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#### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated às à Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements 2009, and ending For calendar year 2009, or tax year beginning Final return G Check all that apply: Initial return Initial Return of a former public charity Address change Name change Amended return Employer identification number JYMING WANG FOUNDATION IRS label 11-3353383 Otherwise. 154-15 29TH AVENUE Telephone number (see the instructions) R print FLUSHING, NY 11354-2415 (718) 463-0093 or type See Specific С If exemption application is pending, check here Instructions D 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year Accounting method X Cash Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 211,149. (Part I, column (d) must be on cash basis ) ▶\$ Analysis of Revenue and Part I (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment Expenses (The total of amounts in for charitable expenses per books income income columns (b), (c), and (d) may not neces purposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) Ck ► X if the foundn is not req to att Sch B Interest on savings and temporary 4 cash investments 34 34 34 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances **b** Less Cost of goods sold Gross profit/(loss) (att sch) Other income (attach schedule) 38 38 Total. Add lines 1 through-11 Compensation of officers, prectors, bustees, etc Other employee salaries and wages 13 15 Legision plans, employee benefits 16a Legal fees (attach schedule) ADMINISTRAT **b** Accounting fees (attach sch) c Other prof fees (attach sch) 17 Interest 18 SEE STM 1 109 Taxes (attach scheduleYsee instr.) Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) Total operating and administrative 24 109 expenses. Add lines 13 through 23 Contributions, gifts, grants paid PART XV ,200. 25 2,200 Total expenses and disbursements. 0 2,200. 0 Add lines 24 and 25 2,309. 27 Subtract line 26 from line 12: a Excess of revenue over expenses -2,271and disbursements 38 b Not investment income (if negative, enter -0-) 38

Page 2

Part	II I	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
- arc			(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing			
	٠2	Savings and tempor	ary cash investments	4,834.	12,529.	12,529.
	3	Accounts receivable	<b></b>			
		Less: allowance for	doubtful accounts ►			
	4	Pledges receivable	<b></b>			
		Less allowance for	doubtful accounts			
	5	Grants receivable			<u> </u>	
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see the instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
AS		Less allowance for	doubtful accounts -			
Š	8	Inventories for sale	or use			
A S E T	9	Prepaid expenses a	nd deferred charges			
Ś	10 a	Investments – US. obligations (attach s	and state government chedule).			
	t	Investments — corporate	stock (attach schedule)			
		: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment basis.	buildings, and			
		Less: accumulated deprec (attach schedule)	iation $lacksquare$		-	
	12	Investments - mort	gage loans.			
	13	Investments - other	(attach schedule)	258,285.	248,319.	198,620.
	14	Land, buildings, and e	equipment basis		•	
		Less accumulated deprec (attach schedule)	lation		-	
		Other assets (descri				
	16	see instructions. Als	completed by all filers — o, see page 1, item l)	263,119.	260,848.	211,149.
Ļ	17	· -	nd accrued expenses			]
À	18	Grants payable				1
В	19	Deferred revenue				1
Ĺ	20		tors, trustees, & other disqualified persons			1
ł	21		s payable (attach schedule)		<del></del>	1
į	22	Other liabilities (descr	ribe)			
E S	23	Total liabilities (add	lines 17 through 22)	0.1	0.	1
-		Foundations that fo	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			-
ΝF	24	Unrestricted				1
N F E U T N	25	Temporarily restricte	ed		•	1
D	26	Permanently restrict			"···	1
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.			
ĒL	27	Capital stock, trust r	principal, or current funds			,
SN	28		, or land, building, and equipment fund	<del></del>		1 '
O E	29		ulated income, endowment, or other funds	263,119.	260,848.	1
ŔŠ	30		fund balances (see the instructions)	263,119.	260,848.	<b>-</b>
	31		net assets/fund balances	263,119.	260,848.	
Part	Ш	Analysis of Chan	ges in Net Assets or Fund Balanc			
1	Tota end-	I net assets or fund b	alances at beginning of year — Part II, colu d on prior year's return)	umn (a), line 30 (must a	gree with	263,119.
2		r amount from Part I,	· · · · · · · · · · · · · · · · · · ·		2	-2,271.
3		increases not included in li			3	
4		lines 1, 2, and 3		·	4	260,848.
5		ases not included in line 2	(itemize)		5	
6_	Tota	I net assets or fund b	alances at end of year (line 4 minus line 5)	) - Part II, column (b), I	ine 30 6	260,848.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

2,200.

Enter qualifying distributions from Part XII, line 4

	990-PF (2009) JYMING WANG FOUNDATION	<u>11-3353</u>			age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see the ir	struction		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	- 1			1.
	check here ▶ ☐ and enter 1% of Part I, line 27b				-
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only. Others enter -0-)	2_			0.
3	Add lines 1 and 2	3			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	<i>'</i> ⊢—			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_			<u>1.</u>
6	Credits/Payments				V
	2009 estimated tax pmts and 2008 overpayment credited to 2009				
	Exempt foreign organizations — tax withheld at source 6b				,
	Tax paid with application for extension of time to file (Form 8868)  6c				
	Backup withholding erroneously withheld 6d				_
_	Total credits and payments Add lines 6a through 6d	7			<u>0.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			1.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		<del></del> -	
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	▶  11			
Pan	VII-A Statements Regarding Activities			T	<del></del>
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or diparticipate or intervene in any political campaign?	d it	1	Yes a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			b	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materior distributed by the foundation in connection with the activities	als publish	ed _		
	Did the foundation file Form 1120-POL for this year?		1	С	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation   \$ 0. (2) On foundation managers   \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed on	0.		] ;
•	foundation managers > \$ 0.	oseu on			Li
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	:	X
	If 'Yes,' attach a detailed description of the activities				
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument,	articles			
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	es	_ 3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			la	Х
ь	If 'Yes,' has it filed a tax return on Form 990-T for this year?			b N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	i	Х
	If 'Yes,' attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				'
	● By language in the governing instrument, or				'
	• By state legislation that effectively amends the governing instrument so that no mandatory directions	that conflic	.		1
	with the state law remain in the governing instrument?		` <u></u>	_	X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			' X	
8 <i>a</i>	Enter the states to which the foundation reports or with which it is registered (see the instructions)  NY	<u> </u>	_		
t	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		_ {	вь х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' co	)(3) or 4942 Implete Pai	2()(5) 1 XIV	,	х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing and addresses	their name	10		x
BAA			Form	990-PF	(2009)

_	<del></del>	11-3353383		Pa	age <b>5</b>
Par	t VII-A   Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption ap Website address	plication?	13	Х	_
14		► (718) 4	63-0	093	
	Located at ► 154-15 29TH AVENUE FLUSHING NY ZIP + 4 ►	11354			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		N/A	<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			N/A
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	<u>,</u>		Yes	No
1:	a During the year did the foundation (either directly or indirectly)				.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		ł	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			'
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	Yes XNo			
	<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)	,,	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ 🗌			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		 1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?  If 'Yes,' list the years   20_08 , 20_7 , 20 , 20	Yes No			
	<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)((relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2 all years listed, answer 'No' and attach statement — see the instructions)	2) to	2 b	х	,
	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  ▶ 20, 20, 20	:	į		,
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
	b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	į	3b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	ľ	4a		х
	Chantavie purposes:		44		├^
	<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4 b		x

Form 990-PF (2009) JYMING WANG FOUND			11-33	53383	Page 6
Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	-			,	
(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	n (section 4945(e))?	∐ Yes X	No	ŀ
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	1 4955); or to carry	Yes X		
(3) Provide a grant to an individual for travel,	study, or other sımılar	purposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instri	rganization described uctions)	Yes X	] No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	] No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	56	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure responses if 'Yes,' attach the statement required by Region 1.	sibility for the grant?		N/A Yes	] No	
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium	S	No	
<b>b</b> Did the foundation, during the year, pay prem  If 'Yes' to 6b, file Form 8870	iums, directly or indirec	ctly, on a personal bene		бь	Х
<b>7a</b> At any time during the tax year, was the found	dation a party to a proh	ubited tax shelter transa	ection? Yes X	No	
<b>b</b> If yes, did the foundation receive any proceed			ansaction?	7ь	N/A
Part VIII Information About Officers, D and Contractors	·	<del></del>		Employees	,
1 List all officers, directors, trustees, foundation	ĭ				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other allo	e account, owances
JYMING WANG	TRUSTEE	0.	0.		0.
154-15 29TH AVENUE	1.00				
FLUSHING, NY 11354				<del> </del>	
2 Compensation of five highest-paid employed	s (other than those in	cluded on line 1— see ii	structions). If none, o	enter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other allo	
NONE					
					<u>.</u>
		-			
					<del></del>
Total number of other employees paid over \$50,00	Q .			Form 99	0.000

	11-3353383 P	age <u>7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,	
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensati	ion
NONE	(5).50,00	
	<del></del>	
	-	
	İ	
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities		
——————————————————————————————————————		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 <u>N/A</u>		
· · · · · · · · · · · · · · · · · · ·		
2		
3	-	
3		
4		
<sup>7</sup>		
Dative Delated to the control of the		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	nd 2 Amount	
1 <u>N/A</u>		
2		
All other program related investments. See instructions	<del></del>	
All other program-related investments See instructions.  3		
<b></b>	·	
Total. Add lines 1 through 3	<b>•</b>	0.

Form **990-PF** (2009)

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Part X	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign ——–	foundations,
1 Fair <b>a</b> Aver	market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes age monthly fair market value of securities.	1a	180,778.
<b>b</b> Aver	age of monthly cash balances	1 b	5,330.
c Fair	market value of all other assets (see instructions)	1 c	
d Tota	I (add lines 1a, b, and c)	1 d	186,108.
e Red	uction claimed for blockage or other factors reported on lines 1a and 1c		
(atta	ch detailed explanation) 1e 0.		
2 Acqu	usition indebtedness applicable to line 1 assets	2	0.
3 Sub	ract line 2 from line 1d	3	186,108.
	n deemed held for charitable activities Enter 1-1/2% of line 3 greater amount, see instructions)	4	2,792.
5 Net	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	183,316.
6 Mini	mum investment return. Enter 5% of line 5	6	9,166.
Part XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► ☐ and do not complete this pa		oundations
1 Mını	mum investment return from Part X, line 6	1	9,166.
	on investment income for 2009 from Part VI, line 5		
	me tax for 2009 (This does not include the tax from Part VI)		
	lines 2a and 2b	2c	1.
3 Dist	ributable amount before adjustments. Subtract line 2c from line 1	3	9,165.
	overies of amounts treated as qualifying distributions	4	
	lines 3 and 4	5	9,165.
6 Ded	uction from distributable amount (see instructions)	6	· · · · · · · · · · · · · · · · · · ·
7 Dist	ributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	9,165.
Part XII	Qualifying Distributions (see instructions)		
<b>a</b> Exp	ounts paid (including administrative expenses) to accomplish charitable, etc, purposes enses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	2,200.
<b>b</b> Prog	gram-related investments — total from Part IX-B	1 b	
<b>2</b> Amo	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	<del></del>
3 Amo a Suit	ounts set aside for specific charitable projects that satisfy the ability test (prior IRS approval required)	3a	
<b>b</b> Cas	h distribution test (attach the required schedule)	3ь	
4 Qua	lifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,200.
<b>5</b> Fou Ente	ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income er 1% of Part I, line 27b (see instructions)	5	
6 Adj	usted qualifying distributions. Subtract line 5 from line 4	6	2,200.
N-	The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when qualifies for the section 4940(e) reduction of tax in those years.	ther the	foundation

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Form **990-PF** (2009)

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				9,165.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			10,341.	
<b>b</b> Total for prior years. 20 <b>07</b> , 20 , 20		5,609.	==,,==,,	
3 Excess distributions carryover, if any, to 2009:	<del> </del>			
<b>a</b> From 2004			1	
<b>b</b> From 2005				
<b>c</b> From 2006		1		
<b>d</b> From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part	<u></u> .			·····
XII, line 4 ► \$ 2,200.				
a Applied to 2008, but not more than line 2a		1	2,200.	
· · · · · · · · · · · · · · · · · · ·	<del></del>			
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount	<u> </u>			0.
e Remaining amount distributed out of corpus	0.		· · · · · · · · · · · · · · · · · · ·	<u></u>
5 Excess distributions carryover applied to 2009	0.		<del></del>	0.
(If an amount appears in column (d), the	<u>_</u>			
same amount must be shown ın column (a) )				ı
				,
6 Enter the net total of each column as indicated below:				ı
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.			i
` ` ` ` ` ` ` <b>`</b>				-
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		5,609.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		5,609.		
e Undistributed income for 2008. Subtract line 4a from				
line 2a. Taxable amount — see instructions			8,141.	
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2010				9,165.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed		1		
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not	_			
applied on line 5 or line 7 (see instructions)	0.		·	
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006		1		
c Excess from 2007		1		
d Excess from 2008				
e Excess from 2009			!	

Form 990-PF (2009) JYMING WANG FOUN				11-3353383	<u>~_</u> _
Part XIV   Private Operating Foundation					N/A
1a If the foundation has received a ruling or is effective for 2009, enter the date of the	ruling	•			7 4040(1/5)
<b>b</b> Check box to indicate whether the founda		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2000	Prior 3 years	(4) 2006	(a) Total
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a .					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					<del></del>
(4) Gross investment income				<u>l</u>	
Part XV Supplementary Information assets at any time during t			organization h	ad \$5,000 or mor	e in 
1 Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have JYMING WANG	have contributed n	nore than 2% of the e than \$5,000) (See	total contributions section 507(d)(2)	received by the found )	dation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more e foundation has a	of the stock of a co 10% or greater inter	rporation (or an eq est	ually large portion of t	the ownership of
2 Information Regarding Contribution, Grace Check here   X   If the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	makes contribution	s to preselected cha	arıtable organizatio		
a The name, address, and telephone numb	er of the person to	whom applications	should be address	ed	
<b>b</b> The form in which applications should be	submitted and info	ormation and materi	als they should inc	lude	
c Any submission deadlines		<del>, , .</del>			
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds o	f institutions, or other	factors:
			<del></del>		

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved

ear or Approved for Fut	ure Paymen	<u>t</u>	
If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
substantial contributor	recipient		
			250
			150
			300
:			
			1,500
		·	
	<u>.                                    </u>	<b>▶</b> 3a	2,200
		1	
	<u></u>	▶ 3	
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	If recipient is an individual,	> 3 <sub>2</sub>

#### Part XVI-A Analysis of Income-Producing Activities

nter gross	s amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	_
		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exempt function income
	ram service revenue.	<del></del>		code		(see the instructions
a		1				····
		<del> </del>	· <del>-</del> ·	<del>                                     </del>		<del></del> .
ď—						<del></del>
		1		<del>                                     </del>		
<u> </u>		1	<del></del>			
g Fees	and contracts from government agencies				-	
-	bership dues and assessments					•
3 Interes	st on savings and temporary cash investments		4.			
1 Divid	ends and interest from securities		34.			
5 Netr	ental income or (loss) from real estate					
a Debt-	financed property					
<b>b</b> Not d	lebt-financed property					
Net re	ntal income or (loss) from personal property					
	r investment income					
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events			$\vdash$	<del></del>	
	s profit or (loss) from sales of inventory			<del>                                     </del>		<del></del>
1 Other	r revenue	ļ		-		
		-		$\vdash$		
		<del>                                     </del>				
		<del>  -</del>	<u> </u>			
		<del>  </del>		$\vdash$		
e				1		
2 Subte	otal Add columns (b) (d) and (e)		38			
	otal Add columns (b), (d), and (e)		38.		13	38
3 Total	otal Add columns (b), (d), and (e)  1. Add line 12, columns (b), (d), and (e)  3. Sheet in the instructions for line 13 to verify c	alculations)	38.		13	38
3 Total ee works art XVI	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	38 by to the
3 Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.	Accomplis	hment of Exemp	•	es	
Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
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Total ee works ort XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
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Total ee works ort XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
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Total ee works ort XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works ort XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works ort XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
rt XVI	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
rt XVI	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works ort XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works ort XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	
3 Total ee works art XVI ine No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify columns.  Relationship of Activities to the	Accomplis	hment of Exemp	•	es	

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

_		Excilipt	Jigain	24(10113				<del></del>				
•	descri	e organization of bed in section 5 g to political or	501(c) o	of the Code (of	ngage in any ther than sect	of the following to some solution of the following the solution of the solutio	with ang janizatio	y other organizat ons) or in sectior	ion n 527,		Yes	No
	a Transf	ers from the re	porting	foundation to	a noncharitab	ole exempt organ	nization	of				
	<b>(1)</b> Ca									1 a (1)		X
		her assets								1 a (2)		<u>X</u>
		transactions.		-bt-t-t						1 21 42		v
		ales of assets to urchases of ass								1 b (1)		X
	• •	ental of facilities			•	rganization				1 b (2) 1 b (3)		X
	• •	eimbursement a		•	1 033513					1b (4)		X
		oans or loan gua	-							1b (5)		X
		erformance of s			ıp or fundraisi	ing solicitations				1b(6)		X
	<b>c</b> Sharır	ng of facilities, e	equipme	ent, mailing lis	sts, other asse	ets, or paid empl	oyees			1c		X
	d If the the go any tr	answer to any o ods, other asse ansaction or sh	of the al ets, or s aring ar	bove is 'Yes,' ervices given rangement, s	complete the by the reporti how in columr	following schedung foundation If	ule Coli f the fou f the go	umn (b) should a undation received ods, other assets	lways show the I less than fair i s, or services re	fair market val market value in ceived	ue of	
	) Line no.	(b) Amount inv				xempt organization		(d) Description of tr				'S
N.	/A											
				<del></del> -			_					
					<del>.</del>		_					
											-	
_					· · · · · · · · · · · · · · · · · · ·			<del></del>				
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				<u> </u>								
_			:	<u> </u>								
_					<u> </u>							
_						<del></del>	$\dashv$		<del></del>			
_	b If 'Yes	foundation dire bed in section! s,' complete the (a) Name of org	follow	ng schedule	<del></del>	related to, one o lion 501(c)(3)) or ype of organizati		tax-exempt organ	nizations (c) Description	Yes	s X	No
_												
_												
_								<del></del>				
,	Under pena complete (	alties of perjury, I dec Declaration of prepar	clare that I er (other t	have examined that taxpayer or fix	nis return, including duciary) is based of	g accompanying sched n all information of wh	dules and s	statements, and to the arer has any knowledge		pe and belief, it is tru  Rende		ct, and
ν_ g z	Signa	ature of officer or trus	stee		/			Date	Title		<u></u>	
		D						Date	Charles	Preparer's Identify	ring num	ber
HERE	Paid	Preparer's signature	EUGEI	NE HUM, C	:PA			11/08/10	Check if self-	(See Signature in	i une inst	15)
R	Pre- parer's	Firm's name (or		ER, HUM &		LLP		-1/00/10	employed ► X			
	Use Only	yours if self- employed),			Y 46 STE			·	117	<del></del>		
	Jilly	address, and ZIP code			07004-2			<del>-</del> .	Phone no ►	(973) 244	<u>-</u> 791	1
B	ĀĀ									Form 95	90-PF	(2009)

009	FEDERAL STATEMENTS	PAGE
LIENT EO004	JYMING WANG FOUNDATION	11-335338
STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES		
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	(D) CHARITABLE PURPOSES
FORM 990-PF NYS DEPT OF LAW	\$ 59. 50.	\$ 0.

#### Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

internal ive verifie :	Service	The a separate approach for each retain				
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month	Extension, complete only Part I and check this bo	ox .		► X	
• If you are	filing for an Additional (Not Auto	omatic) 3-Month Extension, complete only Part II	(on page 2 of the	s form)		
Do not comp	lete Part II unless you have alrea	dy been granted an automatic 3-month extension	on a previously f	iled Form 8868.		
Part I A	Automatic 3-Month Extens	ion of Time. Only submit original (no cop	oies needed).			
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension — che	eck this box and o	complete Part I only	y. ►	
All other corp income tax re		, partnerships, REMICS, and trusts must use Forn	n 7004 to request	an extension of til	ne to file	
returns noted the additional Form 990-T. I	below (6 months for a corporation of the corporatio	ectronically file Form 8868 if you want a 3-month on required to file Form 990-T). However, you can on or (2) you file Forms 990-BL, 6069, or 8870, gry completed and signed page 2 (Part II) of Form 8-file for Charities & Nonprofits	not file Form 8866 roup returns, or a	8 electronically if (	l) you want solidated	
	Name of Exempt Organization			Employer identification	number	
Type or						
print	JYMING WANG FOUNDATI	ON		11-3353383		
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions				
filing your return See	154-15 29TH AVENUE					
instructions	City, town or post office, state, and ZIP cod	e For a foreign address, see instructions				
	FLUSHING, NY 11354-2	415				
Check type o	f return to be filed (file a separat	e application for each return)				
Form 990	)	Form 990-T (corporation)	Form 472	720		
Form 990	)-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	227		
Form 990	)-EZ	Form 990-T (trust other than above)	Form 606	59		
X Form 990	)-PF	Form 1041-A	Form 887	3870		
<ul> <li>If the organized in the extension</li> <li>If this is for check this the extension</li> <li>I requesion</li> <li>I requesion</li> </ul>	for a Group Return, enter the organish box $\blacktriangleright$ If it is for part of the ision will cover stan automatic 3-month (6 month $8/15$ , 20, $10$ , to file	FAX No Por place of business in the United States, check anization's four digit Group Exemption Number (Gibbs the group, check this box Por and attach a list the for a corporation required to file Form 990-T) et the exempt organization return for the organization	EN) If with the names a extension of time			
	tension is for the organization's re	eturn for				
_	calendar year 20_09_ or tax year beginning	, 20 , and ending , 20	<b>1</b>			
· U	tax year beginning	, 20 , and ending , 20				
2 If this to	ax year is for less than 12 month	s, check reason  Initial return Final	return C	Change in accounting	ng period	
	application is for Form 990-BL, 99 undable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative ta	x, less any	3a\$	0.	
	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated ent allowed as a credit	tax payments	3ь\$	0.	
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required, structions	3a Include your payment with this form, or, if req by using EFTPS (Electronic Federal Tax Payment	juired, t System).	3c \$	0.	
Caution. If yo payment inst		ic fund withdrawal with this Form 8868, see Form	8453-EO and Fo	rm 8879-EO for		
BAA For Pri	vacy Act and Paperwork Reduct	ion Act Notice, see instructions.		Form <b>8868</b> (	(Rev. 4-2009)	

Form 8868	(Rev 4-2009)			Page 2			
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pa	art II and check this be	ОХ	<u>► X</u>			
Note. Only	complete Part II if you have already been granted an automatic 3-month extensi	on on a previously file	ed Form 8868.	_			
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		·				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file	file the original (no copies needed).					
	Name of Exempt Organization	Emplo	yer identification num	ber			
Type or							
print	JYMING WANG FOUNDATION		11-3353383				
File by the	Number, street, and room or suite number. If a P O box, see instructions	For IRS use only					
File by the extended due date for	HOLZER, HUM & JACOBY, LLP	<u> </u>					
filing the return See	271 US HIGHWAY 46 STE H115						
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions						
	FAIRFIELD, NJ 07004-2490			<del> </del>			
	e of return to be filed (File a separate application for each return)	_	<del></del>				
Form 9	<u> </u>	Form 1041-A	$\vdash$	1 6069			
Form 9		Form 4720	☐ Form	1 8870			
Form 9		Form 5227		<del>_</del>			
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
	oks are in care of JYMING WANG						
	one No ► (718) 463-0093 FAX No. ►			. $\Box$			
• If the organization does not have an office or place of business in the United States, check this box							
	s for a Group Return, enter the organization's four digit Group Exemption Numbe	· ' ——		nis is for the			
_	p, check this box If it is for part of the group, check this box and	d attach a list with the	names and EINs	of all			
	he extension is for						
	uest an additional 3-month extension of time until 11/15 , 20 10		20				
5 For c	alendar year 2009, or other tax year beginning, 20	, and ending _ 7-7-6	, 20				
6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period							
7 State in detail why you need the extensionADDITIONAL_TIME_IS_NEEDED_TO_GATHER_INFORMATION_NEEDED_							
TO COMPLETE TAX RETURN.							
			<del></del>	<del> </del>			
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative fundable credits. See instructions	e tax, less any	8a \$	1.			
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cred	lite and estimated tax					
paym	nents made. Include any prior year overpayment allowed as a credit and any amo		<b>⊢</b> ⊢.	_			
with i	Form 8868		8b \$	0.			
	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if		8c \$	1.			
WILLI	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Symptotics Signature and Verification	stern) See instrs	80 5	<u></u>			
Under penaltie		nd to the best of my knowledg	se and belief, it is true.				
correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statements, a omplete, and that I am authorized to prepare this form	,	,				
Signature -	Title ►		Date ►				
BAA	FIFZ0502L 03/11/09		Form <b>8868</b>	(Rev 4-2009)			