

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	218,746.	176,746.	42,000.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	208,648.	208,648.		
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	28,832.	28,832.		
29 Payroll taxes	32,695.	29,482.	3,213.	
30 Professional fundraising fees				
31 Accounting fees	5,490.	0.	5,490.	
32 Legal fees	18,937.	0.	18,937.	
33 Supplies	53,052.	53,052.		
34 Telephone				
35 Postage and shipping	12,304.	12,304.		
36 Occupancy	16,727.		16,727.	
37 Equipment rental and maintenance				
38 Printing and publications	61,892.	61,892.		
39 Travel	42,781.	42,781.		
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	18,008.	18,008.		
43 Other expenses not covered above (itemize):				
a PUBLIC RELATIONS	9,324.	9,324.		
b CONTRACTUAL SERVICES	197,295.	197,295.		
c HUMANITARIAN AID	135,987.	135,987.		
d OFFICE REPAIRS &				
e MAINTENANCE	14,886.		14,886.	
f				
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,075,604.	974,351.	101,253.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ TO RESEARCH THE "LAOGAI" PRISON SYSTEM	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a FOR CONTINUED RESEARCH AND INVESTIGATION AND TO PROVIDE INFORMATION ON CHINA'S PRISON SYSTEM "LAOGAI"	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	974,351.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	974,351.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	49,944.	529,910.
	46 Savings and temporary cash investments		5,521,592.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a 1,661,477.	
	b Less: accumulated depreciation	55b 23,633.	931. 55c 1,637,844.
	56 Investments - other	SEE STATEMENT 3	0. 56 8,578,929.
	57 a Land, buildings, and equipment: basis	57a	
b Less: accumulated depreciation	57b	57c	
58 Other assets, including program-related investments (describe ▶ _____)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	50,875.	59 16,268,275.	
Liabilities	60 Accounts payable and accrued expenses	53.	60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ _____)		65
66 Total liabilities. Add lines 60 through 65	53.	66 0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	50,822.	67 1,088,270.
	68 Temporarily restricted		68 15,180,005.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	50,822.	73 16,268,275.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	50,875.	74 16,268,275.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	18,822,665.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	18,822,665.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	18,822,665.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,605,212.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,605,212.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): <u>LOSSES ON INVESTMENT ACCOUNT</u>	d2		<1,529,608.>
	Add lines d1 and d2		d	<1,529,608.>
e	Total expenses (Part I, line 17). Add lines c and d		e	1,075,604.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
HONGDA HARRY WU 1708 BROADFIELD LANE VIENNA, VA 22182	EXEC. DIRECTOR 40.00	99,414.	8,713.	0.
JEFF FIEDLER 10889 WOODLEAF LANE GREAT FALLS, VA 22066	DIRECTOR 5.00	0.	0.	0.
TIENCHI MARTIN LIAO 11917 CROSS WIND COURT RESTON, VA 20194	DIRECTOR 40.00	77,332.	4,324.	0.
CHING LEE CHIEN 1708 BROADFIELD LANE VIENNA, VA 22182	SECRETARY/TREASURER 25.00	42,000.	0.	0.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	83b N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	85a N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85b N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	89g		
90 a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	11
91 a	The books are in care of <u>H. HARRY WU</u> Telephone no <u>202-833-8690</u> Located at <u>1708 BROADFIELD LANE, VIENNA, VA</u> ZIP + 4 <u>22182</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					122,191.
96 Dividends and interest from securities					101,275.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					3,200.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a HANDBOOK & MISC.					
b PUBLICATIONS					1,251.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	227,917.
105 Total (add line 104, columns (B), (D), and (E))					227,917.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

103A INCOME FROM DISTRIBUTION OF PERIODIC REPORTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Natu	(D)	(E)
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated

(a) Did the organization, during the year, receive any funds, directly or indirectly,
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Harry Wu Date: 5/12/09
 Type or print name and title: Harry Wu, Executive Director

Paid Preparer's Use Only

Preparer's signature: Herbert E Collins Date: 5/11/09 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: PKS & COMPANY, P.A.
P.O. BOX 72
SALISBURY, MD 21803-0072
 Preparer's SSN or PTIN (See Gen. Inst. X): _____
 EIN: _____
 Phone no: (410) 546-5600

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization LAOGAI RESEARCH FOUNDATION	Employer identification number 77 0304957
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
	b Did the organization make any taxable distributions under section 4966?	4b	
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
	d Enter the total number of donor advised funds owned at the end of the tax year ▶		0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

N/A
N/A

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	320,515.	307,636.	295,465.	299,265.	1,222,881.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,067.				1,067.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	4,122.	6,534.	SEE STATEMENT 5 6,098.	3,715.	20,469.
23 Total of lines 15 through 22	325,704.	314,170.	301,563.	302,980.	1,244,417.
24 Line 23 minus line 17	325,704.	314,170.	301,563.	302,980.	1,244,417.
25 Enter 1% of line 23	3,257.	3,142.	3,016.	3,030.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 24,888.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,244,417.
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 <u>1,067.</u> <u>20,469.</u> 26b _____					26d 21,536.
e Public support (line 26c minus line 26d total)					26e 1,222,881.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.2694%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2006) N/A	(2005) N/A	(2004) N/A	(2003) N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2006) N/A	(2005) N/A	(2004) N/A	(2003) N/A	
c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990	RENTAL INCOME	STATEMENT	1
<u>KIND AND LOCATION OF PROPERTY</u>		<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>
OFFICE		1	3,200.
TOTAL TO FORM 990, PART I, LINE 6A			<u>3,200.</u>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
<u>DESCRIPTION</u>			<u>AMOUNT</u>
REALIZED AND UNREALIZED LOSSES ON INVESTMENT ACCOUNT			<1,529,608.>
TOTAL TO FORM 990, PART I, LINE 20			<u><1,529,608.></u>

FORM 990	OTHER INVESTMENTS	STATEMENT	3
<u>DESCRIPTION</u>		<u>VALUATION METHOD</u>	<u>AMOUNT</u>
INVESTMENT ACCOUNT		MARKET VALUE	8,578,929.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			<u>8,578,929.</u>

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 4

INDIVIDUAL'S NAME

TITLE OR ROLE

HONGDA HARRY WU

EXEC. DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

CHING LEE CHIEN

SEC/TREASURER

EXPLANATION OF RELATIONSHIP

HUSBAND

SCHEDULE A

OTHER INCOME

STATEMENT 5

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	4,122.	6,534.	6,098.	3,715.
TOTAL TO SCHEDULE A, LINE 22	4,122.	6,534.	6,098.	3,715.

Tax Asset Detail 10/01/07 - 9/30/08

FYE: 9/30/2008

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: BUILDINGS											
55	BUILDING	2/15/08	1,055,524.65	0.00c	0 00	0 00	16,915 46	16,915 46	1,038,609 19	S/L	39 0
	BUILDINGS		<u>1,055,524 65</u>	<u>0 00c</u>	<u>0 00</u>	<u>0 00</u>	<u>16,915 46</u>	<u>16,915.46</u>	<u>1,038,609 19</u>		
Group: LAND											
60	LAND	2/15/08	590,022 00	0 00c	0 00	0 00	0.00	0.00	590,022 00	Land	0 0
	LAND		<u>590,022 00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>590,022 00</u>		
Group: LRF - UNRSTRCTD (SUPPLIES)											
1 *	TELE-LENS	2/02/93	400 00	0 00	0 00	400 00	0 00	400 00	0 00	S/L	5 0000
2 *	REMOTE VHS, MULTISYSTEM	2/11/93	599 00	0 00	0.00	599 00	0 00	599 00	0 00	S/L	5 0000
3 *	SIGMA LENS, 35-135 mm/AF	3/11/93	177 00	0 00	0 00	177 00	0 00	177 00	0 00	S/L	5.0000
5 *	SIGMA LENS, 600 mm/AF	2/25/93	600 00	0 00	0.00	600.00	0 00	600.00	0 00	S/L	5 0000
6 *	LCD COLOR VIDEO, MONITOR	4/08/93	162 00	0 00	0 00	162 00	0 00	162 00	0 00	S/L	5.0000
7 *	FAX MACHINE, PANASONIC K	7/18/93	458 98	0 00	0 00	458 98	0 00	458 98	0 00	S/L	5.0000
8 *	VIDEO CAMERA, SONY CCD TI	7/20/93	1,569 00	0 00	0 00	1,569.00	0 00	1,569.00	0 00	S/L	5 0000
9 *	LIPSTICK CAMERA	3/16/94	4,597.00	0 00	0 00	4,597 00	0.00	4,597.00	0 00	S/L	5 0000
10 *	SONY "HI-FI" VCR	2/03/95	739 17	0 00	0 00	739 17	0 00	739 17	0 00	S/L	5 0000
11 *	STILL CAMERA	5/13/95	377.02	0 00	0 00	377 02	0 00	377 02	0 00	S/L	5.0000
13 *	8 MM VIDEO CAMERA	5/13/95	3,552.49	0 00	0.00	3,552 49	0 00	3,552 49	0 00	S/L	5 0000
14 *	VCR	12/09/95	879.95	0 00	0 00	879 95	0 00	879.95	0 00	S/L	5 0000
15 *	U SHAPED WORK TABLE	12/16/95	599.98	0 00	0 00	599 98	0 00	599 98	0 00	S/L	5.0000
16 *	35 MM SCANS	2/07/96	838 85	0 00	0 00	838 85	0 00	838 85	0 00	S/L	5 0000
17 *	COMPUTER PENTIUM 133	1/24/96	6,500 15	0 00	0 00	6,500.15	0 00	6,500.15	0 00	S/L	5 0000
18 *	TV SET	8/11/96	1,299 97	0 00	0.00	1,299 97	0 00	1,299 97	0 00	S/L	5.0000
19 *	VCR	8/14/96	563 92	0 00	0 00	563 92	0 00	563 92	0 00	S/L	5 0000
34 *	COMPUTER (PC WAREHOUSE)	10/15/97	2,069 00	0 00	0 00	2,069.00	0 00	2,069.00	0 00	S/L	5 0
35 *	COMPUTER	3/30/01	1,100.60	0.00	0 00	1,100.60	0.00	1,100 60	0.00	S/L	5 0
57	Lowes appliances	3/11/08	3,113 48	0.00c	0 00	0 00	259 46	259 46	2,854.02	S/L	7 0
58	Air conditioning units	5/22/08	3,500 00	0 00c	0 00	0 00	166 67	166 67	3,333 33	S/L	7 0
59	Furniture	5/21/08	2,761 09	0 00c	0 00	0 00	131 48	131 48	2,629 61	S/L	7 0
	LRF - UNRSTRCTD (SUPPLIES)		<u>36,458 65</u>	<u>0 00c</u>	<u>0.00</u>	<u>27,084 08</u>	<u>557 61</u>	<u>27,641 69</u>	<u>8,816 96</u>		
	*Less: Dispositions		<u>27,084 08</u>	<u>0 00</u>	<u>0 00</u>	<u>27,084.08</u>	<u>0 00</u>	<u>27,084 08</u>	<u>0 00</u>		
	Net LRF - UNRSTRCTD (SUPPLIES)		<u>9,374.57</u>	<u>0 00c</u>	<u>0 00</u>	<u>0 00</u>	<u>557 61</u>	<u>557 61</u>	<u>8,816 96</u>		
Group: LRF - UNRSTRCTD (TRAVEL)											
20 *	CAMERA, PENTAX 90 WR	10/01/92	189.00	0 00	0 00	189 00	0 00	189 00	0 00	S/L	5 0000
21 *	CAMERA, PENTAX ESP115	7/22/93	326 63	0.00	0 00	326 63	0 00	326 63	0 00	S/L	5 0000
	LRF - UNRSTRCTD (TRAVEL)		<u>515 63</u>	<u>0 00c</u>	<u>0 00</u>	<u>515 63</u>	<u>0 00</u>	<u>515 63</u>	<u>0 00</u>		
	*Less: Dispositions		<u>515 63</u>	<u>0 00</u>	<u>0 00</u>	<u>515 63</u>	<u>0.00</u>	<u>515 63</u>	<u>0 00</u>		
	Net LRF - UNRSTRCTD (TRAVEL)		<u>0 00</u>	<u>0 00c</u>	<u>0.00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>		

Tax Asset Detail 10/01/07 - 9/30/08

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: NED - RSTRCTD (PRNT & PUB)											
32 *	PROJECTOR	10/31/92	325 00	0 00	0 00	325 00	0 00	325 00	0 00	S/L	5 0000
	NED - RSTRCTD (PRNT & PUB		325 00	0 00c	0 00	325 00	0 00	325.00	0.00		
	*Less: Dispositions		325 00	0 00	0 00	325 00	0 00	325.00	0 00		
	Net NED - RSTRCTD (PRNT & PUB		0 00	0 00c	0 00	0 00	0 00	0 00	0 00		
Group: NED - RSTRCTD (SUPPLIES)											
4 *	TRIPOD	1/08/92	49 97	0 00	0 00	49 97	0 00	49 97	0 00	S/L	5 0000
12 *	FAX MACHINE	10/03/95	549 99	0.00	0 00	549 99	0 00	549 99	0 00	S/L	5.0000
22 *	OFFICE DESK	10/01/92	144 75	0 00	0 00	144 75	0 00	144 75	0 00	S/L	5 0000
23 *	CORDLESS PHONE	10/27/92	169 97	0 00	0.00	169.97	0 00	169.97	0 00	S/L	5 0000
24 *	COPY MACHINE, CANNON PC-	11/05/92	899 99	0 00	0 00	899 99	0.00	899 99	0 00	S/L	5 0000
25 *	FAX MACHINE	11/08/92	399 97	0 00	0 00	399 97	0 00	399 97	0 00	S/L	5 0000
26 *	CORDLESS PHONE	11/08/92	79 70	0.00	0.00	79 70	0 00	79 70	0 00	S/L	5 0000
27 *	PHONEMATE	1/04/93	79 95	0.00	0 00	79.95	0 00	79 95	0.00	S/L	5 0000
28 *	COMPUTER 3863X PC	1/30/93	650.00	0 00	0.00	650 00	0.00	650 00	0 00	S/L	5.0000
29 *	LASER PRINTER, HP JET II PLU	2/02/93	739 47	0 00	0 00	739 47	0 00	739 47	0 00	S/L	5 0000
30 *	SCANNER HP SCANJET	3/29/93	618 49	0 00	0.00	618 49	0 00	618 49	0 00	S/L	5 0000
31 *	OFFICE DESK	8/19/93	39 95	0 00	0 00	39 95	0 00	39 95	0.00	S/L	5 0000
33 *	PRINT, COPY, SCAN ALL IN ON	6/29/98	999 00	0.00	0 00	999 00	0.00	999 00	0.00	S/L	5 0
36 *	HP COMPUTER	12/29/00	762 83	0 00	0 00	762 83	0 00	762 83	0 00	S/L	5 0
37 *	MONITOR	1/02/01	236 09	0 00	0 00	236 09	0 00	236 09	0 00	S/L	5 0
38 *	COMPUTER	4/10/01	870 40	0.00	0 00	870 40	0 00	870 40	0.00	S/L	5 0
39 *	MONITOR	8/22/01	278 95	0 00	0 00	278.95	0 00	278 95	0.00	S/L	5 0
40 *	FAX MACHINE	10/31/01	314.48	0 00	0 00	314 48	0 00	314.48	0.00	S/L	5 0
41 *	COMPUTER SYSTEM	11/19/01	2,488 19	0 00	0 00	2,488 19	0 00	2,488.19	0 00	S/L	5 0
42 *	COMPUTER EQUIPMENT	12/27/01	387.88	0 00	0 00	387.88	0 00	387 88	0 00	S/L	5 0
43 *	COPIER / FAX MACHINE	3/19/02	835 99	0 00	0 00	835.99	0 00	835 99	0 00	S/L	5 0
44 *	COMPUTER & MONITOR	3/08/02	1,165 39	0 00	0 00	1,165 39	0 00	1,165 39	0 00	S/L	5 0
45 *	COMPUTER EQUIPMENT	4/24/02	315 33	0 00	0 00	315 33	0.00	315.33	0 00	S/L	5 0
46 *	SOFTWARE	12/19/02	332.82	0 00	0 00	332 82	0 00	332 82	0 00	Amort	3 0
47 *	COMPUTER	7/22/03	787 88	0 00	0.00	656 58	131 30	787 88	0 00	S/L	5 0
48 *	SOFTWARE	7/22/03	196 38	0 00	0 00	196 38	0 00	196 38	0 00	Amort	3 0
49	COMPUTER AND PRINTER	8/20/03	1,128 59	0 00	564 29	1,074 55	54 04	1,128 59	0 00	200DB	5 0
50	COMPUTER EQUIPMENT	8/20/03	322 89	0 00	161 45	307 43	15 46	322 89	0 00	200DB	5 0
51	DELL LAPTOP	7/30/04	1,601.20	0 00	800 60	1,436 92	87 62	1,524 54	76 66	200DB	5 0
52	AVID EXPRESS SOFTWARE	8/04/04	831 16	0 00	415 58	831.16	0 00	831 16	0 00	Amort	3 0
53	DELL COMPUTER	9/20/04	1,453.20	0 00	726 60	1,304 10	79 52	1,383 62	69 58	200DB	5 0
54	DELL COMPUTER - WENJIE YA	9/27/05	1,218 84	0 00	0 00	802 00	166 74	968 74	250 10	200DB	5 0
	NED - RSTRCTD (SUPPLIES)		20,949 69	0 00c	2,668 52	20,018 67	534 68	20,553.35	396 34		
	*Less: Dispositions		14,393 81	0.00	0 00	14,262 51	0.00	14,393 81	0 00		
	Net NED - RSTRCTD (SUPPLIES)		6,555.88	0 00c	2,668 52	5,756 16	534.68	6,159 54	396 34		

Tax Asset Detail 10/01/07 - 9/30/08

FYE: 9/30/2008

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
	Grand Total		1,703,795 62	0 00c	2,668 52	47,943 38	18,007.75	65,951 13	1,637,844.49		
	Less: Dispositions		42,318 52	0.00	0.00	42,187 22	0 00	42,318 52	0 00		
	Net Grand Total		<u>1,661,477 10</u>	<u>0 00c</u>	<u>2,668 52</u>	<u>5,756 16</u>	<u>18,007.75</u>	<u>23,632.61</u>	<u>1,637,844 49</u>		

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization LAOGAI RESEARCH FOUNDATION	Employer identification number 77-0304957
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1708 BROADFIELD LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIENNA, VA 22182	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **H. HARRY WU**
Telephone No. ▶ **202-833-8690** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2007**, and ending **SEP 30, 2008**
- 2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

PKS & Company, P.A.
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