Section A  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	1		other	
1b Subtotal  C Total from continuation sheets to Part VII, Section A  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(list any	夏						the	organization	s	con	npensa	ation
1b Subtotal  C Total from continuation sheets to Part VII, Section A  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1	를				ted		organization	(W-2/1099-MIS	SC)	f	rom th	e
1b Subtotal  C Total from continuation sheets to Part VII, Section A  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1	stee	aste			Bensa		(W-2/1099-MISC)					
1b Subtotal  C Total from continuation sheets to Part VII, Section A  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1 -	al fr	l a		loye	5 8	ŀ		1				
1b Subtotal  C Total from continuation sheets to Part VII, Section A  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			I	Jangr	#g	3	l em	age a	Ē				org	anızat	ions
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		<del></del>	11107	트	<u> </u>	5	\$	로등	윤		<del> </del> -				
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				-											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				⊬	-		-	$\vdash$	<del> </del> -		<del> </del>				
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				1											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		<del></del>			-			├	├						
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				┨											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				├	-	_	-			<del></del>	<del> </del>				
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				1											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		<del></del>	<del></del>					-			<del> </del>				
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				1											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				<del> </del>			<del> </del>				<del> </del>				<del></del>
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				1											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization			<del> </del>											<del></del>	
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				1											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		····		$\vdash$	$\vdash$	-									
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization				1											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	-			$\vdash$											
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization															
c Total from continuation sheets to Part VII, Section A d. Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1b	Subtotal	· <del>l</del>	J	·				<b>&gt;</b>	0.		0.			0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization compensation from the organization of the organ			II. Section A					i							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.  Yes No  Yes No  Indition 1a* If "Yes," complete Schedule J for such individual  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  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Compensation for services  Total number of independent contractors (including but not limited to those listed above) who received more than			,								<del></del>			_	
compensation from the organization   Yes   No    Yes   No   Yes		ot limited to th	ose	liste	d at	OOVE	e) wh	io re	ceived more than \$10	0.000 of reportable					
Note   Note		-						•		•	•				0
Inne 1a? If "Yes," complete Schedule J for such individual  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  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than		***************************************												Yes	No
Inne 1a? If "Yes," complete Schedule J for such individual  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  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	loye	e, or	higi	hest compensated em	ployee on	[			
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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		-			Ť	·			Ī	·	•		3		х
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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  None  1 Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	4	*		le co	mpe	ensa	tion	and	oth	ner compensation from	the organization	j	_		
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. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than					-						•	l	4		Х
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 Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C) (C) (Compensation)  Name and business address (A) (B) (C) (C) (Compensation)  NONE (B) (C) (C) (Compensation)  Compensation (C) (C) (Compensation)  Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or a	accrue comper	nsati	ion fi	rom	any	unr	elate	ed organization or indiv	ridual for services				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ich j	oers	on					5		X
the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C) Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	Sec	tion B. Independent Contractors								<u> </u>					
(A) Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs th	nat received more than	\$100,000 of com	pensa	ation f	from	
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	<b></b>	the organization Report compensation for	the calendar y	ear e	endir	ng w	/ith (	or wi	thin	the organization's tax	year			<del></del>	
2 Total number of independent contractors (including but not limited to those listed above) who received more than															
<u> </u>		Name and business	address	NC	<u> NE</u>	<u> </u>			_	Description of	services	С	ompe	nsatio	n
<u> </u>															
<u> </u>									_						
<u> </u>											j				
<u> </u>						_									
<u> </u>															
<u> </u>			<del></del>						$\dashv$						
<u> </u>															
<u> </u>									+	<del></del> -					
<u> </u>															
<u> </u>		Table a contract of the state o	a a l al - a - 1 - 1	-+ '			46		•	ahaya) wha ar a a a a a a	nore the				
	2			ot IIr	шес	10	_		rea	above) who received r	note trian				

Form 990 (2019) ASIAN LEGACY LIBRARY US, INC. 83-2826030 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a 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 228,358. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f | 1g |\$ 228,358 h Total, Add lines 1a-1f **Business Code** Program Service 2 a \_ f All other program service revenue q Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents 6a **b** Less rental expenses 6b c Rental income or (loss) 60 d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b 7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 8a **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 9a **b** Less direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

228,365

# Form 990 (2019) ASIAN LEGACY LIBRARY US, INC. Part IX Statement of Functional Expenses

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

	01-1-1-1-1-0		N 5-41V		
	Check if Schedule O contains a respon-	se or note to any line in	this Part IX (B)	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,669.	15,669.		•
2	Grants and other assistance to domestic				<u> </u>
	individuals See Part IV, line 22		_	- F2	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			'	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal	2,942.		2,942.	
С	Accounting	15,525.		15,525.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	78,000.			78,000.
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	10,354.	10,354.		
12	Advertising and promotion	4,908.	2,945.	491.	1,472.
13	Office expenses	896.	119.	777.	<del> </del>
14	Information technology	38,922.	38,716.	103.	103.
15	Royalties				·- <u>-</u> .
16	Occupancy				
17	Travel	11,997.	11,997.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u> </u>		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				<del></del>
а	TRAINING	1,000.	1,000.		
b					
С					·
d					
	All other expenses	100 010	00 000	10 000	70 575
25	Total functional expenses Add lines 1 through 24e	180,213.	80,800.	19,838.	79,575.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

	1990 (2019) ASIAN LEGACY LIBRARY US, INC.	<u>83-282</u>	6030	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,365.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,213.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>48</u>	<u>,152.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u> </u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	48	<u>,152.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		Ì
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			Ì
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O	1 i	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2019)

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

**Employer identification number** 

83-2826030 ASIAN LEGACY LIBRARY US, Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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). 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (i) Name of supported (II) EIN (III) Type of organization (vi) Amount of other n your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) Total

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2019

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

Se	ction A. Public Support	orew, prodes com.	pioto i dit ii j				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")				0.	228,358.	228,358.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						<u></u>
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to				i.		
_	or expended on its behalf	<del> </del>	<del> </del>	<u></u>	<del></del>		
5	The value of services or facilities		1				
	furnished by a governmental unit to				]	J	
_	the organization without charge		<del> </del>			220 250	200 250
	Total. Add lines 1 through 5		<del> </del>		<del></del> -	228,358.	228,358.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					38,702.	38,702.
C	: Add lines 7a and 7b					38,702.	38,702.
	Public support. (Subtract line 7c from line 6)		l				189,656.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6					228,358.	228,358.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				0.	7.	7.
h	Unrelated business taxable income					<u>-</u> '•	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					7.	7.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)					228,365.	228,365.
	First five years. If the Form 990 is for	the organization!	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3) organiz	
	check this box and stop here						<b>X</b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	<u>%</u>
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17		Į	18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						ightharpoons
b	33 1/3% support tests - 2018. If the	•	•	•	•		ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	is a publicly suppoi	ted organization	ightharpoons
20	Private foundation. If the organization		-			=	▶□

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

 	Yes	No
_		
11		-
2		
3a		
_3b		
_3c		-
_4a		
4b		
_4c		
		:
5a		
5b	_	ı
_5c		
		s
6		
7		
7		<del></del>
_ 8		
_9a	-	
9b		· •
_9c		
10a	_	
10b		

Sch	edule A (Form 990 or 990-EZ) 2019 ASIAN LEGACY LIBRARY US	S, IN	C	<u>83-2826030 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the integral Part Test as a qualifying	ng trust o	n Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<u>1</u>	Net short-term capital gain	1_		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	<u> </u>
<u>6</u>	Multiply line 5 by 035	6		
<u> 7</u> _	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4_		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	J		
	emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting or	nanization (see

instructions)

Sche Pa	rdule A (Form 990 or 990-EZ) 2019 ASIAN LEGACY なV Type·III Non-Functionally Integrated 509			33-2826030 Page 7
	rt V   Type·III Non-Functionally Integrated 509	(a)(s) Supporting Org	anizations (continued)	Current Year
			<del></del>	Current Year
_1_	Amounts paid to supported organizations to accomplish exe		<del></del>	<del></del>
2	Amounts paid to perform activity that directly furthers exemp	or barboses or supported		
	organizations, in excess of income from activity	as of aumorated arganization		
_3_	Administrative expenses paid to accomplish exempt purpose	15	<del> </del>	
4_	Amounts paid to acquire exempt-use assets	<del></del>		
_ <u>5</u> _	Qualified set-aside amounts (prior IRS approval required)	<del></del>	<del></del>	
<u>6</u> _	Other distributions (describe in Part VI) See instructions			<del> </del>
	Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the	no organization is responsible	· <del></del>	<del> </del>
0	(provide details in Part VI) See instructions	ie organization is responsive	<b>5</b>	
9	Distributable amount for 2019 from Section C, line 6	<del></del>		<del></del>
10	Line 8 amount divided by line 9 amount			
10	Line 6 amount divided by line 9 amount	(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014		_	
b	From 2015			
_с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		<u> </u>	
_ <u>h</u>	Applied to 2019 distributable amount			
_i_	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>	
4	Distributions for 2019 from Section D,			
	line 7 \$		<u></u>	
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount		. <u> </u>	<u> </u>
_ <u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			·
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
	Breakdown of line 7	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2015	<del></del>		<u> </u>
	Excess from 2016			
	Excess from 2017	<del></del>	·	
	Excess from 2018	<del></del>	····	<del> </del>
<u>е</u>	Excess from 2019			<u> </u>

Schedule A	(Form 990 or 990-E	Z) 2019 <b>AS</b>	IAN LEGAC	LIBRARY	US, INC.	83	-2826030	Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Information Innes 1, 2, 3b tion D, lines 2	on. Provide the ex, 3c, 4b, 4c, 5a, 6, and 3, Part IV, Se	planations require 9a, 9b, 9c, 11a, 1 ction E, lines 1c, 2	ed by Part II, line 1 1b, and 11c, Part 2a, 2b, 3a, and 3b	0, Part II, line 17a or 17b, IV, Section B, lines 1 and Part V, line 1; Part V, Sec s part for any additional in	Part III, line 12, 2; Part IV, Section tion B, line 1e, Part	С,
<del></del>	(See instructions)							
<del></del>			<del> </del>					
								_
	<del></del>	<del> </del>	<del></del>	<del></del>				
					<del></del>			
				-	<del></del>	·—		
							<del>-</del>	
		·						
	<del></del>							
					<del></del>	<u> </u>	- <u></u>	
	<del></del> -							<del></del>
<del></del>			·					
		_						
			<u></u> -					_
				··	<del> </del>			<del></del>
		<u></u>						
<del></del>							<del></del>	
			<del></del>					
		<u>—</u>						
				·	·- <u>-</u>	·		
	<del></del> -		. —	-				
<del></del>				<del>-</del>		<del></del>		<del></del>

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Inspection

Name of the organization

Employer identification number

Pa	ASTAN LEGACY LIBRAR rt I Organizations Maintaining Donor Advised		- A	83-2826030
Ра			or Accol	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			<del></del>
	<u> </u>	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's ex	xclusive legal control?		L Yes No
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferring	
_	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Pa	ırt IV, line 7	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreated	on or education)	historically	important land area
	Protection of natural habitat	Preservation of a	certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		2a_	
þ	Total acreage restricted by conservation easements	2b		
¢	Number of conservation easements on a certified historic structure	2c		
q	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structur	θ	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the d	organization	n during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, and enforcing conse	rvation eas	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easeme	nts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	)(4)(B)(ı)	_
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	tatement a	nd
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statemer	its that des	cribes the
	organization's accounting for conservation easements			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement and	d balance s	sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of	public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items		
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and ba	lance shee	t works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furthe	rance of pu	iblic service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial c	jain, provid	
	the following amounts required to be reported under FASB AS	•	. •	
a	Revenue included on Form 990, Part VIII, line 1	<del>-</del>	•	\$
b	Assets included in Form 990, Part X		•	\$

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

		EGACY LIBE			1C					0 Page <b>2</b>
Pai	t III   Organizations Maintaining C									nued)
3	Using the organization's acquisition, access	ion, and other recor	ds, check an	y of the	following that	make s	ignificant	use of its		
	collection items (check all that apply)									
а	Public exhibition		d 🗀 Loai	n or exc	change program	m				
b	Scholarly research	1	e 🔲 Oth	er						
С	Preservation for future generations					-				
4	Provide a description of the organization's co	ollections and expla	in how they f	urther t	the organizatio	n's exer	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical trea	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	tion's c	ollection?				] Yes_	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the org	anızatıc	on answered "\	Yes" on	Form 99	0, Part IV,	line 9, or	
	Is the organization an agent, trustee, custod		diary for con	tribution	ns or other ass	ets not	ıncluded			
•	on Form 990, Part X?		a.a.y						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						_ 103	
	Too, explain the already office in a are xiii	and complete the h	Jiio Willig Table						Amount	
c	Beginning balance						1c		7 4110 4111	·
	Additions during the year						1d			
	Distributions during the year						1e			
í	Ending balance						1f			
	Did the organization include an amount on F	orm 990 Part X line	21 for escr	ow or c	ustodial accou	int liabili			Yes	□ No
	If "Yes," explain the arrangement in Part XIII								_ 103	<b>=</b> "
Par							0.			
		(a) Current year	(b) Prior	_	(c) Two years			ears back	(e) Four	years back
1a	Beginning of year balance		1-2				-/ :		157	,
b	Contributions	<del></del> .								
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs		1							
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1a. co	olumn (a	a)) held as					
	Board designated or quasi-endowment	,	%		.,,					
	Permanent endowment	%								
		<u></u> %								
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation that are	e held a	ind administere	ed for th	ne organiz	zation		
_	by						Ū		Γ	Yes No
	(i) Unrelated organizations								3a(ı)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Par										
	Complete if the organization answere		0, Part IV, line	e 11a §	See Form 990.	Part X.	line 10			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
		basis (investi	, ,		(other)		reciation	,		
1a	Land	<u> </u>								
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (F	3). line 1	10c)	-				0.

ASIAN LEGACY LIBRARY US,

INC.

83-2826030 Page 3

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue ner F	Return
, a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	into with nevertue per i	ictarri.
1	Total revenue, gains, and other support per audited financial statements		T <sub>1</sub>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	7 ]
e	Add lines 2a through 2d		7 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
b	Other (Describe in Part XIII )	4b	]
С	Add lines 4a and 4b		7 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	-	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	]
b	Prior year adjustments	2b	]
c	Other losses	2c	]
d	Other (Describe in Part XIII )	2d	]
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII )	4b	4 1
С	Add lines 4a and 4b		4c
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information	
	NM 777 77370 13		
PAF	RT III, LINE 1A:		
<b>7 T</b> T	DIGITATION WANTED IN C. WILL DOWN IN MUR. DOOD	PDMV OR MUR PNMT	יומג מוגג עוווי
<u>ATT</u>	DIGITIZED MATERIALS WILL REMAIN THE PROP	ERTY OF THE ENTI	TY AND ARE
DTC	TENTER WENT MUT DEDNIGGION OF MUT HOLDED	oe mue poopeomy	OFDER TH
DI	SITIZED WITH THE PERMISSION OF THE HOLDER (	OF THE PROPERTY.	<u>CERTAIN</u>
מחים	NSLATED MATERIALS WILL BE AVAILABLE ON A	CIIDCODIDMION DAC	TO BOD A BEE
11/1	MISTATED MATERIALS WILL BE AVAILABLE ON A	SUBSCRIPTION BAS	IS FOR A FEE
እፐ∕ገባ	YET DETERMINED. THE GOAL IS TO MAKE THE	MATERIAL ASSATI	. אם ד. בי את א ד. העו
NOI	TET DETERMINED. THE GOAL IS TO MAKE THE	MATERIALS AVAIL	ABLE AT A LOW
രവ	T THAT WILL COVER PART OF THE TRANSLATION	COSTS ALL DEC	DIICES
CUS	THAT WILL COVER PART OF THE TRANSLATION	COSIS. ALL PRO	DUCES
CT TE	RICULUM FOR TEACHING PHILANTHROPY BASED OF	A NOTENT TECTO	AT.T.
COE	RICOLOM FOR TEACHING PHILANITAROFI BASED OF	ANCIENT TESTS.	ХПП
CITE	RICULUM REMAINS THE PROPERTY OF ALL.		
COF	RICODOM REMAINS THE PROPERTY OF ADD.	·	<del>-</del>
		<del></del>	

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990.

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

Employer identification number

	IAN LEGACY LI	IBRARY US	, INC.		83-2826	030
Pa			ctivities Ou	tside the United States. Comple	ete if the organization answered	d "Yes" on
	Form 990, Part I			<del> </del>		<del></del>
1				ds to substantiate the amount of its gra		
	the grantees eligibility i	for the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2	United States			procedures for monitoring the use of it		outside the
3				an be duplicated if additional space is i		(D. T. t. )
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
					WEBSITE DESIGN AND	
NOR	TH AMERICA	0	1	PROGRAM SERVICES	IMPLEMENTATION _	38,610,
			ji.			
		1				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
		<del>                                     </del>	<u> </u>			<del></del>
	<del>_</del>					
						-
					<del></del>	
3 а	Subtotal	0	1		·	38,610,
b	Total from continuation					
_	sheets to Part I		0		- ·	0.
С	Totals (add lines 3a and 3b)		1		•	38,610,
	and our	. 0	1	· I		1 20.010*

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

Schedule F (Form 990) 2019

INC. ASIAN LEGACY LIBRARY US,

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							i	
2 Enter total number of	recipient organization	s listed above that are r	Enter total number of recipient organizations listed above that are reconnized as charities by the foreign country reconnized as tay exempt	foreign country	veryet se bezignooner	- ta		

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2019

INC
US,
LIBRARY
LEGACY
ASIAN

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Schedule F (Form 990) 2019

Page 3

83-2826030

Part III can be duplicated if additional space is needed

1	1	ľ	1	1	1	1	1	ı	t
(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of noncash assistance									
(f) Amount of noncash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									
(c) Number of recipients									
(b) Region									
(a) Type of grant or assistance (b) Region									

Schedule F (Form 990) 2019

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2019

Yes X No

Schedule F	(Form 990) 2019 ASIAN LEGACY Supplemental Information	LIBRARY US	S, INC.	83-2826030	Page 5
	<ul> <li>Provide the information required by Part I, line investments vs. expenditures per region), Par</li> </ul>				
	(estimated number of recipients), as applicab				
		<u></u>			
		<del></del>	<del></del>		
		. — -	<del></del>		
		<del></del> _			
		· -			<del></del> -
		· <del></del> -	<del>-</del>		
	<del></del>				
		· <del></del>			
					<u></u>
		·			
					<del></del> -
					····
	<del></del>				
		<del></del>	<del></del>		

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization						Employer ide	ntification number
	LEGACY LIBRARY US,	INC	•			83-2826	030
Part I Fundraising Activities required to complete this pa	S. Complete if the organization answ lift	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	filers are not
<ul> <li>1 Indicate whether the organization rate a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicità f Solicità g Specia  or oral agreement with any individua Part VII) or entity in connection with lividuals or entities (fundraisers) purs	ation of ation of al fundra al (include profess	non-g gover alsing ding o ional f	overnment grants rnment grants events fficers, directors, true fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iII) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
JEFF WALLMAN - 2422 NORTH	DONOR DEVELOPMENT AND	Yes	No				
BEACHWOOD DRIVE, LOS ANGELES,	TRACKING		х	0.		78,000,	-78,000,
			-				
Total			<b>&gt;</b>			78,000,	-78,000.
3 List all states in which the organizati or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notified	i it is	exempt from re	gistration
				<del>_</del>			·
							<del></del>

		le G (Form 990 or 990 EZ) 2019 ASIAN I				-2826030 Page 2					
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000											
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through					
e			(event type)	(event type)	(total number)	col (c))					
Revenue	1	Gross receipts									
	2	Less Contributions		_							
	3	Gross income (line 1 minus line 2)									
	4	Cash prizes									
S	5	Noncash prizes			<del></del>						
xpense	6	Rent/facility costs									
Direct Expenses	7	Food and beverages			· · · · · · · · · · · · · · · · · · ·						
_	8	Entertainment									
	9	Other direct expenses									
	10	Direct expense summary Add lines 4 through			<b>&gt;</b>						
_	11	Net income summary Subtract line 10 from									
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than										
		\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming (add					
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))					
eve						, , , , , , , , , , , , , , , , , , ,					
<u> </u>	1	Gross revenue									
Direct Expenses	2	Cash prizes									
	3	Noncash prizes									
	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes % No	Yes %  No	Yes% No						
	7	Direct expense summary Add lines 2 through	•								
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u></u>						
_											
		er the state(s) in which the organization condu				Yes No					
		he organization licensed to conduct gaming ac				L Yes No					
b	11 1	No," explain:									
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	year?	Yes No					
		Yes," explain									

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990 EZ) 2019 ASIAN LEGACY LIBRARY US, INC.	33-2826030 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	13a %
<b>b</b> An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	S.
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	nt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information	
Name >	
Gaming manager compensation ▶ \$	
Description of services provided	
	<del></del>
Director/officer Employee Independent contractor	
17 Mandatory distributions	
17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V), a	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	· CFDC.
Denebone G, PART I, DINE 2B, DIST OF TEN HIGHEST TAID FONDRAL	.bekb.
/~\	
(I) NAME OF FUNDRAISER: JEFF WALLMAN	
(I) ADDRESS OF FUNDRAISER:	
2422 NORTH BEACHWOOD DRIVE, LOS ANGELES, CA 90068	
PART I, LINE 2B, COLUMN (V):	
PROVIDES DATABASE CONSULTING FOR INTERNET, EMAIL, DIRECT MAIL SOLICITATIONS. DONATIONS ARE NOT TRACKED BY WHO RAISED THE F	

932083 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

<u>Schedule</u>	G (Form 99	<u>90 or</u>	990·EZ)	<u>ASIAN</u>	LEGACY	LIBRARY	US,	INC.			<u>83-2826030</u>	Page 4
Part IV	/ Suppl	em	ental Info	rmation (co	ontinued)							
	•	_										
<u>MANY</u>	TIMES	<u>A</u>	JOINT	EFFORT	•							
						<del></del>	<del></del> .				<del> </del>	
<del></del>							<u> </u>			-		
											<del></del>	
					·							
			<u> </u>									
											<del></del>	
<del></del>	<del></del> -					<u> </u>						<del></del>
<del></del> .			<del></del>		·				<del></del>	<del></del>		<del></del>
			<u> </u>	<u></u> .				*****			<del></del>	
					<del></del>						<del></del>	
	<del></del>		·	····				<u> </u>	<del></del> -		<del></del>	
					··			<del>-</del>			····	
						·						
											•	
<del></del>				<del></del> -						-		
<del></del>				<del></del>	<del></del>							
									<del></del>	··		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2019
Open to Public Inspection

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

Name of the organization ASTAN I, EGACY I, TBRARY	ACY LIBRA	ARY US. INC.					Employer identification number 83-2826030
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the select	ľ
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	izations and Domesti	c Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	Jed			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ACIAN CLASSICS INDIM PROJECT							
6490 STATE ROUTE 179	F NO 8 C F = NO	501(0)(3)	15 669	c			SHEDDOR FOR INVESTMENT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in tl	he line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	ıs listed in the line	1 table				1	•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2019)

83-2826030 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed INC. ASIAN LEGACY LIBRARY US, Schedule I (Form 990) (2019) Part III

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, Irr	ie 2, Part III, column	(b), and any other ac	iditional information	
PART I, LINE 2:					
GRANTS FOR SPECIFIC PROJECTS MAY BE MADE TO ENTITIES THAT HAVE A CLOSE	E MADE T	O ENTITIES	THAT HAVE	A CLOSE	
WORKING RELATIONSHIP WITH ASIAN LEGACY	- 1	RARY US IN	LIBRARY US INC. (ALL) ALL WORKS	ALL WORKS	
CLOSELY WITH THE ASIAN CLASSICS INPUT	- 1	PROJECT, INC.	INC. (ACIP) AND MAY MAKE	O MAY MAKE	
GRANTS FOR SPECIFIC PROJECTS THAT ADVANCE THE MISSION OF ALL.	ADVANCE	THE MISSIO	N OF ALL.	ANY GRANTS	
AWARDED TO PARTNERS ARE SUPERVISED	BY	THE BOARD MEMBERS	ERS SERVIN	SERVING ON BOTH	
BOARDS.					

ARE MADE, GRANT REPORTS WILL BE REQUIRED AND PROOF OF THE FUNDED PROJECT OR

ALTHOUGH THERE ARE NO PLANS FOR GRANTS TO OTHER ORGANIZATIONS, IF GRANTS

Schedule I (Form 990)	ASIAN LEGACY LIBRARY US, INC.	83-2826030 Page 2
Part IV Supplemental Inf	formation	
•		
ACTIVITIES WILL BE	E OBSERVED EITHER DIGITALLY OR IN PERSON.	
<del></del>	<del></del>	
<u> </u>		
<del></del>		<del></del>

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number ASIAN LEGACY LIBRARY US, INC. 83-2826030

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WHEREVER POSSIBLE, WE WILL SUPPORT AND COOPERATE WITH SISTER ORGANIZATIONS ENGAGED IN SIMILAR ACTIVITIES TO CREATE INNOVATIVE SOLUTIONS. WE WILL SPREAD AND TEACH THESE ANCIENT IDEAS TO HELP MODERN PEOPLE BRING THEM TO LIFE IN TODAY'S WORLD, EDUCATING PEOPLE TO TAKE ON THE MISSION OF PHILANTHROPY FOR GENERATIONS TO COME. FORM 990, PART VI, SECTION A, LINE 2: JOHN BRADY, PRESIDENT, IS MARRIED TO CONSTANCE O'BRIEN, DIRECTOR. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD PRESIDENT AND THE THE BOARD PRESIDENT SIGNS THE 990 BEFORE IT IS SUBMITTED TO BOOKKEEPER. THE INTERNAL REVENUE SERVICE FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS SHALL SERVE ASIAN LEGACY LIBRARY US, INC (ALL) WITH THE HIGHEST DEGREE OF UNDIVIDED DUTY, LOYALTY AND CARE AND SHALL UNDERTAKE NO ENTERPRISE TO PROFIT PERSONALLY FROM THEIR POSITION WITH ALL. OF DIRECTORS SHALL NOT ENTER INTO ANY CONTACT OR TRANSACTION WITH ANY DIRECTOR OF ALL, OR ANY ORGANIZATION IN WHICH A DIRECTOR HAS A MATERIAL FINANCIAL INTEREST, UNLESS THE RELEVANT INTEREST IS FULLY DISCLOSED, THE INTERESTED DIRECTOR DOES NOT VOTE, AND THE BOARD AUTHORIZES THE TRANSACTION IN GOOD FAITH BY A MAJORITY VOTE OF THE REMAINING DIRECTORS.

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