Main Information Sheet

For calendar year 2006 or tax year beginnir	1000 MeV 11 , $2006 MeV 1000$ and ending	<u>Oct 31,</u>	, 2007
Name: CHINESE ECONOMIST Name line 2:	S SOCIETY INC.	EIN	N: <u>22-2613292</u>
Address: 733 15TH STREET N	ORTHWEST	Telephone No	o: 860-297-2478
City, State, and Zip Code: Washington DC 200			
			
Email address Web site address Fiduciary name, if applicable	.WWW.CHINA-CES.ORG		
Name of officer signing return	.JASON YIN		
Title of officer/trustee/fiduciarysigning return	TREASURER		
Group exemption number	501C		
Check if exemption application is pending			
Accounting method		Specify	r
List states desired			·
List states desired	. 110		
Type of exempt organization: Organization exempt under section 501(c), 527 or 4947(a)(1 (Form 990) Organization exempt under section 501(c), 527 or 4947(a)(1 with gross receipts less than \$100,000 and total assets less Private foundation or section 4947(a)(1) nonexempt charitable Exempt organization with unrelated business income (Form 9)) of the Internal Revenue Code (except b than \$250,000 at the end of the year (Fo le trust treated as a private foundation (F	olack lung benefi orm 990-EZ)	
Preparer ID: 001 Preparer name: JOSEPH M YUNG Preparer SSN: Firm's name: M&M ACCOUNTING & TAX Address: 1236 ROUTE 46 WEST City, State, ZIP Code: Parsippany NJ 07054-		ne in this return: Date: PTIN: Self-employed: Firm's EIN: Phone:	$\begin{array}{c} 101 & \text{minutes} \\ \hline 09/09/2008 \\ \hline P00723868 \\ \hline X \\ \hline 22-3778416 \\ \hline 973-316-8505 \\ \end{array}$
Preparer notes These notes will print and proforma.			
Preparer's use fields			
1 2 3			
4 5 6			
	-		

Form **990**

Department of the Treasury

Internal Revenue Service

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

2006

Open to Public Inspection

Α	For the 2006 calendar year, or tax year beginning	Nov 01,2	2006, and ending		Oct 31,2007
В	Check if applicable: Please C Name of organization, number and street	t, city, town, state, and	ZIP code D Em	ployer i	identification number
	Address change use IRS label or			22-	-2613292
	Name change print or CHINESE ECONOMISTS S	SOCIETY INC	. E Tel	ephone	number
	type. Initial return See			860	0-297-2478
	Final return Specific 733 15TH STREET NORT	THWEST	F Ace	tg. met	thod: X Cash Accrual
	Amended return tions. Washington DC 20005			-	specify) ▶
	<u> </u>)(1) nonexempt			le to section 527 organizations
ш	 Application pending Section 501(c)(3) organizations and 4947(a charitable trusts must attach a completed (Form 990 or 990-EZ). 	Schedule A	H(a) Is this a grou		
G	Website: ▶ WWW.CHINA-CES.ORG		H(b) If "Yes," ente	number o	
J	Organization type (check only one) ► X 501(c)(3) (insert no.)	4947(a)(1) or 527	H(c) Are all affiliate (If "No," attac	es include	d? Yes No
	Check here ▶ if the organization is not a 509(a)(3) supporting	organization and its			
	gross receipts are normally not more than \$25,000. A return is not re	=	H(d) Is this a sepa		n filed by an y a group ruling?
	organization chooses to file a return, be sure to file a complete return	•	I Group Exer		
	- J			' 	e organization is not required
L	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12	324,593.		_	orm 990, 990-EZ, or 990-PF).
_	Part I Revenue, Expenses, and Changes in Net As				uctions.)
	1 Contributions, gifts, grants, and similar amounts received:		(,
	a Contributions to donor advised funds	1a	160,000.		
	b Direct public support (not included on line 1a)		120,765.		
	c Indirect public support (not included on line 1a)		,	-	
	d Government contributions (grants) (not included on line 1a)			-	
	e Total (add lines 1a through 1d) (cash \$ 280, 765.)	1 e	280,765.
	2 Program service revenue including government fees and cont		/ ne 93)	2	
	3 Membership dues and assessments		,	1	30,367.
	Interest on savings and temporary cash investments				337337
	5 Dividends and interest from securities			5	13,461.
	6 a Gross rents	1 1			10,101.
	b Less: rental expenses				
	c Net rental income or (loss). Subtract line 6b from line 6a	·		6 c	
Pe	7 Other investment income (describe ►			7	
Revenue	8 a Gross amount from sales of assets other (A) Secu	urities	(B) Other		
₽ §	than inventory	8a	(2) Saioi		
_	h I ann and an athan basis 0 aslas synamas	0 h			
	c Gain or (loss) (attach schedule)	8 c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)			8 d	
	9 Special events and activities (attach schedule). If any amount		k here ▶		
	a Gross revenue (not including \$				
	contributions reported on line 1b)	1 1			
	b Less: direct expenses other than fundraising expenses				
	c Net income or (loss) from special events. Subtract line 9b from			9 c	
	10 a Gross sales of inventory, less returns and allowances	1 1			
	b Less: cost of goods sold				
	c Gross profit or (loss) from sales of inventory (attach schedule)		m line 10a	10c	
	11 Other revenue (from Part VII, line 103)			11	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and			12	324,593.
	13 Program services (from line 44, column (B))			13	216,186.
es	14 Management and general (from line 44, column (C))			14	12,734.
Expenses	15 Fundraising (from line 44, column (D))			15	
χ̈́	16 Payments to affiliates (attach schedule)			16	
ш	17 Total expenses. Add lines 16 and 44, column (A)			-	228,920.
ts	18 Excess or (deficit) for the year. Subtract line 17 from line 12.			18	95,673.
Net Assets	19 Net assets or fund balances at beginning of year (from line 73			19	527,244.
ξ	20 Other changes in net assets or fund balances (attach explana			20	
Š	21 Net assets or fund balances at end of year. Combine lines 18			-	622,917.
		, .,		1	

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Part II Statement of

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

	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.			services	and general	
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$)					
	If this amount includes foreign grants, check here ▶	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$)					
	If this amount includes foreign grants, check here ▶	22b				
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key					
	employees, etc. listed in Part V-B (attach schedule)	25b				
С	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) (attach schedule)	25c				
26	Salaries and wages of employees not included on					
	lines 25a, b, and c	26				
27	Pension plan contributions not included on lines					
	25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30	79012.	79012.		
31	Accounting fees	31	2950.		2950.	
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	8083.	5377.	2706.	
39	Travel	39	1824.		1824.	
40	Conferences, conventions, and meetings	40	131797.	131797.		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses not covered above (itemize):		222		222	
а	BANK CHARG	43a	202.		202.	
b	OFFICE EXPENSES	43b	5052.		5052.	
С		43 c				
d		43 d				
е		43e				
f		43f				
g	T. 1.15 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	43 g				
44	Total functional expenses. Add lines 22a through					
	43g. (Organizations completing columns		220020	216106	10704	
la!c-4	(B) - (D), carry these totals to lines 13 - 15)	44	228920.	216186.	12734.	
	Costs. Check ► if you are following SOP 98-2.	احددا ا	rojojna policitatiaa	orted in (B) December	aomina 2	Voc V N
	ny joint costs from a combined educational campaign and	ı tundi	-			Yes X No
	s," enter (i) the aggregate amount of these joint costs\$			amount allocated to	-	
(III) th	ne amount allocated to Management and general \$; and (iv) th	ne amount allocated	to Fundraising \$	

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. Program Service ► ECONOMY RESEARCH What is the organization's primary exempt purpose? Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients (Required for 501(c)(3) and (4) orgs., and served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) optional for others.) a CHINA ECONOMY CONFERENCE 216186. (Grants and allocations \$ If this amount includes foreign grants, check here b (Grants and allocations \$ If this amount includes foreign grants, check here C (Grants and allocations \$ If this amount includes foreign grants, check here d (Grants and allocations \$ If this amount includes foreign grants, check here

)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

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216186.

Other program services (attach schedule)

(Grants and allocations \$

If this amount includes foreign grants, check here

Part I	V	Balance Sheets (See the instructions.)			,	
Not	te: V	Where required, attached schedules and amounts within the description		(A)		(B)
		column should be for end-of-year amounts only.		Beginning of year		End of year
	45	Cash - non-interest-bearing		141,194.	45	98,406.
	46	Savings and temporary cash investments		79,787.	46	48,239.
	47a	Accounts receivable				
		Less: allowance for doubtful accounts			47c	
		Less. allowaries for doubtful accounts			410	
	192	Pledges receivable				
	b	Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
		Receivables from current and former officers, directors, trustees, and key			43	
	Sua	-			50a	
		employees (attach schedule)			Sua	
	b	Receivables from other disqualified persons (as defined under section 495			FOL	
		and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach				
		schedule) 51a				
ts	_	Less: allowance for doubtful accounts			51c	
Assets	52	Inventories for sale or use			52	
A	53	Prepaid expenses and deferred charges	_		53	
		Investments - publicly-traded securities		206 062	54a	400 400
		Investments - other securities (attach schedule) ▶ ☐ Cost ▷	\ FMV	306,263.	54b	490,428.
	55a	Investments - land, buildings, and				
		equipment: basis				
	b	Less: accumulated depreciation (attach				
		schedule)			55c	
	56	Investments - other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis 57a				
	b	Less: accumulated depreciation (attach				
		schedule)			57c	
	58	Other assets, including program-related investments				
		(describe •)		58		
	59	Total assets (must equal line 74). Add lines 45 through 58		527 , 244.	59	637,073.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
ties	63	Loans from officers, directors, trustees, and key employees (attach				
Liabilitie		schedule)	_		63	
Lia	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe)		65	
	66	Total liabilities. Add lines 60 through 65			66	
	Or	ganizations that follow SFAS 117, check here ▶ 🏻 and complete lii	nes 67			
		through 69 and lines 73 and 74.		507 044		607 070
ces	67	Unrestricted		527,244.	67	637,073.
<u>a</u> n	68	Temporarily restricted	-		68	
Ва	69	Permanently restricted	_		69	
Net Assets or Fund Balances	Or	ganizations that do not follow SFAS 117, check here ▶ ☐ and cor	mplete			
Ę		lines 70 through 74.				
10 s	70	Capital stock, trust principal, or current funds			70	
set	71				71	
As	72	Retained earnings, endowment, accumulated income, or other funds			72	
Net	73	Total net assets or fund balances. Add lines 67 through 69 or lines		F07 044		607 070
_		70 through 72. (Column (A) must equal line 19 and column (B) must equal		527,244.	73	637,073.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		527,244.	74	637,073.
						Form 990 (2006)

Form 990 (2006) CHINESE ECON	OMISTS SOCIETY I	NC.	22-2	2613292 Page 5
Part IV-A Reconciliation of F	Revenue per Audited Fin	ancial Statements	With Revenue per F	Return
(See the instructions.)				
Total revenue, gains, and other support	per audited financial statements		a	325287.
Amounts included on line a but not on F	Part I, line 12:			
1 Net unrealized gains on investments		b1	14155.	
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	14155.
Subtract line b from line a				311132.
d Amounts included on Part I, line 12, but	not on line a:			
1 Investment expenses not included on P	art I, line 6b	d1		
2 Other (specify):				
		d2		
Add lines d1 and d2				
Total revenue (Part I, line 12). Add line				311132.
Part IV-B Reconciliation of E	Expenses per Audited Fi	nancial Statements	With Expenses pe	r Return
a Total expenses and losses per audited	financial statements		a	
b Amounts included on line a but not on F	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	
Subtract line b from line a			c	
d Amounts included on Part I, line 17, but	not on line a:			
1 Investment expenses not included on P	art I, line 6b	d1		
2 Other (specify):				
		d2		
Add lines d1 and d2				
Total expenses (Part I, line 17). Add line	nes c and d		e	
	irectors, Trustees, and Kat any time during the year even it		ist each person who was a ated.)(See the instructions	
(A)	(B)	(C)	(D) Contributions to	(E)
Name and address	Title and average hours	Compensation (If	employee benefit plans	

(A)	(B)		(C)	(D) Contributions to	(E)
Name and address	Title and average per week devoted to		Compensation (If not paid, enter -0)	employee benefit plans & deferred comp. plans	Expense account and other allowances
XIAOBO ZHANG					
PEIKING CHINA	PRESIDENT	10	0		
JASON YIN					
MORRIS PLAINS NJ	TREASURER	10	0		
	-				
	_				
	_				
-					
	_				
-					F 000 (0000)

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Part V-A Current Officers,	Directors, Trustees, and K	Key Employees (c	ontinued)		Yes	No
75 a Enter the total number of officers,	lirectors, and trustees permitted to	vote on organization busin	ess at board			
meetings			▶			
b Are any officers, directors, trustees	, or key employees listed in Form 9	90, Part V-A, or highest co	ompensated employees	_		
	est compensated professional and					
Part II-A or II-B, related to each otl	ner through family or business relation	onships? If "Yes," attach a	statement that identifies			
	ationship(s)			75b		Χ
c Do any officers, directors, trustees	or key employees listed in Form 99	90, Part V-A, or highest co	mpensated employees list	ed		
-	mpensated professional and other i					
_	any other organizations, whether ta					
	efinition of "related organization."					Χ
	cludes the information described in t				1	
d Does the organization have a written				75d		Χ
	Directors, Trustees, and K			sation	1	l
or Other Benefits	2.1.00t010, 11.00t000, u.i.u.1t	p.0,000	rtocon ou compone	Jul. 011		
	rector, trustee, or key employee rec	reived compensation or ot	ner henefits (described hel	ow) durinc	the ve	ar
· · · · · · · · · · · · · · · · · · ·	and enter the amount of compensation			-	-	zai,
list that person below a	lind enter the amount of compensat	(C) Compensation	(D) Contributions to	(E) Expe		coun
(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans	and othe		
		enter -0-)	& deferred comp. plans	and othe	anow	arioca
		enter-o-)	& deletted comp. plans			
Part VI Other Information	n (See the instructions.)	1			Yes	No
76 Did the organization make a chang	e in its activities or methods of cond	ducting activities?				
	nt of each change	=		76		Χ
•	janizing or governing documents bu					Χ
If "Yes," attach a conformed copy						
78 a Did the organization have unrelate	•	or more during the year or	overed by this return?	78a		Х
b If "Yes," has it filed a tax return on	_		-			X
•	, termination, or substantial contrac					X
80 a Is the organization related (other th						
,	stees, officers, etc., to any other exe	ŭ	, 0	80a		Χ
b If "Yes," enter the name of the org	•	cimplor nonexemplorgan	12au011:	oua		21
on res, enter the hame of the org		check whether it is	evernt er nenever	_		
24 a Enter direct and indirect nellitical as		└ '	exempt or nonexemp	Л		
a Enter direct and indirect political ex		,	81a			v
b Did the organization file Form 112	J-PUL for this year?			81 b	000	X

Pa	rt VI Other Information (continued)		Yes	No
82a	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?	. 82a		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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Χ	<u></u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	.84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		_
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		1
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		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
00-	against amounts due or received from them.) 87b			
88a	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	000		X
h	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	. 88a		
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	88b		Х
202	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000		Λ
89a	section 4911► ; section 4912 ► ; section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
b	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	. 89b		Χ
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	. 000		
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Χ
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
Ū	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		Χ
90a	List the states with which a copy of this return is filed >			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			
91a		-71	0-8	311
	Located at ► 407 MOUNTAIN WAY MORRIS PLAINS NJ ZIP+4► 07950			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	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.			
		Form \$	990 (2006)

Part V	Other Information (continue)	nued)				Yes No
	any time during the calendar year, did	the organization m	naintain an office	outside of the United	States?	91c X
If "\	Yes," enter the name of the foreign co	ountry ►				
92 Sec	ction 4947(a)(1) nonexempt charitable	trusts filing Form 9	990 in lieu of For	m 1041 - Check here	e _.	······•
	enter the amount of tax-exempt inte			•	▶ 92	
Part V	Analysis of Income-Pro	ducing Activit	ies (See the in	nstructions.)		T
Note: Ent	ter gross amounts unless	Unrelated bus	iness income	Excluded by sec	tion 512, 513, or 514	(E)
	indicated.	(A) Business	(B)	(C)	(D)	Related or exempt function income
	gram service revenue:	code	Amount	Exclusion code	Amount	lunction income
_						
и е						
	dicare/Medicaidpayments					
	es and contracts from government					
age	encies					
94 Me	mbership dues and assessments					30,367.
95 Inte	erest on savings and temporary					
cas	h investments					
	idends and interest from securities			14	13,461.	
	rental income or (loss) from					
	l estate:					
	ot-financed property					
	debt-financed property					
	sonal property					
•	ner investment income					
100 Gai	in or (loss) from sales of assets					
oth	er than inventory					
101 Net	income or (loss) from special events					
102 Gros	ss profit or (loss) from sales of inventory					
	ner revenue: a					
b						
c						
d e						
	ototal (add columns (B), (D), & (E))				13,461.	30,367.
	tal (add line 104, columns (B), (D), ar	nd (E))				43,828.
	e 105 plus line 1e, Part I, should equi					•
Part V				of Exempt Purp	poses (See the instr	ructions.)
Line No	b. Explain how each activity for wh	ich income is repor	ted in column (E)	of Part VII contribut	ed importantly to the ac	complishment of the
▼	organization's exempt purposes					
94	TO INCREASE MEMBE					ECONOMISTS
	SOCIETY & TO ASSI	LT IN THE	IDEALS C	OF FREE MAF	RKET ENTERPR	ITSE.
Part IX	Information Regarding T	axable Subsid	liaries and D	isregarded Enti	ties (See the instruct	tions)
				(C) of activities	(D) Total income	
Name	(A) e, address, and EIN of corporation, artnership, or disregarded entity	(B) Percentage of ownership int.	Nature o	of activities	Total income	(E) End-of-year assets
	- p, - maragarawa anniy	%	,			
		%	D			
		%	5			
		%				
Part X						
	the organization, during the yr., rece	•	,		•	
	the organization, during the year, pa		-	a personal benefit c	ontract?	Yes X No
Note: I	f "Yes" to (b) , file Form 8870 and For	m 4720 (see instru	cuons).			Form 990 (2006)
						1 01111 330 (2000

		controlling organization as defined in	section 512(b)(13).		Ye	s No
106		reporting organization make any trar " complete the schedule below for ea	nsfers to a controlled entity as defined ch controlled entity.	in section 512(b)(13) of the Cod	le?	
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	ınsfer
а						
b						
С						
L		Totals				
107		reporting organization receive any tr " complete the schedule below for ea	ansfers from a controlled entity as det	fined in section 512(b)(13) of the	Ye Code?	es No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	ınsfer
а						
b						
-						
С						
С		Totals				
		organization have a binding written c	ontract in effect on August 17, 2006, c	overing the interest, rents, royal	Ities,	es No
		organization have a binding written c nuities described in question 107 abor Under penalties of perjury, I declare	ve? that I have examined this return, inclu	ding accompanying schedules a	Ities, and statements, and to	
108 Ple	and anr	organization have a binding written c nuities described in question 107 abor Under penalties of perjury, I declare	ve? that I have examined this return, inclu s true, correct, and complete. Declarat	ding accompanying schedules a	Ities, and statements, and to	
os Ple Sig	and anr	organization have a binding written c nuities described in question 107 abor Under penalties of perjury, I declare best of my knowledge and belief, it is	ve? that I have examined this return, inclu s true, correct, and complete. Declarat	ding accompanying schedules a	Ities, and statements, and to	
108	and anr	organization have a binding written condities described in question 107 about Under penalties of perjury, I declare best of my knowledge and belief, it is information of which preparer has are Signature of officer JASON YIN	ve? that I have examined this return, inclu s true, correct, and complete. Declarat ny knowledge.	ding accompanying schedules a	Ities, and statements, and to	
108 Ple Sig	and anr	organization have a binding written of nuities described in question 107 about Under penalties of perjury, I declare best of my knowledge and belief, it is information of which preparer has an Signature of officer	ve? that I have examined this return, inclust true, correct, and complete. Declarating knowledge. TR	ding accompanying schedules attion of preparer (other than office Date REASURER Check if self Prepa	Ities, and statements, and to er) is based on all arer's SSN or PTIN (See Gen	the
Ple Sig Hei	ase n	organization have a binding written of nuities described in question 107 above. Under penalties of perjury, I declare best of my knowledge and belief, it is information of which preparer has are signature of officer. JASON YIN Type or print name and title Preparer's signature	that I have examined this return, inclust true, correct, and complete. Declarating knowledge. TR Date 09/09/20	Date Check if self employed Market Representation of Preparer (1988)	Ities, and statements, and to er) is based on all	the
Ple Sig Hei	ase n re	organization have a binding written of nuities described in question 107 above. Under penalties of perjury, I declare best of my knowledge and belief, it is information of which preparer has are signature of officer JASON YIN Type or print name and title Preparer's signature	that I have examined this return, inclust true, correct, and complete. Declarating knowledge. TR Date 09/09/20 CCOUNTING & TAX SER	Date Check if self employed RVICE	Ities, and statements, and to er) is based on all arer's SSN or PTIN (See Gen	the

Form **990** (2006)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2006

Employer identification number

Compensation of the Five Highest Paid Employees C (See the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more than \$50,000 NONE (b) Title and average hours per week devoted to position	(c) Compensatio		(e) Expense account and other allowances
(a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position		n (d) Contributions to employee benefit plans & deferred compensation	account and other
than \$50,000 per week devoted to position		n (d) Contributions to employee benefit plans & deferred compensation	account and other
NONE			
			1
Total number of other employees paid over			
\$50,000	0 1 1 5 -	. D (
Part II-A Compensation of the Five Highest Paid Independent			rvices
(See the instructions. List each one (whether individuals or firms). If there (a) Name and address of each independent contractor paid more than \$50,000		e of service	(c) Compensation
NONE	(6) 196	C OI SCIVICC	(c) Compensation
Total number of others receiving over \$50,000 for professional services			
Part II-B Compensation of the Five Highest Paid Independent	Contractors fo	r Other Services	
(List each contractor who performed services other than professional se			
firms. If there are none, enter "None." See the instructions.)			
(a) Name and address of each independent contractor paid more than \$50,000	(b) Typ	e of service	(c) Compensation
Total number of other contractors receiving over			
Total number of other contractors receiving over \$50,000 for other services▶			
For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form		Schedule A (Form 9	90 or 990-EZ) 2006

Pa	rt III Statements About Activities (See 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.)	. 1		X
	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.			
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.)			
а	Sale, exchange, or leasing of property?	2a		Χ
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		Χ
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
е	Transfer of any part of its income or assets?	2e		Х
3а	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		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
С	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	3с		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Χ
4a	Did the organization maintain any donor advised funds? If, "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	. 4a		Х
b	Did the organization make any taxable distributions under section 4966?	4b		—
С	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			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax 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		6	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	637	, 07	3.

Schedule A (Form 990 or 990-EZ) 2006

art IV Reason for Non-Priv	ate Foundation S	Status (See the instructions	.)				
ertify that the organization is not a private			plicable box.)				
A church, convention of churches	, or association of chur	rches. Section 170(b)(1)(A)(i).					
A school. Section 170(b)(1)(A)(ii)	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
A hospital or a cooperative hospit	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
A medical research organization of and state ▶	operated in conjunction	n with a hospital. Section 170(b)	(1)(A)(iii). Enter	the hospital's	name, city,		
	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.)						
	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.)						
A community trust. Section 170(b)(1)(A)(vi). (Also compl	lete the Support Schedule in P	Part IV-A.)				
An organization that normally recorded receipts from activities related to a support from gross investment incorganization after June 30, 1975. An organization that is not contro	ts charitable, etc., functions and unrelated but See section 509(a)(2).	ctions - subject to certain except siness taxable income (less sec . (Also complete the Support So	tions, and (2) no tion 511 tax) fro chedule in Part	more than 33 m businesses a IV-A.)	1/3% of its acquired by the		
requirements of section 509(a)(3) Type I Type I		escribes the type of supporting of III-Functionally Integrated	_	IV-Other			
Provide the fo	llowing information a	bout the supported organizat	tions. (See the i	nstructions.)			
(a)	(b)	(c)	(d)	(e)		
Name(s) of supported organization(s)	Employer	Type of		upported	Amount of		
	identification	organization		tion listed	support		
	number (EIN)	(described in lines		upporting on's gover-			
		5 through 12 above or IRC	_	cuments?			
		section)	illig dot	Jamonto .			
		,	Yes	No			
otal							

Schedule A (Form 990 or 990-EZ) 2006

Sch	nedule A (Form 990 or 9	90-EZ)2006 CHIÌ	NESE ECONON	MISTS SOCI	ETY :	INC.	22-	2613292	Page 6
ŀ		ying Expenditu completed ONLY by	•			the instructions	s.)		
Ch	eck ► a if the org	ganization belongs to	an affiliated group.	Check ▶ b	if you	checked a"	and "limited co	ontrol" provisions	apply.
	(The te	Limits on Lobb				Affiliat	(a) ted group otals	(b) To be completed for all elected organization	ing
36	Total lobbying expendi	tures to influence pub	lic opinion (grassroot	s lobbying)	3	6			
	Total lobbying expendi					7			
38	Total lobbying expendit	tures (add lines 36 an	d 37)		3	8			
39	Other exempt purpose	expenditures				9			
40	Total exempt purpose	expenditures (add line	es 38 and 39)		4	0			
41	Lobbying nontaxable a	mount. Enter the amo	ount from the following	g table -					
	If the amount on line		The lobbying nont						
	Not over \$500,000		20% of the amount	on line 40					
	Over \$500,000 but not		•	e excess over \$500,000					
	Over \$1,000,000 but no		\$175,000 plus 10% of the	e excess over \$1,000,000	4	1			
	Over \$1,500,000 but no		\$225,000 plus 5% of the						
	Over \$17,000,000					_			
	Grassroots nontaxable	,	,			3			
	Subtract line 42 from lin					4			
44	Subtract line 41 from lin	ne 38. Enter -U- if line	41 is more than line	38	4	.4			
	Caution: If there is an	amount on aither line	42 or line 44 you m	ust file Form 4720					
	Caution. Il tilele is all		ar Averaging Pe		ction 50)1(h)			
	(Some or	ganizations that made				` '	columns belo	NW/	
	(555 5.	944		ns for lines 45 throu		o a o. ao o			
				Expenditures Duri		ar Averaging	Period		
	llendar year (or fiscal ar beginning in) ▶	(a) 2006	(b) 2005		c) 004		(d) 2003	(e) Total	
45	Lobbying								
	nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying								
	expenditures								
48	Grassroots								
	nontaxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying								
	expenditures								
		ying Activity by							
	(For re	eporting only by organ	nizations that did not o	complete Part VI-A)	(See the	instructions.)			
	ring the year, did the org			_		ng any	Yes No	Amount	•
	empt to influence public	-		=			***		
a									
b	_	ement (Include compe			-		3.7		
C		ts							
d	-	, legislators, or the pu							
e		shed or broadcast sta							
f		nizations for lobbying							
g	Direct contact with le	gislators, their staffs,	government officials,	or a registrative body	y		Λ		

Schedule A (Form 990 or 990-EZ) 2006

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See the instructions.)

		•	, , ,	ng with any other organization described in s	ection 5	01(c) c	of
	•	, , , , •	inizations) or in section 527, relating			Vaa	Na
а	·		a noncharitable exempt organization		E4 = (1)	Yes	No X
					. 51a(i)		X
					_ a(ii)		Λ
b	Other transactions:						3.7
							X
					. b(ii)		Х
	(iii) Rental of facilities, equ	ipment, or other	assets		. b(iii)		X
	(iv) Reimbursementarrang	gements			. b(iv)		X
	(v) Loans or loan guarante	ees			. b(v)		X
	(vi) Performance of service	es or membershi	p or fundraising solicitations		b(vi)		X
С	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees				С		X
d	If the answer to any of the	above is "Yes," o	complete the following schedule. Co	olumn (b) should always show the fair marke	et value o	of the	
	goods, other assets, or ser	vices given by th	e reporting organization. If the orga	inization received less than fair market value	e in any t	ransad	ction
	-	-) the value of the goods, other asse		,		
(a)	(b)	(0)	(c)	(d)			
Line no		Name of no	ncharitable exempt organization	Description of transfers, transactions, & sh	naring ar	rangei	ments
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5.	- 3-	
-							
-							
-							
Se	•	other than section	n 501(c)(3)) or in section 527?	ax-exempt organizations described in	Yes		No
	(a) Name of organization	on	(b) Type of organization	(c) Description of relationsh	nip		
	.		0	,	•		

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2006

OMB No. 1545-0047

Name of organization CHINESE ECONOMIS	Employer identification number 22-2613292					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c) ($\overline{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	red by the General Rule or a Special Rule . (Note : Only a section 501(c)(7), (8), both the General Rule and a Special Rule - see instructions.)	or (10)				
General Rule -						
For organizations filing Forn from any one contributor. (0	n 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone Complete Parts I and II.)	y or property)				
Special Rules -						
sections 509(a)(1)/170(b)(1	anization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the ()(A)(vi), and received from any one contributor, during the year, a contribution of the 1 of these forms. (Complete Parts I and II.)	_				
aggregate contributions or b	or (10) organization filing Form 990, or Form 990-EZ, that received from any one sequests of more than \$1,000 for use exclusively for religious, charitable, scientific of cruelty to children or animals. (Complete Parts I, II, and III.)	• •				
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)						
990-EZ, or 990-PF), but they mus	not covered by the General Rule and/or the Special Rules do not file Schedule B (it check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
For Paperwork Reduction Act N	lotice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2006)				

for Form 990, Form 990-EZ, and Form 990-PF.

Name of organization

CHINESE ECONOMISTS SOCIETY INC.

Employer identification number 22-2613292

			1
(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	HENAN UNIVERSITY	\$ 22,705.	Person X Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution
2	LINCOLN INSTITUTE	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a
		_	noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	GEORGE TECH INSTITURE	\$ 5,000.	Person X Payroll Noncash
(-)		-	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No.	Name, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)