Department of the Treasury Internal Revenue Service

29847U M261

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A FOI LI	e 2008 calendar year, or tax year beginning	, 2008, and ending		, 20
B Check If a		UTE FOR CHINA US LAW &	D Employer identifica	ition number
Addi chan	SS USE IRS! Doing Business As DOT TOW GET	•	20-4229815	
	change print or Number and street (or PO box if mail is no			· · · · · · · · · · · · · · · · · · ·
Initia	return See 250 WEST 57TH STREET	901	(212)313-9	599
Term	Specific instruc-	1,501	1 1 1 2 1 2 1	
Ате	ded tions. NEW YORK NY 10107		G Gross receipts \$	2,477,81
	F Name and address of principal officer:		H(a) is this a group return	
pend	ng , , ,		affiliates? H(b) Are all affiliates inclu	<u> </u>
Tax-e	empt status X 501(c) (03) ◀ (insert no)	4947(a)(1) or 527	If "No," attach a list.	
	te: N/A	10-17 (d)(17 01 027	H(c) Group exemption nu	·
	of organization X Corporation Trust Association	on Other L Year of fo	rmation 2006 M State of	Alamata I
Part i	Summary	T Today	7006 m otate o	r legal domicile D
1	Briefly describe the organization's mission or most sig	anticant actuition:		
	THE INSTITUTE CONDUCTS ACTIVITI	FS DROMOTTNE COLLABORATIV	F FFFORMS TO	
Governance	SUPPORT THE ONGOING EMERGENCE O			
Ē	CIVIL SOCIETY IN CHINA.	E A SIRONG INFRASIROCORE	COR LAW &	
0 2	Check this box If the organization discontinu	and its apprehens or depend of more than	750/ of the seconds	
0 2				-
85 3 87 4	Number of voting members of the governing body (Pa	rt vi, line la)		5_
Activities 9 c h	Number of independent voting members of the gover		1 [5
₹ 5	Total number of employees (Part V, line 2a)			8
~ _	Total number of volunteers (estimate if necessary)		<u>6 </u>	
7 a	Total gross unrelated business revenue from Part VIII,	line 12, column (C)	7a	
ь	Net unrelated business taxable income from Form 990	⊬T, line 34		. <u> </u>
		;	Prior Year	Current Year
9 8	Contribution and grants (Part VIII, line 1h)		319,348.	1,952,35
Revenue 10	Program service revenue (Part VIII, line 2g)			122,05
10 يُ	Investment income (Part VIII, column (A), lines 3, 4, ai	nd 7d)		-12,34
⁻ 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)		14
12	Total revenue - add lines 8 through 11 (must equal Pa	rt VIII, column (A), line 12)	319,348.	2,062,20
13	Grants and similar amounts paid (Part IX, column (A),	ines 1-3)	11,000.	25
14 g 15	Benefits paid to or for members (Part IX, column (A), li	ne 4)		
g 15	Salaries, other compensation, employee benefits (Part	IX, column (A), lines 5-10)	4,106.	360,38
ខ្លី 16a	Professional fundraising fees (Part IX, column (A), line	11e)		
16a	Total fundraising expenses, Part (X, column (D), line 25	5) ▶ 45.966.		
[∭] 17	Other expenses (Part X, collumn A, lines 11a-11d, 11	f-24f)	111,258.	474,48
18	Total expenses, Add lines 13-17 (must equalifiant IX,	column (A), line 25)	126,364.	835,11
19	Revenue less expenses, Suptract lifte 48 from line 12	(),	192,984.	1,227,08
	- 1- 140 4 ± 1) = 100 S		Beginning of Year	End of Year
Fund Balances C C C C C C C C C C C C C C C C C C C	Total assets (Part X_line-16)		276,394.	
SEE 21	Total liabilities (Part X, line 26).		22,086.	1,559,90
25 22	Net assets or fund balances. Subtract line 21 from line			78,51
	Signature Block	. 20,	254,308.	1,481,39

V08-8.1

Form	1 990 (2008)		20-4229815	Page 2
Pai	rt Statement of Program Service	Accomplishments (see instructions)		
1 1	Briefly describe the organization's missio	u.		
	SEE STATEMENT 1			
-				
-				
-				
t	Did the organization undertake any sigithe prior Form 990 or 990-EZ?			
	if "Yes" describe these new services on S			
•	Did the organization cease conducting, services?			. Yes X No
4 (If "Yes," describe these changes on Sche Describe the exempt purpose achieveme Section 501(c)(3) and 501(c)(4) organize	ents for each of the organization's thre ations and section 4947(a)(1) trusts ar	e required to report the amount	
	allocations to others, the total expenses,		service reported.	
		572,534. including grants of \$	250.) (Revenue \$	122,050.
_	EDUCATION, GENERAL/OTHER.	CONFERENCE SUPPORT FOR		
_	CONFERENCES REGARDING INTE	RNATIONAL TAX LAW AND POI	ICY,	
_	RULE OF LAW, TRADE LAW, AN	D TRADE POLICY (4 CONFERE	NCES).	
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4b((Code) (Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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4d (Other program services (Describe in Sch	redule O)		·
	(Expenses \$ including gr	•	ıe s	
		572,534 (Must equal Part I)	Line 25 column (R)	
JSA		312,334. (Must equal Falt I/	, Line 20, coluini (D))	Form 990 (2008)
	20 1 000			FORM 330 (2008)

Checklist of Required Schedules

Part IV

			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		.,	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	- <u> </u> -	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		U.
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		X
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	6		X
•	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,"			<u> </u>
_	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	<u> </u>	
.,	Parts VI, VIII, IX, or X as applicable	44		
12	Did the organization receive an audited financial statement for the year for which it is completing this return	11	<u> </u>	
•-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	.,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	-
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	х	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14Ь	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		- 47	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> x</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u> _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> x</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
_ ***	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	242		v
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tay exempt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a			-	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27_		<u>x</u>
JSA 8E1021	1 000	Form	990	(2008)

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

37

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable			
b				
С				
	gaming (gambling) winnings to prize winners?	1c	_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b		2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	} }		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	, , , , , , , , , , , , , , , , , , , ,	5 b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c		 ,,
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	, , , , , , , , , , , , , , , , , , , ,	6ь		
-	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).	7a	****** X	**** ********************************
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?. If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_ <u>^</u>	
b	BOARD AND AND AND AND AND AND AND AND AND AN	 		
·	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		x
ત	If "Yes," indicate the number of Forms 8282 filed during the year			
•	benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	~~~	Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
4.5	amounts due of received from them)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		

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

Sect	ion A. Governing Body and Management			
	Figure 11 World management to long 2.7h holour and figure 11 Alon 11 was a second of the control	£	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 5			
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 or trustees, or key employees to a management company or other person?	3_		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			Ī
a	The governing body?	8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8ь	Х	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a_		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9Ь		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>
11	Is there any officer, director or 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 in Schedule O	11		X
Secti	on B. Policies			
40-	Done the accompanies have a weather conflict of interest about 100 (5 (6)).		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	13		<u> </u>
14		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			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
Ь	Other officers or key employees of the organization?	15b	X	
16-	Describe the process in Schedule O (see instructions)			
16a	particular to the second secon			
L	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
				,
Casti	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u>3ecu</u>	List the states with which a copy of this Form 990 is required to be filed ▶ NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):			
10	available for public inspection. Indicate how you make these available Check all that apply.	s only)		
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
20	policy, and financial statements available to the public	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
	organization. THE INSTITUTE 250 WEST 57TH STREET, NEW YORK, NY 10107		- -	
	212-313-9599			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEFFREY LEHMAN PRESIDENT	40.			x				105,378.	NONE	NONE
TIMOTHY DICKINSON VICE PRESIDENT	3.			x				NONE	NONE	NONE NONE
J. STAPLETON ROY TRUSTEE	3.			х_				NONE	NONE	NONE
ALLAN R. TESSLER TRUSTEE	3.			x				NONE	NONE	NONE NONE
ANDREW H. TISCH TRUSTEE	3.			x				NONE	NONE	NONE
LIYA RONG PROFESSOR	40.					х		128,819.	NONE	NONE
										·
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				_						

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (continued))
(A)	(B)			(0	C)			(D)	(E)		(F	-)
. Name and title	Average hours per week	ndvidual trustee	Institutional trustee	Officer	Key employee	Highest compensated to employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Report compens from re organiza (W-2/1099	sation lated ations	Estin amou oth comper from organi and re organi	unt of ner nsation i the ization elated
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									_,		-	
							\ <u>-</u>		<u> </u>			
1b Total				·	—		┢	234,197.		NONE		NONE
2 Total number of individuals (including those organization ► 2									oortable co			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or or chindi	tru i <i>vıdı</i>	iste ual	e, I	cey e	emp	oloyee, or highest	compens	sated	3 Y	es No X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es,"	complete Schedi	ule J for		4	x
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accr	ie co	mp	ens	atio	n fro	m	any unrelated o	rganization	for	5	
Section B. Independent Contractors	complete c	orical	210	, 101	34	ni pei	301	<u> </u>	<u> </u>	<u></u> .	1.3	X
Complete this table for your five highest of compensation from the organization	compensat	ed in	dep	end	lent	cont	rac	tors that received	more th	an \$10	0,000 o	f
(A) Name and business addr	988							(B) Description of ser	vices		(C) Compensati	
SEE STATEMENT 2								Description of ser			ompensau	
		_		_			\perp					
							+					
2 Total number of independent contractors (in compensation from the organization ▶	ncluding th	ose	n 1	l) w	vho	rece	ive	d more than \$10	0,000 in			
												90 (2008)

Pai	rt VII	Statement of Revenue	ne		20-4229815								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grant and similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	1b 1c 1d tions) 1e ts above 1f 1		1,952,357.								
Program Service Revenue	2a b	EDUCATIONAL SERVICES		Business Code	122,050.	122,050.							
rogram Serv	d e f	All other program service rev	enue										
	3 4	Total. Add lines 2a-2f Investment income (includin other similar amounts) Income from investment of t	g dividends, intere	est, and roceeds	122,050.								
	5 6a b	Gross Rents	(i) Real	(iı) Personal									
	d 7a b	Oross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 403,258.	(ii) Other									
	c d 8a	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fi			-12,349.			-96,742.					
Other Revenue	b	events (not including \$ of contributions reported on See Part IV, line 18 Less: direct expenses	line 1c) a										
ō	9 a	Net income or (loss) from fur Gross income from gaming a See Part IV, line 19	ctivities										
	ь с 10а	Less direct expenses Net income or (loss) from ga Gross sales of inventor	ming activities										
		returns and allowances Less: cost of goods sold Net income or (loss) from sal	es of inventory.	<u> ▶</u>									
	11a b	Miscellaneous Revenue		Business Code	146.								
	c d e	All other revenue			146.								
	12	Total Revenue. Add lines 1h. 9c, 10c, and 11e			2,062,204.	122,050.		-96,742.					

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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) but are not required to complete columns (B),

	not include emplants reported on lines Ch	(A)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	250.	250.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				······
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	105,378.	79,034.	26,344.	
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	255,008.	215,585.	39,423.	
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	•			
а	Management				
	Legal	380.		380.	
C	Accounting	16,427.		16,427.	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other	226,725.	222,480.		4,245.
	Advertising and promotion	, <u></u> .			
13	Office expenses	15,010.	4,739.	10,123.	148.
14	Information technology		<u> </u>		- · · · · · · · · · · · · · · · · · · ·
15	, , , , , , , , , , , , , , , , , , , ,				
	Occupancy	51,003.	25,502.	25,501.	
17	Travel	81,560.	24,468.	16,312.	40,780.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,586.	476.	317.	793.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,792.		1,792.	·
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	` }				
а	UNCOLLECTIBLE PLEDGES	80,000.		80,000.	
D			···-		
C					
a					
e	All other company				
	All other expenses	005 335		010 510	4
	Total functional expenses. Add lines 1 through 24f	835,119.	572,534.	216,619.	45,966.
26	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising soluritation				
	solicitation			1	

Balance Sheet

		•	(A) Beginning of year			End	B) of yea	ar
	1	Cash - non-interest-bearing	80,188	1	 			,152
	2	Savings and temporary cash investments		2	\vdash			, 102
	3	Pledges and grants receivable, net	180,000	3	 	1.	500	,000
	4	Accounts receivable, net		4			<u> </u>	, 000
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L		5	i			
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II	, ,,	Ī				
		of Schedule L		6				
ts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use		8				
¥	9	Prepaid expenses and deferred charges		9				
		Land, buildings, and equipment cost basis 10a 6, 367						•
	b	Less accumulated depreciation. Complete	, ,	Ī				
		Part VI of Schedule D	3,656.	10c			3,	844
	11	Investments - publicly traded securities		11				
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12				
	13	Investments - program-related. See Part IV, line 11	-	13				
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14				
	15	Other assets See Part IV, line 11	12,550.	15			10,	910
	16	Total assets. Add lines 1 through 15 (must equal line 34)	276,394.	_		1,		906
	17	Accounts payable and accrued expenses	22,086.	17				513
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
es	21	Escrow account liability. Complete Part IV of Schedule D	-	21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						***************************************
lab		highest compensated employees, and disqualified persons. Complete Part II	,					
		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	22,086.	26			78,	513
ses	27	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.						
ano	27	Unrestricted net assets	74,308.	27	İ		-18-	607
Bal	28	Temporarily restricted net assets	180,000.	28				000
밀	29	Permanently restricted net assets		29				000
or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					***************************************	•••••
ssets	30	Capital stock or trust principal, or current funds		30				
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
Net A:	32	Retained earnings, endowment, accumulated income, or other funds		32				
Ne	33	Total net assets or fund balances	254,308.	33		1 /	181	393.
	34	Total liabilities and net assets/fund balances	276,394.	34				906
Pa	rt XI	Financial Statements and Reporting	270,032.				<i>,,,,</i>	<u> </u>
							Yes	No
1	Acco	unting method used to prepare the Form 990 Cash X Accrual Othe	r		ſ			
2a	Were	the organization's financial statements compiled or reviewed by an independent account	ant?		[2a″		x
b		the organization's financial statements audited by an independent accountant?				2 b	х	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			ľ			
		review, or compilation of its financial statements and selection of an independent account				2c	х	
3a		result of a federal award, was the organization required to undergo an audit or audits as s		-	<u> </u>			
		ingle Audit Act and OMB Circular A-133?				3a		
b		s," did the organization undergo the required audit or audits?			t	3 b		

Form **990** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE IN		FOR CHINA U								229815		
Part I			ity Status (All organ				<u> </u>	e instru	ctions)			
The <u>org</u> a			dation because it is. (P		-	-	•					
1 ∐	A church, co	onvention of chu	rches, or association	of churches	s described	in sectio	n 170(b)	(1)(A)(i).				
2			on 170(b)(1)(A)(ii). (At		•							
3			hospital service organ									
4	A medical	research organi	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the		
	•	ame, city, and sta					. 					
5			or the benefit of a col	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in		
		(b)(1)(A)(iv). (C										
6			vernment or governme									
7 X			illy receives a substan		its support	t from a g	governme	ental unit	or from	the general public		
_			(1)(A)(vi). (Complete F									
8			d in section 170(b)(1)									
9			ily receives (1) more									
			ited to its exempt fun									
			ment income and un						511 tax)	from businesses		
—			after June 30, 1975.					•				
10 ├─			and operated exclusive									
11			and operated exclus									
	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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally Integrated d Type III - Other												
		L	ertify that the organiz							ype III - Other		
ولا			ion managers and oth							•		
		section 509(a)(ei illali oli	e or more	publicly s	supported	a organiz	auons de	scribed in Section		
•		• • •	z). 1 a written determina	ition from	the IRS th:	atitic a	Type I	Type II o	r Type III	supporting		
•		n, check this box			the into the	21 II IS a	Type I,	Type II o	i type iii	supporting		
g	-	•	the organization acce	oted any d	ift or contri	 bution fro	 m anv of	the				
9	following pe		and organization about	prod uny g	01 001141		,,,, a.i., o.					
			or indirectly controls	. either ale	one or toa	ether wit	h persor	s describ	oed in (ii)	Yes No		
			erning body of the supp						(,	. 11g(i) X		
			erson described in (i) a	_						11g(ii) X		
			of a person described	, ,	above?					11g(iii) X		
h			ation about the organi		•	on suppo	rts.	· · · · ·		• [
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c		,	ou notify	(vi) l	s the	(vii) Amount of		
orga	inization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support		
			(see instructions))	governing	document	supp		U	\$7			
				Yes	No	Yes	No	Yes	No			
		 	<u> </u>					ļ				
								}				
												
								[
								<u> </u>	 			
							!					
												
Total												

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Page 2 20-4229815 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 70,034 319,348 1,952,357 include any "unusual grants") . . . 2,341,739. Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 70,034 319,348 952,357 2,341,739. Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,003,962. Public support. Subtract line 5 from line 4 337,777. Section B. Total Support (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (f) Total 70,034 319,348 1,952,357 2,341,739. Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 146. 2,341,885. 11 Total support. Add lines 7 through 10... 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) Section C. Computation of Public Support Percentage %_ Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. 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 - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported

Schedule A (Form 990 or 990-EZ) 2008

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b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III	Support Schedule	for Organizations	Described in Section	509(a)(2)
	(Complete only if vi	ou checked the hox	on line 9 of Part I)	

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include		İ	ļ	ļ		ĺ
	any "unusual grants.")		[
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 are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				<u>.</u>		
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
ь	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						<u> </u>
ь	Unrelated business taxable income (less		ŀ				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·					
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
4.0	(Explain in Part IV.)	· · · · · · · · · · · · · · · · · · ·					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	41	<u> </u>				
14	First five years. If the Form 990 is for						
Sec	organization, check this box and stop here tion C. Computation of Public Sup	port Porconte		· · · · · · · · · · ·	• • • • • • •	<u> </u>	
<u> 15</u>				(5)		·	
16	Public support percentage for 2008 (line 8, Public support percentage from 2007 Sche	dule A. Part IV.A	ino 27a	^{nn (י))}		15	<u>%</u>
	tion D. Computation of Investmen	t Income Por	contage			16	<u>%</u>
17	Investment income percentage for 2008 (lin			3 column (fl)		17	
18	Investment income percentage from 2007 S	Schedule A Part	D / A I 075			· · · · · · · · · · · · · · · · · · ·	
	33 1/3% support tests - 2008. If the org					18	<u>%</u>
	17 is not more than 33 1/3 %, check this box						, "ile
ь	33 1/3% support tests - 2007. If the organ						and
_	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did r						
_							····

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	2008
	Open to Public Inspection
cati	on number

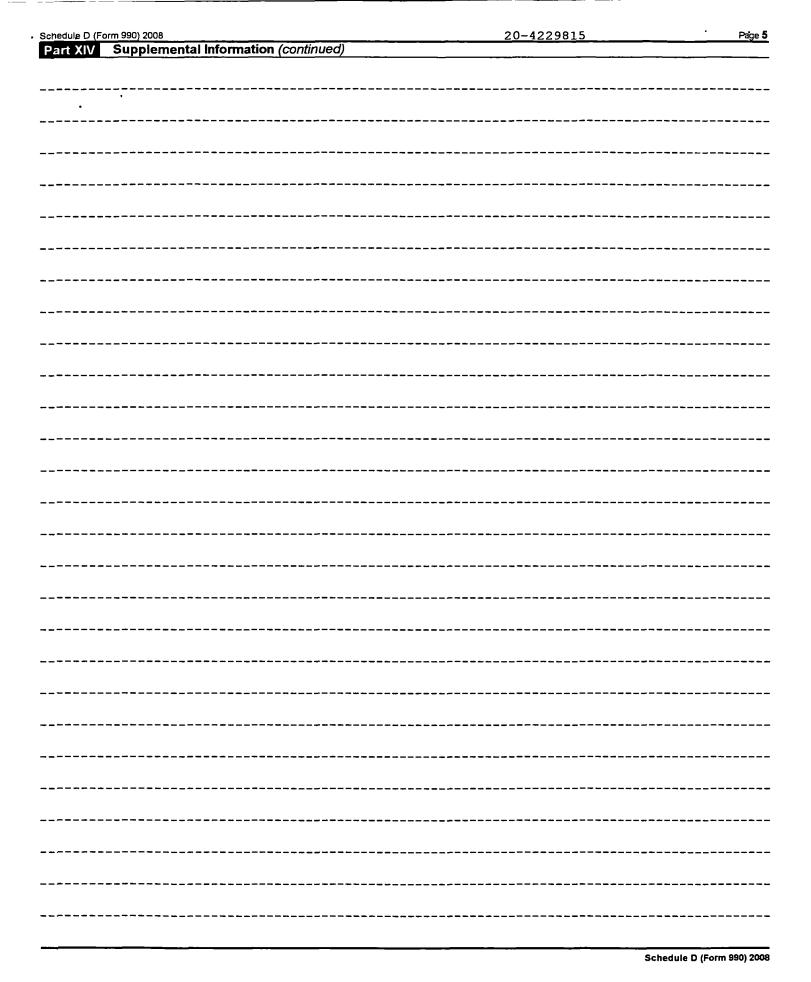
Maiii	e of the organization		Employer Identification number
	E INSTITUTE FOR CHINA US LAW &		20-4229815
Pa	the organizations Maintaining Donor Adv the organization answered "Yes" to Fo	vi <mark>sed Funds or Other Simila</mark> rm 990, Part IV, line 6.	ar Funds or Accounts. Complete if
		(a) Donor advised fund	s (b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	idvisors in writing that the asse	ats held in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive lega	l control? Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l		
	impermissible private benefit?		
Pa	Conservation Easements. Complete i	f the organization answered	"Yes" to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		eservation of an historically importantly land area
	Protection of natural habitat		eservation of certified historic structure
	Preservation of open space		cacivation of certified historic structure
2	Complete lines 2a-2d if the organization held a qu	alified concentration contribution	n in the form of a concentration accoment
-	on the last day of the tax year.	aimed conservation contribution	in the form of a conservation easement
	on the last day of the tax year.		Held at the End of the Year
а	Total number of conservation easements		
_			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in (c		
3	Number of conservation easements modified, tran	isferred, released, extinguishe	d, or terminated by the organization during
	the taxable year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		
6	Staff or volunteer hours devoted to monitoring, ins		
7	Amount of expenses incurred in monitoring, inspec		
8	Does each conservation easement reported on lin	= :	• • •
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		
	the organization's accounting for conservation eas	ements	
Pa	t III Organizations Maintaining Collections Complete if the organization answered	s <mark>of Art, Historical Treasure</mark> I "Yes" to Form 990, Part IV	es, or Other Similar Assets. , line 8.
1 a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	AS 116, not to report in its rev Id for public exhibition, educati inancial statements that descri	enue statement and balance sheet works of on, or research in furtherance of public service, bes these items
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for provide the following amounts relating to these items.	AS 116, to report in its revenue republic exhibition, education, e	e statement and balance sheet works of art.
	(i) Revenues included in Form 990, Part VIII, line	l	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, hi		
_	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		
For I	rivacy Act and Paperwork Reduction Act Notice, see the Instru	tions for Form 990	Schedule D (Form 990) 2000

Par	t III Organizations Maintaini	ng Collections	of Art, Histo	rical Treasures	s, or Oth	ner Similar As	sets (con	tinued)	
_				- £ 4b - £ - 11	L-4		-# ikII-		
3	Using the organization's accession	and other record	is, check any o	of the following t	nat are a	i significant use	of its coile	cuon	
	itèms (check all that apply)		. ~	٦.					
а	Public exhibition		d	Loan or ex	change p	programs			
þ	Scholarly research		e [_	Other					
C	Preservation for future ge								
4	Provide a description of the organization	zation's collection	s and explain	how they further	the orga	anization's exen	npt purpos	e in	
	Part XIV.								
5	During the year, did the organization								_
	assets to be sold to raise funds rati							Yes	No
Par	Trust, Escrow and Custo Part IV, line 9, or reporte					wered "Yes" to	> Form 99	i0, 	
1 a	Is the organization an agent, truste			-			_		_
	included on Form 990, Part X?						· · ·	Yes _	No
þ	If "Yes," explain the arrangement in	Part XIV and co	mplete the foll	owing table					
						Am	ount		
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	•		0, Part X, line	21?			🔲	Yes	No
	If "Yes," explain the arrangement in								
Par	t V Endowment Funds. Con	nplete if organi	zation answe	red "Yes" to Fo	orm 990	,			
	ľ	(a) Current Year	(b) Prior ye	ar (c) Two ye	ars back	(d) Three years	back (e	e) Four year	s back
1 a	Beginning of year balance	180,000.							
þ	Contributions	2,000,000				,	,, ,,,,,,		
C	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities .								
	and programs	180,000.							
f	Administrative expenses								
g	End of year balance	2,000,000.							
2	Provide the estimated percentage	of the year end b	alance held as						
а	Board designated or quasi-endown	nent ▶	%						
b	Permanent endowment ▶	%							
C	Term endowment ▶ 100.0000	%							
3 a	Are there endowment funds not in	the possession (of the organiza	ation that are hel	d and ad	lministered for th	1e	_	
	organization by:							Yes	No
	(i) unrelated organizations						[3	Ba(i)	T_{X}
	(ii) related organizations	 .					3	a(ii)	х
b	If "Yes" to 3a(II), are the related org	janizations listed	as required on	Schedule R? .			[3 b	T
4	Describe in Part XIV the intended it	ses of the organ	ization's endov	wment funds					
Par	t VI Investments - Land, Buil	dings, and Equ	i <mark>ipment.</mark> See	Form 990, Pa	rt X, line	10.			
	Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)	(c)) Depreciation	(d) B	ook value	
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other			6,30	57.	2,523.		3.	844.
	I. Add lines 1a-1e (Column (d) shou		0, Part X, colu						844.
			, ,	. (-),	, <u>, </u>				

Part VII	Investments - Other Securities. See	Form 990, Part X, Iir	ne 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial deri	vatives and other financial products			
	equity interests			·
Other				
				
		 		
		 		
				
		 		
Total (Column	(b) should equal Form 990, Part X, col (B) line 12)		 	
Part VIII	Investments - Program Related. See		ne 13	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year man	tion. ket value
				
		 		
				
	(b) should equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X,		· · · · · · · · · · · · · · · · · · ·	1
	(a) Description		(b) Book value
				
	 			
				
Totai. (Column	(b) should equal Form 990, Part X, col (B) line 15)	<u> </u>	<u></u>	
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
	(a) Description of liability	(b) Amount		
Federal incom	ne taxes	<u> </u>		
		<u></u>		
		ļ <u></u>		
		 		
		 	-	
Total (Column	(b) should equal Form 990, Part X, col. (B) line 25.)	 		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2008



Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Employer identification number

THE	INSTITUTE FOR CH	INA US LAW	_&			1229815 _
Pa		ation on Activ	vities Outside	e the United States. Co		
1 2	For grantmakers. Does to assistance, the grantees' the grants or assistance? For grantmakers. Describ	the organization eligibility for the control of the	n maintain red he grants or a	ssistance, and the select	tion criteria used to awa	ard Yes X No
3	United States Activities per Region (Use	a Schadula E-1	/Form 990) if	additional anges is needed	\	
<u>. </u>	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST	ASIA AND THE PACIFIC		6	PROGRAM SERVICES	TEACHING	193,019.
						
	 					
	-					
						
Tota	uls .		6			103 010

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

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 3 Enter total number of other organizations or entitles provided a section 501(c)(3) equivalency letter............ 2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
<u> </u>							
				!			
4.87			-				
							
···					-		
					<u></u>		
				i			

Schedule F (F	Form 990) 2008	20-4229815	Page 4
Part IV	Supplemental Information		
	Complete this part to provid	e the information required in Part I, line 2, and any other additional informatio	n
	· ·	o are mierricadin required in rail i, inio 2, and any other additional informatio	11.
•	•		
			-

SCHEDULE M (Form 990)

Non-Cash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. ►Attach to Form 990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	INSTITUTE FOR CHINA US	LAW_ &			20-4229815	<u>; </u>		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line		(d) of deterr venues	mining	,
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles		 	<u> </u>				
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded		1	500,000	. FAIR MARK	CET V	ALU	<u>e</u>
10	Securities-Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
13	contribution (historic							
	structures)							
14	Qualified conservation			<u> </u>				
	contribution (other)							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies		_					
21	Taxidermy			-				
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	y the organi	zation during the tax year f	or contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowled	gement	29			
							Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I,	line 1-28 that		1	
	it must hold for at least three yea	rs from the	date of the initial contribu	ution, and which is not	required to be		1	
	used for exempt purposes for the e		period?	<i></i>		30a		X
þ	If "Yes," describe the arrangement i						ı	i
31	Does the organization have a			-			_ ,	Ė
	contributions?					31		Х
32a	Does the organization hire or use	•	_	· · ·				
	contributions?					32a		Х
	If "Yes," describe in Part II						1	
33	If the organization did not report re	evenues in c	olumn (c) for a type of pro	perty for which column	(a) is checked,		1	
	describe in Part II		4 1 4 2 5 =			<u>اـــــا</u>		
ror P	rivacy Act and Paperwork Reduction A	AUT NOTICE. SE	e the instructions for Form 99	U.	Schedul	e M (Fo	rm 990	, ZUU8

Schedule M ((Form 990) 2008	20-4229815	Page 2
Part II	Supplemental Information. 32b, and 33. Also complete	Complete this part to provide the information required by Part I, line this part for any additional information.	s 30b,
	, 		
			·
			·
			
			
			 -

V08-8.1

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
THE INSTITUTE FOR CHINA US LAW &	20-4229815
GOVERNMENT, MANAGEMENT & DISCLOSURE	
PART VI - SECTION A #10	
ANGELA, THE ASSISTANT TO THE PRESIDENT OF THE INSTITUTE, WILL HAVE	<u>The</u>
PRESIDENT REVIEW THE RETURN BEFORE FILING.	
,	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
THE INSTITUTE FOR CHINA US LAW &	20-4229815
GOVERNMENT, MANAGEMENT & DISCLOSURE	
PART VI - SECTION B #12C	
THE BOARD WILL MONITOR AND ENFORCE COMPLIANCE ON THE CONFLICT OF	INTEREST
POLICY ON A REGULAR BASIS.	·

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
THE INSTITUTE FOR CHINA US LAW &	20-4229815
GOVERNMENT, MANAGEMENT & DISCLOSURE	
PART VI - SECTION B #15A	
THE INSTITUTE WILL USE THE GOING MARKET RATE OF COMPENSATION RAT	ES_AND
TITLE VICE A LOWER DAME OF DAY HOD DEMERNATURE MUST ANOTHER COMPUNICA	TTOM
WILL USE A LOWER RATE OF PAY FOR DETERMINING THE AMOUNT COMPENSA	rion.
·	

29847U M261

Form 8868

(Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue S	1		► File a	separate application for ea	ach return				
		Automatic 3-N		complete only Part I a					▶ x
• If you are fi	iling for ar	Additional (No	ot Automatic) 3-M	onth Extension, comp	lete only Part II	(on page	2 of this ously filed	form) J Form 8868.	, - <u>A</u>
Part I Auto	matic 3-	Month Extens	sion of Time. On	ly submit original (no	copies neede	d).			
	required t			an automatic 6-month			x and con	nplete	.▶ □
All other corpo			C filers), partnershi	ps, REMICs, and trusts	must use Form	7004 to red	quest an	extension of	
one of the ret electronically i returns, or a co	turns note f (1) you omposite	ed below (6 m want the addit or consolidated	nonths for a corpo tional (not automa d From 990-T Inst	y file Form 8868 if yo oration required to file atic) 3-month extension ead, you must submit , visit www irs gov/efile	e Form 990-T) n or (2) you file the fully comple	However Forms 9 eted and s	, you ca 90-BL, 6 signed pa	annot file For 3069, or 8870 age 2 (Part II)	m 8868 0. group
Type or	Name of	Exempt Organiza	ition THE INST	ITUTE FOR CHINA	US LAW & P	OLI	Employer	dentification r	number
print	STU	DIES					20-43	229815	
File by the	Number,	street, and room	or suite no If a P.O	box, see instructions		•			
due date for filing your		WEST 57TH							
return See	City, tow	n or post office, s	state, and ZIP code. F	or a foreign address, see ii	nstructions.				
instructions	NEW	YORK, NY	10107						
Check type of	f return to	o be filed (file a	separate applicat	ion for each return).				,	
X Form 990)		Form 990-T (ca	orporation)		Form	4720		
Form 990	-BL		Form 990-T (se	ec. 401(a) or 408(a) trust)	[Form	5227		
Form 990-	-EZ		Form 990-T (tr	rust other than above)		Form	6069		
Form 990-	-PF		Form 1041-A			Form	8870		
 If the organ If this is for for the whole g names and EIN 1 I request until for the org X X 	a Group I proup, che ly of all m an automa ganization calendar tax year I	Return, enter the eck this box nembers the exatic 3-month (6 08/15 , 2009 is return for year 2008 or beginning	office or place of e organization's fo . If it is for tension will cover months for a corp , to file the exert	business in the United ur digit Group Exemptic part of the group, checoration required to file empt organization retuing the part of the group and the properties of the group oration required to file empt organization retuing the properties of t	on Number (GENck this box ► [Form 990-T) eximple the organical control of the organical contro	tension of	time med abo	·	sion is
			months, check reas					in accounting	period
		is for Form 990 dits. See instruc)-T, 4720, or 6069, e	enter the tentati	ve tax, le	ss any	32 6	
				er any refundable cred	its and estimate	ed tax nav	ments	3a \$	
			payment allowed as			-		зь \$	
				your payment with the	his form, or, if r	eaured o	leposit	-	
				PS (Electronic Federa		-	•		
instruction		ar, ii roquiic	, _,, I	(=:000:00:00 (600)	rux i ayınıcı	Oyukuni,	, 566	20 6	
		to make an old	ectronic fund with	Irawal with this Form 8	968 coo Form	8452 EO	and Farm	3c \$	
for payment ins		, to make all ell	COLLOTTIC TUTTO WILLIO	aawai wilii lilis FOIII) 8	ooo, see roim i	0400-EU (anu rorm	1 001 8-EO	
rur Frivacy Ac	icand Pap	perwork Reduc	tion Act Notice, se	e instructions.				Form 8868 (Re	ev 4-2008)

			•
Form 8868 (Rev		B 411 1 1 1 1 1	Page 2
	e filing for an Additional (Not Automatic) 3-Month Extension, complete onl		
	complete Part II if you have already been granted an automatic 3-month ex		d Form 8868
	e filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part II	Additional (Not Automatic) 3-Month Extension of Time. You r		
Type or	Name of Exempt Organization THE INSTITUTE FOR CHINA US LAW	Employer identi	fication number
print	STUDIES	20-42298	15
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only	
due date for	250 WEST 57TH STREET		
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
nstructions	NEW YORK, NY 10107		- 1-1
Check type	of return to be filed (File a separate application for each return):		
X Form	n 990 Form 990-PF	Form 1041-A	Form 6069
Form	n 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720	Form 8870
	n 990-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previ	ously filed Form 8868.
The bool	ks are in the care of THE INSTITUTE		
Telephor	ne No. ▶ 212 313-9599 FAX No ▶		
	anization does not have an office or place of business in the United States,	check this box	
	for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Numb		this is
	ble group, check this box ▶ ☐ If it is for part of the group, check this		
	names and EINs of all members the extension is for.		on a
	est an additional 3-month extension of time until 11/15/2009		
	alendar year 2008, or other tax year beginning	and and a	 ·
		_and ending	
			ge in accounting period
	In detail why you need the extension ALL THE INFORMATION NECE		THE
	RN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DAT		
RESP	ECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE R	ETURN.	
			
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative tax, less any	
	fundable credits See instructions		8a \$
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and estimated	,
tax pa	ayments made Include any prior year overpayment allowed as a credit	and any amount paid	
previo	ously with Form 8868		8b \$
c Balan	ce Due. Subtract line 8b from line 8a Include your payment with this form	, or, if required, deposit	
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax		
ınstru		, ,	8c \$
	Signature and Verification	n	10014
Inder penaltie	es of perjury, I declare that I have examined this form, including accompanying schedules a		of my knowledge and helief
is true, corre	ct, and complete, and that I am authorized to prepare this form	I	,omougo una sonoi,
	/	ACITIONITY OF A ALCOHOM	Milion
Commenture -	/ 1 /// .	AUTHORIZED TO SIGN RETU	. ~
Signature	GOVEDN GUARANT AND AND AND AND AND AND AND AND AND AND	Date	
	CONDON O'MEARA MCGINTY & DONNELLY L		Form 8868 (Rev 4-2008)
	ONE BATTERY PARK PLAZA		
	NEW YORK, NY 10004-1405		

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE INSTITUTE IS OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES. THE INSTITUTE CONDUCTS ACTIVITES INCLUDING, BUT NOT LIMITED TO, PROMOTING COLLABORATIVE EFFORTS TO SUPPORT THE ONGOING EMERGENCE OF A STRONG INFASTRUCTURE FOR LAW AND CIVIL SOCIETY IN CHINA THROUGH A FREE MOVEMENT OF IDEAS ABOUT LAW AND PUBLIC POLICY BETWEEN CHINA AND THE UNITED STATES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

PETER MALANCZUK 1 GARDEN ROAD, BANK OF CHINA TOWER CENTRAL HONG KONG TEACHING

150,000.

TOTAL COMPENSATION

150,000.