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 2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 2008, and ending Check if applicable: C Name of organization D Employer Identification Number lease use IRS label BHAKTIVEDANTA ARCHIVES Address change 95-4306537 or print or type. See Number and street (or P.O. box if mail is not delivered to street addr) Name change Telephone number See specific Instruc-Initial return 1453 TOM SHELTON ROAD (336) 871-3636 City, town or country Termination State ZIP code + 4 tions. Amended return SANDY RIDGE NC 27046 G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? Yes EDDY GAASBEEK 3241 SHEPPARD MILL RD SANDY RIDGE NC 27046 H(b) Are all affiliates included? If 'No,' attach a list. (see instructions) Tax-exempt status X 501(c) (3) (insert no.) 4947(a)(1) or Website: ► H(c) Group exemption number Type of organization: X Corporation Association L Year of Formation: 1978 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: The main purposes of the Bhaktivedanta Archives are the preservation and dissemination of the teachings of the Governance Krishna consciousness religion as espoused by its founder and preceptor, His Divine Grace A.C. Bhaktivedanta Swami Prabhupada. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 113,889. 59,514. Program service revenue (Part VIII, line 2g) 73,188. 59,848. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 750. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 187,077 120,112. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 100,097 71,223. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 87,947 81,429. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 152,652. 188,044 Revenue less expenses. Subtract line 18 from line 12 -967 -32,540.Beginning of Year End of Year Total assets (Part X, line 16) 299,205. 264,650. 21 Total liabilities (Part X, line 26) 4,037. 502. N S Net assets or fund balances. Subtract line 21 from line 20 295,168. 264,148. Part II Signature Block Under penalties of perjury, true, correct, and complete this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer EDDY GAASBEEK PRESIDENT Type or print name and title. Preparer's identifying number (see instructions) Check if Paid self-employed Preparer's signature Preparer's Bookkeeping Plus Professional Services, Firm's name (or Use yours if self-employed), address, and ZIP + 4 104 West Hunter Street 0-1907599 Only Madison NC 27025 Phone no. ► (336) 548-9600 May the IRS discuss this return with the preparer shown above? (see instructions)

Forr	n 990 (2008)	BHAKTIVEDANTA ARCHI	VES		95-430653	7 Page 2
Pa	Dief	tatement of Program Service	e Accomplishments (see	e instructions)		
-		cribe the organization's mission:				
	ine ma:	in purposes of the Bha	aktivedanta Archives	3		
	See Form	preservation and dis	semination of the t	eachings of the	e	
	See Form	990, Page 2, Part III, Line 1 (contin	<u>ued)_ </u>			
2	Did the org	anization undertake any significant	program services during the ve	ar which were not listed	an the sales	
	Form 990 c	or 990-EZ?	program services during the ye	ar which were not listed	on the prior	v 🔽
	If 'Yes,' des	scribe these new services on Scheo	lule O.			Yes X No
3		anization cease conducting, or make		conducts any program s	envices?	Yes X No
	If 'Yes,' des	scribe these changes on Schedule (O,	oundacts, any program s	ervices:	Yes X No
4	Describe th	e exempt purpose achievements for	or each of the organization's three	e largest program service	es by expenses. Section	n 501(c)(3)
-83		(4) organizations and section 4947(and revenue, if any, for each progra		rt the amount of grants a	and allocations to other	s, the total
	50	, , ,	am service reported.			
1-	Cada) (F	21 611	Take S		
46	The aus) (Expenses \$ 1	31,644. including grants of	\$0) (Revenue \$	59,848.)
	from Di	dio preservation proje	ct: hundreds of hou	rs of Real-time	<u>transfers</u>	
	The mai	gital Audio Tape to F ority of original boo	broadcast WAV format	_nave_been_ongo	<u></u>	
	Grace A	.C. Bhaktivedanta Swa	omi Prabbunada barra	ritings of His	Divine	
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	has bee	n ongoing, involving	OCR scanning, making	g multitudinal	corrections	
	and add	ling other literatures		2		
4 b	(Code:) (Expenses \$	including grants of	¢	\	
			including grants of	3	_) (Revenue \$)
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		·				
10.510		West Charles				
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$	1
44	Other progra	am services. (Describe in Schedule	0)		15br	
74	(Expenses		11.	\/D	ć	· Comment
4e		am service expenses ► \$	131,644. (Must equal) (Revenue)

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.... 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I....... 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 X Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12 X 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 X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II. 15 X 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 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.... 17 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II ... 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X 22 X Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25.... 24a X 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X 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 X 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 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 X BAA

Form 990 (2008) BHAKTIVEDANTA ARCHIVES Part IV Checklist of Required Schedules (continued)

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

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Form 990 (2008) BHAKTIVEDANTA ARCHIVES

Part 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	2		
	henter the number of Forms W.O. included in the 1	0	d.,	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	X	
	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			W.
	2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	1000 A.C.	1348CC
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	- ZD	(Alterial	SECTION 2
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	. 3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
	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		v
	b If 'Yes,' enter the name of the foreign country: ▶	9347	MODELLA S	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	EDUCAT.	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X
	c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	-	Λ
	6a Did the organization solicit any contributions that were not tax deductible?	6a	-	X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			
	7 Organizations that may receive deductible contributions under section 170(c).	6b	EV- 7-	1.03008
	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	A. Company	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		X
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	g .	X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	10165	10.512	A
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	7	
	h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 y	-	
	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?	I BALL		
	9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		<u>X</u>
		1.0280	aud!	
	 a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 	9a		_X
	10 Section 501(c)(7) organizations. Enter:	9 b	culegg	X
	Louis Demonstrative por the province and the province province and the province of the provinc			
	11 Section 501(c)(12) organizations. Enter:			
		461	3.5	
	b Gross income from other numbers or shareholders			
	amounts due or received from them.)			Action
- 5	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	aumantes 1	PROTEIN CO.
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		1979	
В	AA	Form	990 (2	2008)

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

Section A. Governing Body and Management

	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		Yes	No
1	a Enter the number of voting members of the governing body			and:
	b Enter the number of voting members that are independent		1	
	Did any officer, director, trustee, or key employee have a family relationship or a hydrogen relationship with	- 12		
	officer, director, trustee or key employee?	2	CORES A CONTRACT	Х
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	4		X
	since the prior Form 990 was filed?		-	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	general mornes of electricides and the second control of the secon	6		Х
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
- 3	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
- 1	a The governing body?	8a	X	Decision, L.
3	b Each committee with authority to act on behalf of the governing body?	8b	X	
9	a Does the organization have local chapters, branches, or affiliates?	9 a		Х
1	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?	9 b		
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	х	
11	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		Х
Sec	ction B. Policies			
			Yes	No
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			- 45:
ä	a The organization's CEO, Executive Director, or top management official?	15a		Х
t	Other officers of key employees of the organization?	15 b		Х
	Describe the process in Schedule O. (see instructions)			177
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	of If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	status with respect to such arrangements?	16 b		
17	List the states with which a copy of this Form 990 is required to be filed California			
18				
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avainspection. Indicate how you make these available. Check all that apply. Own website Another's website	ılable	for pu	blic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy	, and f	inanci	al
	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organi			
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Form 990 (2008)

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

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

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

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

(A) Name and Title	(B) Average hours			(c)	hat app		(D)	(E)	(F)
	hours per week	andividual frustee or director	anstitutional teastee	Officer	Key employee	High est compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
EDDY GAASBEEK										
PRESIDENT	20.00			X				9,000.	0.	
PAUL TOMBLESON VICE PRESIDENT	40.00			Х				18,000.	0.	
EDDY GAASBEEK TREASURER	20.00			х		1		9,000.	0.	
JENNIFER DAVIS SECRETARY	40.00			х				0.	0.	
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TEEA0107 04/24/09

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization > TEEA0108 10/13/08 Form 990 (2008)

	T VIII Statement of Revenue	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e				
CONTRIBUTION: AND OTHER SI	f All other contributions, gifts, grants, and similar amounts not included above 1f 59, ! g Noncash contribns included in Ins 1a-1f: \$ h Total. Add lines 1a-1f	514. ► 59,514.			
PROGRAM SERVICE REVENUE	Business C	ode			The said the said to the said
SAM	e				
30GF	f All other program service revenue		The state of the s	0.	0.
4	g Total. Add lines 2a-2f		和自己的自己的特别的	的特殊的主持的社	国际
8	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceed.	ds . ►			
	5 Royalties	▶ 750.	750.	0.	0.
	(i) Real (ii) Perso	inal	Death Arch	14.	
- 4	b Less: rental expenses .		A Secretary		
	c Rental income or (loss)			EL DESCRIPTION	
- 1	d Net rental income or (loss)		The Marine State of the Control of t	THE RESERVE OF THE PARTY OF	
	7 a Gross amount from sales of assets other than inventory . (i) Securities (ii) Other	Co. Co. Land Company Company Company Co.			
	b Less: cost or other basis and sales expenses				
	d Net gain or (loss)	■ Internal Schickwaldsternal ASE	four Estimation and County 1989	Pater William In 11	Den alesa Estado de la como
ENUE	8a Gross income from fundraising events (not including . \$	***			
OTHER REVENUE	of contributions reported on line 1c).		Market Company	END VISITE	
HER	See Part IV, line 18				
6	c Net income or (loss) from fundraising events	► ************************************	Salidon de la calla de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición de la composición dela		A CONTRACTOR OF THE PARTY OF TH
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b			L PERCH III	
	c Net income or (loss) from gaming activities	>	NAME OF THE OWNER OF THE OWNER.		
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory	► The second se		Andrew Co. Co. St. A.	
ŀ	Miscellaneous Revenue Business Co		Color Maria	The same of the same	
	11a		CONTRACTOR CONTRACTOR CONTRACTOR	THE RESERVE OF THE PARTY OF THE	Emple Albert & Arthrope Str.
	b				
	d All other revenue		Harrison Same		The state of the s
	e Total. Add lines 11a-11d			MEN AND HE STATE	E Walley
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 10c, and 11e	9c.	60,598.	0.	0.

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 ... Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 36,000. 28,800 7,200 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 35,223. 28,178 7,045. 0. 10 Payroll taxes 11 Fees for services (non-employees) a Management c Accounting 625 500 125. 0. d Lobbying e Prof fundraising svcs. See Part IV, In 17 A VISION f Investment management fees g Other 12 Advertising and promotion 500 500 0 0. 13 Office expenses 6,951 5,561 1,390. 0. Royalties 15 187. 187. 0. 0. 16 Occupancy 8,726. 6,981. 1,745. 0. 17 2,449 1,959 490. 0. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 21 Depreciation, depletion, and amortization 11,608 11,608 0 0. 2,205. 1,764 441 0. Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 a Auto Expense 2,912. 2,912. 0. 0 b Postage & Shipping 5,840. 4,672. 1,168 0. c Bank Fees & CC Processing 3,472 3,472. 0. 0. d_Dues & Subscriptions 3,267. 3,267. 0. 0. e Supplies 1,883. 1,506. 377. 0. f All other expenses 30,804. 29,777. 1,027 0. 25 Total functional expenses. Add lines 1 through 24f 52,652. 131,644. 21,008 0. Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

				(A) Beginning of year		End	(B) of yea	ır
	1	Cash – non-interest-bearing		19,745.	1		10,	538
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		35,189.	4		23,	876
	5	Receivables from current and former officers, directors, truste or other related parties. Complete Part II of Schedule L			5			
	6	Receivables from other disqualified persons (as defined under	section 4958(f)(1))	The Branch of the Land	3.0		H.	Nacon
A		and persons described in section 4958(c)(3)(B). Complete Pa	rt II of Schedule L		6			
S	7	Notes and loans receivable, net		1	7			
ASSETS	8	Inventories for sale or use		129,547.	8		114,	977
s	9	Prepaid expenses and deferred charges	[^ ^] [[[[[[[[[[[[[[[[9			
		Land, buildings, and equipment: cost basis 10a	277,795.	CALL OF WAR				
	ь	Less: accumulated depreciation. Complete Part VI of				A Comment	A STATE OF	
- 1		Schedule D	162,536.	114,724.	10 c		15,	259.
	11	Investments – publicly-traded securities			11		uces are -	
1	12	Investments – other securities. See Part IV, line 11			12			
- 1	13	Investments – program-related. See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)		299,205.	16	2	264,	650.
.	17	Accounts payable and accrued expenses		4,037.	17			502.
	18	Grants payable			18			
L	19	Deferred revenue			19			
A	20	Tax-exempt bond liabilities			20			
B	21	Escrow account liability. Complete Part IV of Schedule D			21			
LITIES	22	Payables to current and former officers, directors, trustees, ke highest compensated employees, and disqualified persons. Co	y employees, emplete Part II				ings (T3,50
Ē	22	of Schedule L			22			
١,	23	Secured mortgages and notes payable to unrelated third partie			23			
	24	Unsecured notes and loans payable			24			
	25 26	Other liabilities. Complete Part X of Schedule D			25			
	20	Total liabilities. Add lines 17 through 25		4,037.	26			502.
N E T		27 through 29 and lines 33 and 34.	complete lines		De t			
- 1	27	Unrestricted net assets	18	a Maria Maria Care	Sec. 35.	16.73	Me	
ASSETS	28	Temporarily restricted net assets			27			
Š	29	Permanently restricted net assets			28			_
P P		Organizations that do not follow SFAS 117, check here		A STATE OF THE STA	29	Programme and the second		01-10
DZC		lines 30 through 34.	X and complete	y .				
	30	Capital stock or trust principal, or current funds			30			
BA	31	Paid-in or capital surplus, or land, building, and equipment fur			31			
Ă	32	Retained earnings, endowment, accumulated income, or other		295,168.	32	2	64,	L48.
EΙ	33	Total net assets or fund balances.		295,168.	33	2	64,1	L48.
	34	Total liabilities and net assets/fund balances		299,205.	34	2	64,6	550.
aı	t XI	Financial Statements and Reporting						2 V V H.
2							Yes	No
		counting method used to prepare the Form 990: Cash		Other		1000		i gr
22	Wer	re the organization's financial statements compiled or reviewed	by an independent acc	ountant?		2a		Х
t	Wer	re the organization's financial statements audited by an indeper	ident accountant?			2b		Х
C	revi	es' to 2a or 2b, does the organization have a committee that as ew, or compilation of its financial statements and selection of a	ssumes responsibility for n independent account	or oversight of the auditant?	t,	2c		
3 a	As a	a result of a federal award, was the organization required to unition the control of the control	dergo an audit or audits	s as set forth in the Sir	ngle	3a	-	Х
_ t	If 'Y	'es,' did the organization undergo the required audit or audits? .		*****************		3b		
AA		tive and the second sec					990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Linspection

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches described in section 170(bX1)A(N). A school described in section 170(bX1)A(N). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(bX1)A(N). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(bX1)A(N). (Attach Schedule H.) A redical research organization operated in conjunction with a hospital described in section 170(bX1)A(X)(N). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(bX1)A(X)(N). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(bX1)A(X)(N). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(bX1)A(N). (Complete Part III.) A rederal state, or local government or governmental unit described in section 170(bX1)A(N). (Complete Part III.) A rederal state, or local government or governmental unit described in section 170(bX1)A(N). (Complete Part III.) A rederal state, or local government or governmental unit described in section 170(bX1)A(N). (Complete Part III.) A rederal state, or local government or governmental unit described in section 170(bX1)A(N). (Complete Part III.) A rederal state or local government or governmental unit described in section 170(bX1)A(N). (Complete Part III.) A rederal state or governmental vertices a subject to certain exceptions, and (2) no more than 33-113 % of its support more unit vertices and presented activities of public safety. See section 509(a)(A). (see instructions) A rederal state or governmental unit described in section 509(a)(A). (see instructions) A rederal state or governmental unit described in section 509(a)(A). (see instructions) A rederal	described ss receipts from gross tion after
A church, convention of churches or association of churches described in section 170(bX1)XAX(i). A chosol described in section 170(bX1)XAX(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(bX1)XAX(ii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(bX1)XAX(ii). Enter the hos name, city, and state: A medical research organization operated in conjunction with a hospital described in section 170(bX1)XAX(ii). Enter the hos name, city, and state: A regardian operated for the benefit of a college or university owned or operated by a governmental unit described in 170(bX1)XAX(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(bX1)XAX(iv). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(bX1)XAX(iv). (Complete Part III.) A community trust described in section 170(bX1)XAX(iv). (Complete Part III.) A norganization that normally receives: (1) more than 33-1/3 % of its support from a contributions, membership fees, and greated state of the section 170(bX1)XAX(iv). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)X(i). (See instructions) unit and in section 509(a)X(i). (See instructions) of section 509(a)X(i). See section 509(a)X(i). (See instructions) that organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes more publicly supported organizations described in section 509(a)X(i) or section 509(a)X(i). (See instructions) that foundation managers and other than one or more publicly supported organization secribed in section 509(a)X(i). The organization received a written determination from the IRS that is a Type II or Type III or Type III supporting organization check this box. (i) a person who directly or in	described ss receipts from gross tion after
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hosname, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and grant form activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organization organizated and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organizated and operated exclusively to test for public safety. See section 509(a)(3). Check it 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 b Type	described ss receipts from gross tion after
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital described in section 170(b)(1)(A)(iii). (Complete Part III.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(v). (Complete Part III.) X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and grown activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively to the benefit of, to perform the functions of, or carry out the purposes more publicly supported organization and complete lines 11e through 11h. a Type II b Type II c Type III - Functionally integrated d I Type III e III Funcionally integrated d III funcionally integrated d III funcionally integrated d III funcionally integrated in section 509(a)(2). See section 509(a)(2) is seed of supporting organization and complete lines 11e through 11h. g Syncheking this box, I certify that the organization is not controlled directly or indirectly by one or more	described ss receipts from gross tion after
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An organization that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and growth organization and complete in section 501 tax) from businesses acquired by the organization investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and organization organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III c Type III - Functionally integrated d Type III- Functionally integrated d Type III- Functionally integrated d Type III- Functionally integrated described in section 509(a)(2). f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iv) Is the organization in col. (iv) Organization in col. (iv) Organization in col. (iv) Organization in the Organization in the Organization in the Org	ss receipts from gross tion after
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e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualifed persor than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or set 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? (iv) Is the organization in col. (iv) Is the organization in	
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persor than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of Supported Organization (iii) Type of organization supports. (iv) Is the organization in col. (i) organization in col. (i) isled in your support? (vi) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organization	- Other
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(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (ii) 11g (iii)	
(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (ii) 11g (iii) 11g	
(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (iii) h Provide the following information about the organizations the organization supports. (ii) Name of Supported Organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iv) organizat	Yes N
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Yes No Yes No Yes No	unt of Support
Total	

Schedule A (Form 990 or 990-EZ) 2008 BHAKTIVEDANTA ARCHIVES 95-4306537

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support		1 12	1022 127	113/20		
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3						
5	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)				7		
6	Public support. Subtract line 5 from line 4			7.662. 7.11.80 7.664		" 种"。	
Sec	tion B. Total Support		AND THE RESPONDENCE OF	Debut Sand Sand Sand Sand	p was well as the second	Recognition of the con-	
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		7				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.				- 2 - 1		
ė	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					E Proces	
12	Gross receipts from related activi	ties, etc. (see ins	tructions)			12	
	First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, second	d third fourth or	fifth tay year as a	section 501(c)(3)	□
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 200			11, column (f)		14	%
	Public support percentage for 200						%
	33-1/3 support test — 2008. If the and stop here. The organization of	qualifies as a publ	licly supported org	ganization			this box
b	33-1/3 support test — 2007. If the and stop here. The organization of	organization did qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, a ganization.	and line 15 is 33-1	/3% or more, chec	k this box ►
17 a	10%-facts-and-circumstances teror more, and if the organization in the organization meets the 'facts-	neets the 'tacts-ar	nd-circumstances'	test chark this he	av and cton have	Evoluin in Doct IV L	
	10%-facts-and-circumstances ter or more, and if the organization n organization meets the 'facts-and	eets the facts-ar -circumstances' t	est. The organiza	test, check this bo ation qualifies as a	ox and stop here. a publicly supporte	Explain in Part IV h d organization	now the▶
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a, o	or 17b, check this	box and see instruc	ctions►

Partill Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	68,475.	91,985.	81,057.	113,889.	59,514.	
	Gross receipts from	00/1/01	31/303.	01,037.	113,009.	39,314.	414,920.
	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	104 446	100 716				
3	purpose	124,446.	123,716.	76,854.	73,188.	59,848.	458,052.
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						
6	Total. Add lines 1-5	192,921.	215,701.	157,911.	187,077.	119,362.	872,972.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	63,153.	91,137.	73,412.	113,250.	50,300.	391,252.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11.				113/230.	30,300.	391,232.
	and 12 for the year or \$5,000 Add lines 7a and 7b	0.	0.	0.	112.050	50 500	0.
8		63,153.	91,137.	73,412.	113,250.	50,300.	391,252.
٥	Public support (Subtract line 7c from line 6.)	The shopping and Market	PROPERTY AND	SAME TO SERVICE STATE OF THE S	NAME OF STREET	Compact (do top	101 700
Sec	tion B. Total Support	HANDSON THE PLANE	Charles and a series to	(中国)(100 100 100 100 100 100 100 100 100 100	STREET, SAME IS NOT		481,720.
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
. 9		192,921.	215,701.	157,911.	187,077.	119,362.	872,972.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	107.	94.	0.		750.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	107.	74.	0.	0.	730.	951.
c	Add lines 10a and 10b	107.	94.	0.	0.	750.	951.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				21		
13	Total support. (add Ins 9, 10c, 11, and 12.)	では、女人を対すっている。	海海 主义于3	State Care	《祖教》 ,并述"如	Para Para Service	873,923.
14	First five years. If the Form 990	is for the organiza	ition's first, second	d, third, fourth, or	r fifth tax year as a	section 501(c)(3)	
Sec	organization, check this box and tion C. Computation of Pu	blic Support P	Percentage			****************	
15	Public support percentage for 20			e 13 column (f))			55.12%
16	Public support percentage from 2						64.56%
	tion D. Computation of Inv	estment Incom	me Percentage	е			0110070
17	Investment income percentage for				nn (f))		0.11%
18	Investment income percentage fr				- 5337		0.05%
19 a	33-1/3 support tests – 2008. If the more than 33-1/3%, check this b	ne organization did ox and stop here.	d not check the bo The organization	ox on line 14, and qualifies as a pub	I line 15 is more the	an 33-1/3%, and ling	ne 17 is not ► X
	33-1/3 support tests - 2007. If the is not more than 33-1/3%, check	ne organization did this box and stop	d not check a box here. The organiz	on line 14 or 19a zation qualifies as	, and line 16 is mo a publicly support	re than 33-1/3%, and ed organization	nd line 18 ►
20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	4, 19a, or 19b, ch	eck this box and so	ee instructions	

Schedule A	(Form 990 or 9	990-EZ) 20	08 BHAI	KTIVEDA	NTA A	RCHIVES			9	5-430653	37	Page 4
Part IV	Supplemen Part II, line	tal Infor	mation. C	omplete t	his pa	rt to prov	ide the e	xplanatio	n require	d by Part	II, line 10:	; age ;
	Part II, line	1/a or 1	/b; or Pa	rt III, line	12. P	rovide an	y other a	dditional	informati	on. (see ir	nstructions	s)
		. – – – – -										
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	. – – – – – –											
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			reconstant materials									
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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 that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer Identification number BHAKTIVEDANTA ARCHIVES 95-4306537 Partil Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

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

Part III Organizations Maintain							
3 Using the organization's accession that apply):	and other records	s, check any of the	following that are a si	gnificant use of its coll	ection iter	ns (che	ck all
a Public exhibition		d 🔲 Loan o	r exchange programs				
b Scholarly research		e Other	The second secon				
c Preservation for future generation					- Resident	15,500	
4 Provide a description of the organiz Part XIV.							
5 During the year, did the organization assets to be sold to raise funds rath	n solicit or receiv	e donations of art,	historical treasures, o	r other similar	Πvac	Г	٦
Part IV Trust, Escrow and Cust	todial Arrange	ements Comple	te if organization	answored 'Ves' to	Form	000 D	No
IV, line 9, or reported a	n amount on I	Form 990, Part	X, line 21.	answered res to	Forms	90, P	art
1a Is the organization an agent, trustee included on Form 990, Part X?	e, custodian, or o	ther intermediary for	or contributions or other	er assets not	. Tyes	Г	No
b If 'Yes,' explain the arrangement in	Part XIV and con	nplete the following	table:		_		
c Beginning balance			77	1.	Amoun	τ	
d Additions during the year							
e Distributions during the year				1e			_
f Ending balance			******************	1e	-		
2a Did the organization include an amo	ount on Form 990	Part V line 212					٦
b If 'Yes,' explain the arrangement in	Dart VIV	, Fart A, line 21?		* * * * * * * * * * * * * * * * * * * *	. Yes	L	No
Part V Endowment Funds Com		ization answers	d 'Vac' to Form 0	On Part IV line 1	0	-	
are a large and a	(a) Current year	(b) Prior year	The second secon	CANADA TO THE RESIDENCE OF THE PARTY OF THE	43973	-	
1 a Beginning of year balance	(a) current year	(b) Frior year	Control of the Contro			Four year	s back
b Contributions			101 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COMPANY OF THE PROPERTY OF THE	CONTRACTOR OF THE PARTY OF THE	Carrie III	Selection of
c Investment earnings or losses	- Alteria Attiti		Carte And Property		95 p		APIES .
d Grants or scholarships		* *************************************	tills of the second				Street To
e Other expenditures for facilities						No.	A STATE OF THE STA
and programs						2	
f Administrative expenses	27/2002	***************************************	of the countries of		新兴 等。但	SSEETA	#5-2×
g End of year balance		计划5 经国际股份			A 100 C	Burgers.	B-1-3-1
2 Provide the estimated percentage of	f the year end ba	lance held as:	THE PERSON NAMED IN COLUMN TO A PERSON NAMED IN COLUMN TO SERVICE AND A PERSON NAMED I	The state of the s	United Street, St.	area per co	
a Board designated or quasi-endowme		8					
b Permanent endowment ►							
c Term endowment ►	*						
3a Are there endowment funds not in the	ne possession of	the organization th	at are held and admin	istered for the			
organization by:						Yes	No
(i) unrelated organizations							
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related orga	ariizations listed a	s required on Sche	eaule K?		3b		
4 Describe in Part XIV the intended us	Idinas and E	auinment See	Form 000 Dort V	/ line 10			_
	iumgs, and E		(b) Cost or other	The state of the s	T		
	(-) (-)		(b) Cost or other	(c) Depreciation	(d)	2001/10	
Description of investment		ost or other basis (investment)		* SEVEN OF EXCEPTION TO A		Book Va	llue
		(investment)	basis (other)				
Description of investment		(investment) 6,200.		TO THE PROPERTY OF		6,	200
Description of investment 1 a Land		(investment) 6,200. 167,623.		69,921.		6,	200
1 a Landb Buildings		6,200. 167,623. 1,200.		69,921. 1,200.		6, 97,	702
Description of investment 1 a Land b Buildings c Leasehold improvements		(investment) 6,200. 167,623.		69,921.		6, 97,	200

Part VIII Investments—Other Securities See F	orm 990, Part X, li	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		cost of end-of-year market value
Closely-held equity interests		
Other		
	d and	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ►		
Part VIII Investments—Program Related (See	Form 990 Part X	line 13)
(a) Description of investment type	(b) Book value	
——————————————————————————————————————	(b) Book value	(c) Method of valuation Cost or end-of-year market value
·		
termination of the state of the		
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)		
Part IX Other Assets (See Form 990, Part X,	line 15)	Same and the second sec
	escription	(b) Book value
		(S) Book Yulid
	N. S.	
· ·		
		the second secon
Total Column (h) Total (about a soul Form 2000 For the state	(D) () 15)	
Total. Column (b) Total (should equal Form 990, Part X, col. Part X Other Liabilities (See Form 990, Part	(<i>B</i>), line 15)	
(a) Description of Liability		
Federal Income Taxes	(b) Amount	
rederal income raxes		
The second secon		
	· · · · ·	
A		A STATE OF THE STA
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	Mill and a second	AL MARKET AND AND THE STATE OF

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.

	dule D (Form 990) 2008 BHAKTIVEDANTA ARCHIVES		95-4306537	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990	to Financial State	ments	, ago .
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			100
7	Prior period adjustments	******		
8	Other (Describe in Part XIV)			7-1111-000
9	Total adjustments (net). Add lines 4-8			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and	9		
Par	TXIII Reconciliation of Revenue per Audited Financial Staten	nents With Reveni	ue per Return	
1	Total revenue, gains, and other support per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 2		111
	Net unrealized gains on investments		1 1 1 1 1 1 1 1 1 1	
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIV)		and the same of th	
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		* x 12/2	
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b			
_5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 1	12.)	5	
	t XIII Reconciliation of Expenses per Audited Financial State			
	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities		7/29/	
	Prior year adjustments		1000	
	Losses reported on Form 990, Part IX, line 25			
	Other (Describe in Part XIV)			
1220	Add lines 2a through 2d			- 1
3	Subtract line 2e from line 1			-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		14.00	
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		9620	
	Add lines 4a and 4b			
Par	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line t XIV Supplemental Information	18.)	5	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; by Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lin	Part III, lines 1a and 4 4b.	; Part IV, lines 1b and 2b; Part V	/,
		S. <u>MANUSA VICTORIO UNI INDICAZIONE ACCUMUNICA ANNI SA</u>		
			F 1 5 5 6 4 35 8	
			. 	
				<u> </u>
		. 40		

Solled date B	(Sim 350) 2500 BIMICITY EDANTA ARCHIVES	95-4306537	Page 5
Part XIV	Supplemental Information (continued)		
Margarit September 1 mender mit Stade 1	- Francisco (continued)		
		a la company de la company	
		Activities of the second second	
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		34	

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

2008

2000

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.

Internal Revenue Service	Form 990 or to provide any additional information.	Inspection
Name of the organization		Employer identification number
BHAKTIVEDANTA	ARCHIVES	
DIMITIVEDANIA	ANCHIVEO	95-4306537
	44	
Pt VI-A, Line	10 Tax return is compared to organization's finance	cials
	to ensure accuracy.	
	to ensure accuracy.	
D+ VI_C Tino	10	
Pt_VI-C, Line	. 19	
Ψ.		
	, , , , , , , , , , , , , , , , , , , ,	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

► Attach to Form 990, 990-EZ and 990-PF See separate instructions.

OMB No. 1545-0047

2008

Name of the organization Employer identification number BHAKTIVEDANTA ARCHIVES 95-4306537 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( 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 Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule -X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. 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, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention 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.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)	Page 1 of 1 of Part
Name of organization	Employer identification number
BHAKTIVEDANTA ARCHIVES	05 4306537

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHRIS PAWLAK  1032 RAMA RD  SANDY RIDGE NC 27046	\$5,300.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	BHAKTIVEDANTA BOOK TRUST INTERNATIONAL  9701 VENICE BLVD #3  LOS ANGELES CA 90034	\$45,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
s <del></del> s		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Nůmber	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
iv iv		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

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

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

Attachment Sequence No. 67

BHAKTIVEDANTA ARCHIVES Business or activity to which this form relates

Identifying number 95-4306537

	rm 990 / Form 990		4,6					
Pa	Election To Ex Note: If you have a	any listea property,	complete Part V before	you complete Pa	art I.			
1	Maximum amount. See th	ne instructions for a	higher limit for certain I	ousinesses			. 1	\$250,000.
2	Total cost of section 179	property placed in s	ervice (see instructions	)			2	
3	Threshold cost of section	179 property before	reduction in limitation	(see instructions)	) . ,		. 3	\$800,000.
4	Reduction in limitation. So	ubtract line 3 from li	ne 2. If zero or less, er	nter -0			. 4	
- 5 	Dollar limitation for tax ye separately, see instruction	ns	rom line 1. If zero or le			g 	. 5	
6	(2	Description of property		(b) Cost (business	s use only)	(c) Elected co		
7	Listed property. Enter the	amount from line 2	0					
8	Total elected cost of secti	on 179 property Ad	d amounts in column (	) lines 6 and 7	7	1000	T -	I A SURE VIEW CONTRACTOR
9	Tentative deduction. Ente	r the <b>smaller</b> of line	5 or line 8	o), mies o and 7.			8 9	
10	Carryover of disallowed d	eduction from line 1	3 of your 2007 Form 45	62			10	
11	Business income limitatio	n. Enter the smaller	of business income (no	ot less than zero	or line 5	see instre)	11	
12	Section 179 expense ded	uction. Add lines 9 a	and 10, but do not enter	more than line 1	1		12	
13	Carryover of disallowed di	eduction to 2009. Ad	dd lines 9 and 10, less l	ine 12	▶ 13			THE PARTY OF THE P
Note	: Do not use Part II or Part	t III below for listed	property. Instead, use F	Part V.				
Par	t II Special Depred	ciation Allowand	ce and Other Depr	eciation (Do no	t include li	sted property.)	(See	instructions.)
14	Special depreciation allow tax year (see instructions)	vance for qualified o	roperty (other than liste	d property) place	d in service	a during the	14	
15	Property subject to section	n 168(f)(1) election					15	
16	Other depreciation (include	ling ACRS)					16	0.
Par	t III MACRS Depre	ciation (Do not in	clude listed property.) (	See instructions)				0.
			Section					
17	MACRS deductions for as	sets placed in service	ce in tax years beginnin	g before 2008		442244	17	11,206.
18	If you are electing to grou asset accounts, check her	p any assets placed	I in service during the ta	av vear into one o	or more de	noral		11/200.
	Section E	3 – Assets Placed i	n Service During 2008	Tax Year Using t	he Genera	Depreciation	Syster	n
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conventio	(f)		(g) Depreciation deduction
19 a	3-year property		View III v		G-2005-12			37
b	5-year property						-	
	7-year property							
d	10-year property		SOLEHPENDELEN ENDOWNE	1				
	15-year property				Name of the last			
f	20-year property 25-year property							
g	25-year property			25 yrs	AMENIA	S/L	- C.	
h	Residential rental	- PRESENTE		27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real	07/08	12,143.	39 yrs	MM	S/L		143.
	property				MM	S/L		
	Section C	- Assets Placed in	Service During 2008 Ta	ax Year Using the	Alternativ			em
20 a	Class life	The state of the s				S/L		
b	12-year			12 yrs		S/L		
	40-year			40 yrs	MM	S/L		
	t IV Summary (See i			T				9
21	Listed property. Enter amo	ount from line 28					21	259.
22	Total. Add amounts from line 12 the appropriate lines of your retu	, lines 14 through 17, line rn, Partnerships and S co	es 19 and 20 in column (g), as proporations — see instructions	nd line 21. Enter here	and on		22	11,608.
23	For assets shown above a	nd placed in service	during the current year	r, enter	23			11,000.

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -		on and Other							for lir	nits for	nassen	ner auto	omobile	s)	-
24 a Do you have evidence to su	pport the busi	ness/investmen	t use claim	ed?		X Yes	П				e evidence			X Yes	П
	(b) te placed service	Business/ investment use percentage	Cost other	or	(busine	(e) or depreciess/investiuse only)	iation ment	Reco per	) very	М	(g) ethod/ ovention	Dep	(h) reciation duction	E	(i) lected tion 179 cost
25 Special depreciation used more than 50%	allowance f in a qualifie	or qualified li	sted pro	perty pla	ced in s	service	durin	g the ta	x yea	r and	25	-			
26 Property used more t	han 50% in	a qualified b	usiness	use:							20			1	E San San
1998 DODGE CARAVAN 01/	15/03	100.00	4	,500.		4,5	00.	5.	00	200	DB/HY		259	9.	
27 Property used 50% or	less in a q	ualified busir	ness use	:											
								- 1							
28 Add amounts in colum	nn (h), lines	25 through 2	27. Ente	r here an	d on lin	ne 21 n.	age 1		rome utraviere		28		259		
29 Add amounts in colum	n (i), line 2	26. Enter here	e and on	line 7 n	age 1	10 Z1, p	age i				20		29	_	4
Complete this section for very your employees, first ans	swer the qu	d by a sole prestions in Se	roprietor ction C t	B – Info , partner, to see if y a)	or othe	er 'more	than	5% ov	mer '	ting th	ited persons section	n for the	ou provi ose veh	icles.	f)
30 Total business/investr during the year (do no commuting miles)	t include			icle 1		cle 2	\ \ \ \	/ehicle	3		cle 4		cle 5		cle 6
31 Total commuting miles driv										10.00		***			
32 Total other personal ( miles driven	noncommu	tina)				7.					109				-
33 Total miles driven dur lines 30 through 32	ing the yea	r. Add													
34 Was the vehicle availaduring off-duty hours?	able for per	sonal use	Yes	No	Yes	No	Ye	s N	0	Yes	No	Yes	No	Yes	No
35 Was the vehicle used than 5% owner or rela	primarily by	y a more ?							$\top$						
36 Is another vehicle ava personal use?	ilable for	*********		1 4									401		
		<ul><li>Questions</li></ul>	for Emp	loyers W	/ho Pro	vide Ve	hicle	s for Us	se by	Their I	Employe	es			
nswer these questions to o % owners or related perso	determine if	you meet ar											are no	t more t	han
37 Do you maintain a writ by your employees?	ten policy	statement tha	it prohibi	ts all per	rsonal u	ise of ve	ehicle	es, inclu	ding	commu	uting,		3 11 2 11 11	Yes	No
38 Do you maintain a writ employees? See the ir	ten policy s	statement tha	it prohibi	ts persor	nal use	of vehic	cles,	except of	comm	nuting,	by your				
39 Do you treat all use of	vehicles by	employees	as perso	nal use?											
40 Do you provide more to vehicles, and retain the	han five ve e informatio	hicles to your	employ	ees, obta	in infor	mation	from	your en	nploy	ees ab	out the u	se of th	ne		
41 Do you meet the require Note: If your answer to	rements co	ncerning qua	lified aut	omobile	demons	stration	use?	(See in	struc	tions.)				DESCRIPTION OF	95.74
Part VI Amortization				- 1100 001	.,,		D 101	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00	vernere					900
(a) Description of			Date am	b) ortization gins	<i>A</i>	(c) Amortizabl amount	e	. 1	(d) Code section	,	Amorti perio	zation od or		(f) mortization or this year	
42 Amortization of costs t	hat begins	during your 2	2008 tax	year (see	e instru	ctions):			200		percei	ntage			
*															
					18 5									4	in the
Amortization of costs												43	700000		
44 Total. Add amounts in	column (f)	. See the ins	tructions	for where	e to rep	port						44			

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

Krishna consciousness religion as espoused by its founder and preceptor, His Divine Grace A.C. Bhaktivedanta Swami Prabhupada.

2008

California Exempt Organization Annual Information Return

FORM

199

THE PERSON NAMED OF THE PARTY	Year 2008 or	fiscal year				year	, and endi	ng month_		_day_		_year	the even			41
A First Ret	turn Filed?	☐ Yes ✓ No	В	Type of orga Exempt und IRC Section	anization der Section 23 n 4947(a)(1) tr	3701 (in:	sert letter)		CORP 1	# 4	6	7	2	7	I	0
	n/Organization I		052-55				,		FEIN		200				-	_
	IVEDANTA	ARCHI	VES		- V.				9 5	- 4	3	0	6	5 3	3	7
Address	101									-					_	-
	OM SHELT	TON RO	AD													
City									State	ZIP (	Code		Armer .			
SANDY	/ RIDGE								NC	270	)46					
C Amended	d Return?				• 🗆	es ZNo H	Accounting method us	ed (1) Cas	h (2)	Accrual	(2)	Othor			-	_
D Are you a	a subordinate/affi	iate in a group	p exemption	1?		res INO I							10 1/025	(1) n	articir	nata
	is a group filing fo						in any political campaig									
(b) If "Ye	es," enter the nun	nber of affiliate	es				(3) made an election un	nder R&TC Se	ction 237	704.5 (re	lating to	) lobbyir	ng hy n	ublic	hariti	ioc)?
(c) Are a	III affiliates includ	ad?	****	*****		es No	If "Yes," complete and	attach form F	TB 3509.	Political	or Legi	slative A	ctivitie	s by S	ection	n n
	o," attach a list. S						23701d Organizations.									
	is a separate retu					J	Did the organization ha	ve any change	es in its a	ctivities.	govern	ing instr	ument.	article	es of	LITTO
	p ruling?					es No	incorporation, or bylaw									**
	ral Group Exempt						complete an explanatio									
	oster of subordina	ites attached?	)			es No K	Is the organization exer									
E Final retur							If "Yes," enter amount of									
	ssolved • 🗆 S					L	Is the organization under									
	erged/Reorganize		lanation)				a prior year?						•	□Y	es 🔽	1 No
	checked, enter o				•		I Is the organization a Lir						•	□Y	es 🛂	1No
	box if the organi						Did the organization file									
	ation is exempt u						income?			* * * + * *			•	□ y	es 🔽	No
	al, or charitable.					ntributions,										
	. See General Ins													-		
rart I U							uctions B and C.									
	1 Gross sale	s or receipt	ts from ot	her sources	. From Side 2	2, Part II, line	8				• 1			60,	598	3 00
Desciote	2 Gross due	s and asses	ssments f	rom membe	rs and affiliat	tes					• 2					00
Receipts and	3 Gross con	tributions, o	gifts, gran	its, and simi	lar amounts	received					• 3			59,	514	100
Revenues	4 Total gross	s receipts fo	or filing re	quirement t	est. Add line	1 through li	ne 3.				1	WOLT T			10-	
	This line i	nust be cor	mpleted.	If the result	is less than \$	\$25,000, see	General Instruction (	<u>) </u>			• 4		1	20,	112	200
	5 Cost of go	ods sold							7.U.S.2.—10	00		12.5				
	6 Cost or ot	ner basis, ai	nd sales e	expenses of	assets sold		• 6			00						
	7 Total costs	. Add line 5	and line	6. , ,							7					00
	8 Total gross	s income. S	ubtract lir	ne 7 from lin	ne 4						• 8					00
Expenses	9 Total expe	nses and dis	sburseme	ents. From S	ide 2, Part II,	line 18					• 9		1	52,	652	
	10 Excess of	receipts ove	er expense	es and disbu	irsements. S	ubtract line 9	from line 8				e10	-10000	(;	32,5	40)	00
	11 Filing fee S	310 or \$25.	See Gene	ral Instruction	on F						11					00
Filing	12 Total paym	ents									12					00
Fee	13 Penalties a	nd Interest.	. See Gen	eral Instruct	ion J						13				0	00
	14 Use tax. Se	ee General I	nstruction	n K						CONTRACTOR OF	•14				0	00
	15 Balance d	ue. Add line	e 11, line	13.and line	14. Then sub	tract line 12	from the result				15				0	00
Sign	Under penaltic	es of perjury,	hdeclare th	at/have exam	nined this retur	n, including ac	companying schedules a d on all information of wh	and statemen	ts, and to	the be	st of my	knowle	dge ar	nd beli	ef, it	is
Here		U	A A IX	1.1M	(other than tax)	payer) is based	on all information of wh	17 Ox 5 M	has any	10.						
	Signature	4	U LOUY	7000		Title	-KIT	Date	100	● Te	elephor	е				
-	of officer >		1			PRESIDI	Date	05/14/	09			71-363				
Date	Preparer's	11	Ü	(1,0	00			Check if s	200			r's SSN				
Paid Preparer's	signature >	UX	ny		les	>	05/14/09	employed	<b>&gt;</b> _	-	0 0	3	7 0	3	0	2
Jse Only	Firm's name	(or yours,	DOOL	///CEDIN	0.01110		. 1			• F						
	if self-employ	ed)	BOOK	KEEPIN	G PLUS I	PROFES	SIONAL SERVI	CES INC		5 (	6 1	9 (	7	5	9	9
	and address		104 \	/ LIINTE	DOTMAR	DISCON N	0.07005			• Te	elephor	ie	***	- /		
			104 00	HONTE	R ST MAI	JISON, N	C 27025			( 33	36)54	8-960	0			
	May the FTI	3 discuss t	his return	with the n	reparer show	vn above? 9	See instructions			• [7	Yes [	¬ No				
							see mon donone			. •	162	1110			120	-
				(/direct)												

Part I	Organizations with gross receipts of more t complete Part II or furnish substitute inform	han \$25,000 and private for nation. See Specific Line In	oundations regardless of an	nount of gross receipts	
	1 Gross sales or receipts from all business			• 1	1.
	2 Interest			• 1	0
Receipt	1 3 Dividende				0
from	4 Gross rents			• 4	0
Other	5 Gross royalties			_ F	750 0
Sources	<b>b</b> Gross amount received from sale of asse	ets (See Instructions)		- 6	0
	/ Other income. Attach schedule			• 7	59,848 0
	8 lotal gross sales or receipts from other	sources. Add line 1 through	line 7.	A STATE OF	A a hard or the property of
	Enter here and on Side 1, Part I, line 1				60,598 0
	9 Contributions, gifts, grants, and similar a	amounts paid. Attach sched	ule	a 0	0
	10 Disbursements to or for members				0
2265	11 Compensation of officers, directors, and	trustees. Attach schedule		-11	36,000 0
Expense and		• • • • • • • • • • • • • • • • • • • •		•12	0
Disburs	13 Interest.	• • • • • • • • • • • • • • • • • • • •		•13	0
ments	14 laxes			•14	0
	15 Rents	,		•15	0
	16 Depreciation and depletion (See instructi	ons)			11,608 0
	17 Other. Attach schedule		********************	•17	105,044 0
Cabaa	18 Total expenses and disbursements. Add			line 9	152,652 00
Sched Assets	dule L Balance Sheets	V - 25	f taxable year	End of tax	xable year
	h	(a)	(b)	(c)	(d)
2 Nat	accounts receivable		19,745	roll (1948) deplete	• 10,358
3 Net	accounts receivablenotes receivable. Attach schedule	Control of the Control of the Control	35,189	"拉斯"的"大大"。	• 23,876
4 Inve	ntories		100 547	10,290,400,000	•
5 Fede	eral and state government obligations.	Annual Company	129,547	e communications	• 114,977
	estments in other bonds. Attach schedule		9		•
	stments in stock. Attach schedule		10	4.0	•
	tgage loans (number of loans).			THE PARTY OF THE PARTY.	•
9 Othe	er investments. Attach schedule	The state of the s			•
10 a De	epreciable assets			271,595	0.022
b Le	ess accumulated depreciation	150.928)	108,524	162,536)	Water and the same of the same
11 Land	1	100,020	10010211	102,536)	115,259
12 Othe	er assets. Attach schedule	Territoria de la constitución de			• 6,200
	assets				004.050
	es and net worth	The property of the second	299,200	A CONTRACTOR OF THE STATE OF TH	264,650
	ounts payable		4,037		FOO.
	tributions, gifts, or grants payable		31,007	To the state of th	• 502
	ds and notes payable. Attach schedule		9	St. 12 45 15 1	•
	tgages payable		107 40 40	THE ACTION OF THE PARTY OF THE	•
	r liabilities. Attach schedule			in Easile Mark	•
19 Capi	tal stock or principle fund	The second second second		No. ON BOARD STREET	
20 Paid	-in or capital surplus. Attach reconciliation			Control of the Control	•
21 Reta	ined earnings or income fund	TO A CONTROLLED SER	295,168	Translation of the second	• 264,148
22 Total	liabilities and net worth.	中国企业的经验的发展的企业	299,205		264,148
Sched	ule M-1 Reconciliation of income per book Do not complete this schedule if the	s with income ner return		ın \$25,000	201,000
	ncome per books	• (32,540)	7 Income recorded on bo	ooks this year	
	ral income tax		not included in this reti		V Salaton
3 Exce	ss of capital losses over capital gains	en al cape Parent St.	Attach schedule		
	me not recorded on books this	"父女弟"数线位	8 Deductions in this retu		Statistics of the
	Attach schedule		against book income th		
	enses recorded on books this year not	至2年18年18日 西北	Attach schedule		
	cted in this return. Attach schedule	• Factorist states and the second	9 Total. Add line 7 and lin		
5 Total			10 Net income per return.		
Aud	line 1 through line 5	(32,540)	Subtract line 9 from lin	e 6	(32,540)

## Bhaktivedanta Archives

95-4306537

State	ment	3		
Form	199,	Part II	Line	17
Other	Expe	enses		

\$	625
	500
	2,912
	3,472
	3,267
	2,205
	8,726
	6,951
	35,223
	5,840
	22,860
	187
	209
	2,601
	1,883
	5,134
	2,449
Total \$	105,044
	Total \$

### Statement 4

Form 199, Part I, Line 3

### Contributors/Aggregate Contributions

Chris Pawlak	\$5,300
1032 Rama Road	40,000
Sandy Ridge, NC 27046	
Bhaktivanta Book Trust International	45,000
9701 Venice Blvd #3	
Los Angeles, CA 90034	

Total

\$50,300

### **Bhaktivedanta Archives**

95-4306537

Statement 1 Form 199, Part II, Line 7 Other Income

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Name, Address and Social Security Number	Title and Averag Hours Per Week Devoted		Con	npensation	San San San	ribution BP & DC	-	<u>se</u> nt/Other
Eddy Gaasbeek 3241 Sheppard Mill Road Sandy Ridge, NC 27046 564-53-9492	Treasurer		\$	9,000.00	\$	2	\$	
Eddy Gaasbeek 3241 Sheppard Mill Road Sandy Ridge, NC 27046 564-53-9492	President		\$	9,000.00	\$		\$	
Paul Tombleson 513 W. Decatur Street Madison, NC 27025 569-45-7751	Vice President		\$	18,000.00	\$		\$	
		Total	\$	36,000.00	\$	-	\$	