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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)

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

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	For the	2009 calendar year, or tax year beginning , 2009, and ending		,					
В	Check if a	i Diagga yani	D Employe						
	Addre	ess change IRS label Jeff C. KWOK and Gladys W. KWOK		09798	2				
	Name	e change or print Family Foundation	E Telepho	ne number					
	Initia	See 500 So. Murphy Avenue	(408	730	8080				
	Н	instruction specific Sunnyvale, CA 94086							
	\vdash	nded return	G Gross re	ceints \$	251.	528.			
	\vdash		(a) Is this a group return for affiliates? Yes X N						
		Account personny 1	b) Are all affiliates incli	ided?	Yes	No			
_	T	xempt status	If 'No,' attach a list	(see instruct	ions)				
'			c) Group exemption nu	mhar Þ					
<u></u>			1						
K		f organization Corporation Trust Association Other L Year of Formation	[W] 2	tate of legal	aomicile				
Pa	πı	Summary							
		riefly describe the organization's mission or most significant activities To act as				<u>ou</u>			
8	7	under IRS Sec. 509(a)3 and regulations thereunder.							
Activities & Governance	_								
Ş	2 -	heck this box I if the organization discontinued its operations or disposed of more	than 25% of its						
Ĝ		lumber of voting members of the governing body (Part VI, line 1a)	111011 2576 01 115 6	3		5			
ಿಕ		lumber of independent voting members of the governing body (Part VI, line 1b)		4		0			
ties		otal number of employees (Part V, line 2a)		5	-	0			
Ĭ		otal number of volunteers (estimate if necessary)		6		0			
Ac		otal gross unrelated business revenue from Part VIII, column (C), line 12	[7a	_	0.			
		let unrelated business taxable income from Form 990-T, line 34		7 b		0.			
			Prior Year		Current Y	ear			
_	8 C	Contributions and grants (Part VIII, line 1h)	5,0	00.	120	,611.			
Revenue		Program service revenue (Part VIII, line 2g)							
ě.		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	138,7	91.	130	,917.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,7			,528.			
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	192,3	00.	299	,300.			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)							
_	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
ses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)							
Expenses	1	otal fundraising expenses (Part IX, column (D), line 25) ►							
ă				35.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	192,7		200	,300.			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-48,9			, 772.			
_	19 F	Revenue less expenses Subtract line 18 from line 12 RECEIVED							
9 9			Beginning of Y		End of Ye				
Bag		otal assets (Part X, line 16)	1,804,3		1,756				
Net Assats or Fund Balances		otal liabilities (Part X, line 26)		0.		0.			
_		let assets or fund balances Subtract line 21 from line 20.	1,804,3	63.	1,756	<u>, 592.</u>			
Pa	<u>ırt II</u>	Signature Block OGDEN UT							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer	nents, and to the best or has any knowledge	f my knowle	dge and belief,	ıt ıs			
		$\Delta t = t + t = t$, ,	2010				
Sig	gn	NWWW MARKET MARK		9 3/ °					
He	re	Signature of officer	Date						
			President 8	CEO					
		Type or print name and title		10					
		Date	Check if self-	(see in	rer's identifying hstructions)	number			
Pa		Preparer's	employed ►	\square					
Pr		signature Stephen Wan CPA 19/03/10		N/A	<u> </u>				
pa Us	rer's	Firm's name (or Stephen Wan Accountancy Corp							
Or		yours if self- employed), ► 848 Stewart Drive, Suite 100	EIN ► N	/A					
J 1	··· y	address, and ZIP+4 Sunnyvale, CA 94085	Phone no	1 /	736-300	00			
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes	No			
		Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	TEEA0113L	12/29/09	Form 99	0 (2009)			

Form 990 (2009) _ Jeff C. Kwok and Gladys W. Kwok	30-0097982	Page 2
Randill Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission:		
To act as a supporting organization under IRS Sec. 509(a)3	and regulations	
thereunder.		
~		
~		
2 Did the organization undertake any significant program services during the year which were not	t listed on the prior	
Form 990 or 990-EZ?		X No
If 'Yes,' describe these new services on Schedule O		<u></u>
3 Did the organization cease conducting, or make significant changes in how it conducts, any pro	ogram services? Yes	X No
If 'Yes,' describe these changes on Schedule O	ogram services ies [2	A) NO
,		4 > 40>
4 Describe the exempt purpose achievements for each of the organization's three largest program and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of a	n services by expenses. Section 501 grants and allocations to others, the	total
expenses, and revenue, if any, for each program service reported	grante and american to carer, and	
200 200		
4a (Code) (Expenses \$ 299,300. including grants of \$) (Revenue \$251	<u>,528.</u>)
To support the efforts of various religous groups and organ	<u>izations with their</u>	
ongoing missions in Southeast Asia, particularly in Burma,	<u>Thailand, Cambodia and </u>	
China.		
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4b (Code (Expenses \$ including grants of \$) (Revenue \$)
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<u> </u>		
	` (D	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$	·)
~		
		<i>-</i>
~	·	
		
4d Other program services (Describe in Schedule O)		
	evenue \$)	
4e Total program service expenses ► 299, 300.		

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Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 4 Х Schedule C, Part II 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 similar funds or 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, 6 X Part I 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,' complete Schedule D, Part III 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 10 Х 'Yes.' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or 11 Х 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes No Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* X 14b 15 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 Х 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х complete Schedule G, Part III Х 20 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Partily Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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 lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L. Part I 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M X X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 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 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 X line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Х Part V, line 2 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 X 36 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 <u>3</u>7 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O 38 Х 38

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Form **990** (2009)

·		Yes	No							
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		165	NO							
Information Returns Enter -0- if not applicable			.							
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			. 1							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c									
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			<u>ا</u> دـــــا							
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)]							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		Х							
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X _							
b If 'Yes,' enter the name of the foreign country. ▶										
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts										
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?										
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?										
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?										
7 Organizations that may receive deductible contributions under section 170(c).										
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services										
provided to the payor?	7a		X							
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х							
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d										
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х							
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g									
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h									
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business										
holdings at any time during the year?	8									
9 Sponsoring organizations maintaining donor advised funds.	0-									
a Did the organization make any taxable distributions under section 4966?	9a 9b									
b Did the organization make any distribution to a donor, donor advisor, or related person?	90		_							
10 Section 501(c)(7) organizations. Enter										
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
	- {	1								
11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11a	- 1									
	ļ									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)										
	12a		L							
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b										

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Form **990** (2009)

Section A.

Governing Body and Management

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b 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	1a5	_									
b	Enter the number of voting members that are independent	1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	2		X							
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision	3									
	Did the organization make any significant changes to its organizational documents		4		X							
•	since the prior Form 990 was filed?		\neg									
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		Х							
6	Does the organization have members or stockholders?		6		Х							
7 a	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a 7b		X							
t	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?											
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
á	The governing body?		8a		X							
ŧ	Each committee with authority to act on behalf of the governing body?		8b		Х							
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		х							
Sec	tion B. Policies (This Section B requests information about policies not	required by the Internal										
Reve	enue Code)	·										
				Yes	No							
10 a	Does the organization have local chapters, branches, or affiliates?		10 a		X							
	If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b									
11	11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?											
11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O												
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13												
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?											
(Does the organization regularly and consistently monitor and enforce compliance with the positive of the posit	olicy? If 'Yes,' describe in	12c									
13	Does the organization have a written whistleblower policy?		13		X							
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 persons, comparability data, and contemporaneous substantiation of the deliberation and determining the contemporaneous substantiation of the deliberation and determining the contemporaneous substantiation of the deliberation and determining the contemporare of the contempor	approval by independent ecision?										
	The organization's CEO, Executive Director, or top management official		15a		X							
ı	Other officers of key employees of the organization		15b		X							
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)											
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or simila entity during the year?	r arrangement with a taxable	16a		X							
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguare status with respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b									
Sar	status with respect to such arrangements?	<u> </u>		·								
	List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{CA} \)											
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	and 990-T (501(c)(3)s only) a	 ∕aılab	le for	public							
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest prostatements available to the public												
	State the name, physical address, and telephone number of the person who possesses the Gladys Kwok 500 So. Murphy Avenue Sunnyvale CA 94086 (40)		anızat 	ion.								

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Form 990 (2009)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated PartVIII **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. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				-			(D)	(E)	(F)
Name and Title	Average hours per week	-	_			hat appl		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Jeff C. Kwok President & CEO	0							0.	0.	0.
Gladys W. Kwok Secretary	0							0.	0.	0.
Wilson T. Wong	0							0.	0.	0.
Director Esther Fan Director	0							0.	0.	0.
Jack Yuan Director	0							0.	0.	0.
								0.		
							_			
	-									
	-									

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trust			Em	iplo	ye	es,	and	d Highest Con	pensated E	mplo	yees (cont.)
(A)	(B)			(6	c)			(D)	(E)		(F)
Name and Title	Average hours per week				_			Reportable compensation from the organization	Reportable compensation from related organization	m ins	Estimated amount of other compensation
	per week	direc	Institutional	Officer	y em	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-MISC	"	from the organization
		al trus	onal tr		employee	comp				İ	and related organizations
	ł	stee	trustee		"	ensat					
						ed					
		_									
		_						 -			
				<u> </u>	_	\vdash				-	
	<u> </u>				<u> </u>						
					_	\vdash				\dashv	
										_	
1 b Total	L	L	L					0.		0.	0.
2 Total number of individuals (including but not limite	d to tho	se li	stec	l ab	ove)	who	o re				
from the organization 0								-			Tv Tv
2 Dull and the form of the last			1				14.			F	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	aL									3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable han \$15	e cor 50,00	npe)0?	nsai If 'Y	tion 'es'	and com	l oth plet	er compensation e Schedule J for :	from such	-	
ındıvıdual										-	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule	satio <i>I for</i>	n tro suc	om a h pe	any e <i>rso</i>	unre <u>n</u>	elate	d organization fo	r services		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensat	lod undo	none	tont		trac	tors	tha	t received more t	han \$100 000 o	f	
compensation from the organization	eu inde	pen	Jeni		Illa		ula	received more t	TIAIT \$100,000 0		
(A) Name and business addres	c							(B Description () of Services	Cc	(C) ompensation
Traine and business address	-							2030.1910111			
2 Total number of independent contractors (including	but not	limi	ted	to #	1050	liet	ed a	hove) who recen	ed more than	\$6.00 PA	to a second
\$100,000 in compensation from the organization		111111	ıcu	io ii	1036	1150	cu c	above) who receiv	eu more man	概念	

ı aı	t vili Statement of Nevenue				
	`	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f. h Total. Add lines 1a-1f	120,611.			
	Business Code	120,011.			
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue				
▔	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	130,917.	130,917.		
	6a Gross Rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
UE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses b				
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities			<u></u>	ļ
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
					<u></u>
	11a				
	b				
	d All other revenue				
		- "			
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	251,528.	130,917.	0.	0.
	12 TOTAL LEVELINE, SECTION TOTAL	,,	, <u></u>	, .	, ,,

Page 10

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	284,300.	284,300.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,		-	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	15,000.	15,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				·
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
á	a Management				
ŧ	Legal				
(Accounting				
•	d Lobbying				
•	Prof fundraising svcs See Part IV, in 17				
1	Investment management fees				
9	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			····	
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	a				
ĺ	b				
	c				
	d				
	e				
	f All other expenses	200 200	200 202		-
	Total functional expenses. Add lines 1 through 24f	299,300.	299,300.	0.	0.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
RA	<u> </u>				Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
1	2	Savings and temporary cash investments	44,363.	2	29,545.
	3	Pledges and grants receivable, net		3	
ĺ	4	Accounts receivable, net		4	
		Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
ا ۵		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net	1,760,000.	7	1,727,047
A S E T S	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a			
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10 c	
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,804,363.	16	1,756,592
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ī		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0
NET		Organizations that follow SFAS 117, check here ▶ and complete lines			
Ť		27 through 29 and lines 33 and 34.			
S.	27	Unrestricted net assets		27	
Š T S	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► X and complete			
F		lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds		30	
B . A	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	1,804,363.	32	1,756,592
ANCES	33	Total net assets or fund balances	1,804,363.	33	1,756,592.
Ĕ	34	Total liabilities and net assets/fund balances	1,804,363.	34	1,756,592.

Form 990 (2009) Jeff C. Kwok and Gladys W. Kwok <u> </u>	30-0097982	Pa	ige IZ
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			}
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	2b		<u>X</u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over- review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit, 2c		
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O.	lain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v consolidated basis, separate basis, or both	were issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	o the required audit		

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Jeff C. Kwok and Gladys W. Kwok Family Foundation

Employer identification number 30-0097982

Part		Rea	1025	ı for	Pul	olic (Char	ity State	นร	(All o	rgani	zatıons	must_c	comple	te this	part.)	See ı	nstructi	ons		
The o	rgan	nızatı	on is	not a	priv	ate fo	ounda	tion beca	use	e it is.	(For lin	es 1 thro	ough 11,	check o	nly one	box)					
1	Π.	A ch	urch,	conv	entic	n of	churc	hes or as	soc	ation	of chur	ches des	cribed in	section	170(b)	(i)(A)(I)					
2	П.	A sc	hool	descr	ıbed	ın se	ction	170(b)(1)	(A)((ii). (A	ttach S	chedule	E)								
3	П.	A ho	spita	l or c	oope	rative	hosp	oital servi	ce c	organiz	ation o	lescribed	l in secti	on 170(l	ьх1хах	iii).					
4	Π.	A me	edica	l rese	arch	orga	nızatı	on operat	ed	ın conj	unction	n with a l	hospital (describe	d in sec	tion 17	0(b)(1)(A	A)(iii). En	iter the ho	spital	l's
		nam	e, cıt	y, and	d sta	te:															
5		An o 170(l	rgan b)(1)	zatio (A)(iv)	n ope). (C	erated omple	for t	he benefi art II)	it of	f a coll	ege or	universit	y owned	or oper	ated by	a gover	nmenta	I unit des	scribed in	section	on
6				•			~	rnment or	_												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)																				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)																				
9	An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)																				
10		An o	rgan	ızatıo	n org	janize	d and	d operate	d ex	xclusiv	ely to t	est for p	ublic safe	ety See	section	1 509(a)	(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h																				
		a 🗌	Тур	e l			b [Type II	i		c [] Type Ⅱ	II – Fund	ctionally	ıntegra	ted		d X	Type III-	- Othe	er
е	e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)																				
f																					
g	6																				
																				Yes	No
		(i)	a po belo	erson ow, th	who e go	dırec vernir	tly or	indirectly dy of the	co sup	ntrols, ported	either Lorgan	alone or ization?	together	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		Х
		(ii)	a fa	mily	mem	ber o	ofap	erson des	scrit	bed ın	(ı) abo	ve?							11 g (ii)		X
		(iii)	a 3	5% cc	ntro	lled e	ntity (of a perso	on d	describ	ed ın (ı) or (11) a	above?						_11 g (iii	<u> </u>	<u> </u>
<u>h</u>		Prov	ıde t	he fol	lowir	ng info	ormat	ion about	the	e supp	orted o	rganızatı	ons	_				······································			
	(1)		e of Su ganizal	pported tion	i		(11)	EIN		(desci	pe of orga ribed on live or IRC instruct	ines 1.9 section	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amou	nt of Se	upport
	_							_	L				Yes	No	Yes	No	Yes	No			
<u>See</u>	Pa:	rt_	IV									· · · · · ·		<u> </u>			<u> </u>				
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													 	Ļ	ļ		<u> </u>				
Total																			:	299,	300.

Schedule A (Form 990 or 990-EZ) 2009

30-0097982 Schedule A (Form 990 or 990-EZ) 2009 Jeff C. Kwok and Gladys W. Kwok Page 2 Part II 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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 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 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 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 beginning in) > Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of čapital assets (Explain in Part IV) **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

30-0097982 Jeff C. Kwok and Gladys W. Kwok Page 3 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule /	A (Form	990 or	990-E	Z) 2009	Je	eff	C.	Kwo	k an	d	Glad	lys	W.	Kwo	ok		30	-009	7982		Pa	ge 4
Part IV	Supr	lemei	ntal Ir	iforma	ation	. Co	mple	ete th	าเร pa	art	to pr	ovid	e th	ne e	xplanatio	ns re	quire	d by	Part I	I, line	10;	
,	Part	II, line	17a	or 17t	o; and	d Pa	art II	l, line	e 12.	Pr	ovide	e anv	v ot	her	additiona	al info	ormat	ion. S	See in	struct	ions.	
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2009

Schedule A, Part IV - Supplemental Information Jeff C. Kwok and Gladys W. Kwok Family Foundation

Page 5

30-0097982

Schedule A, Part I, Line 11h Name(s) of Supported Organization(s)

			Listed	in	Organia	zationC)rgani2	zed		
Name of			Governi	ng	Notifie		n the			_
Supporting	Federal	Type of	Documen	ts	Your Su	pport	U.S.		Aı	mount of
Organization	<u>EIN</u>	Organization	Yes	No	Yes	No	Yes	<u>No</u>		Support
Partners Inter	national									
	94-1393427	Religous		Х		X	X		\$	200,000.
		-								
CCI - USA	36-3434855	Public Chari	_	Х		X				44,300.
001	•••••									
Sacred Logos R	esource Cent	rer								
Sacred Logos N	73-1671827	Religious		Х		Х				40,000.
	73 1071027	RCIIGIOUS								,
Chiana and Mala Ma		-1-1								
Chinese Web Mi				17		v				15,000.
	N/A	Religious		Х		X				15,000.
									. —	000 000
								Tota:	L <u>\$</u>	299,300.

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Jeff C. Kwok and Gladys W. Kwok

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► See separate instructions.

Open to Public Inspection Employer identification number

30-0097982

Part I General Inforto to Form 990,	mation on Activiti Part IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
1 For grantmakers. Doe grantees' eligibility for	es the organization mai the grants or assistan	intain records to s ce, and the selec	substantiate the amount of the tion criteria used to award the	grants or assistance, th grants or assistance?	^e X Yes No
2 For grantmakers. Des	scribe in Part IV the org	ganization's proce	edures for monitoring the use o	of grant funds outside the	e United States.
3 Activities per Region.	(Use Schedule F-1 (Fo	rm 990) if additio	nal space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e, fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
		·-			
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		· 			
		<u> </u>			
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					 ,
Totals BAA For Privacy Act and F	Paperwork Reduction	0 Act Notice, see th	ne Instructions for Form 990.	Schedu	0. le F (Form 990) (2009)

3

Jeff C. Kwok and Gladys W. Kwok Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						į				
(h) Description of non-cash assistance										=
(g) Amount of non-cash assistance										9
(f) Manner of cash disbursement										
(e) Amount of cash grant	15,000.	į								i
(d) Purpose of grant	Religious	Ministry	Service							
(c) Region	Taiwan									
(b) IRS code section and EIN (if applicable)										
1 (a) Name of organization										

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

BAA

30-0097982

Page 3

Schedule F (Form 990) 2009 Jeff C. Kwok and Gladys W. Kwok

[Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2009
(g) Description of non-cash assistance										Schedule F
(f) Amount of non-cash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(c) Number of recipients										
(b) Region										
(a) Type of grant or assistance										ВАА

Schedule F (Form 990) 2009 Jell C. NWOK and Gladys W. NWOK	30-0091962	raye 4
Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional info	ormation	
Part I, Line 2 - Grantmakers Explanation For Grants Outside US		
The Director of the foundation communicate with the receipting	entities to asce	rtain
the fund are being properly used in non profit, charitable and	religous related	
events or activities.		
	_~	

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public Inspection

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Employer identification number 30-0097982 X No

Yes

Part I General Information on Grants and Assistance Kwok Jeff C. Kwok and Gladys W.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

rail IV alla scriedule I-1 (I offil 330) II additional space is needed	UIIII 220) II auui	IVII al apace 13 I	וככמכמ				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCI - USA PO Box 284	36-3434855		44,300.	0.			
Partners International	94-1393427		200,000	0.			
Sacred Logos Resource Center 846 Stewart Drive Sunnyvale, CA 94085	73-1671827		40,000.	0.			
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	3) and government or lons	ganizations				A · A	1 2

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) of additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 30-0097982 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Jeff C. Kwok and Gladys W. Kwok (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Part III

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization Jeff C. Kwok and Gladys W. Kwok Family Foundation	Employer identification number
ramily roundation	30-0097982
<u>Form 990, Part VI, Line 11 - Form 990 Review Process</u>	
No_review_was_or_will_be_conducted	
·	

Schedule O (Form 990) 2009	Page 2
Name of the organization Jeff C. Kwok and Gladys W. Kwok Family Foundation	Employer identification number 30-0097982

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

•	-	Extension, complete only Part I and check this box			► [X]
		omatic) 3-Month Extension, complete only Part II (c			
		dy been granted an automatic 3-month extension or		iled Form 8868.	
Partil	Automatic 3-Month Extens	ion of Time. Only submit original (no copie	es needed).		
A		was a standard of month outcomes of the	this boy and a	nomploto Bort Lonly	▶ □
•		requesting an automatic 6-month extension — check			1.41.
ıncome tax re	eturns	, partnerships, REMICS, and trusts must use Form			
the additiona Form 990-T	I (not automatic) 3.month extens	ectronically file Form 8868 if you want a 3-month at on required to file Form 990-T). However, you canno ion or (2) you file Forms 990-BL, 6069, or 8870, gro by completed and signed page 2 (Part II) of Form 886 -file for Charities & Nonprofits	un returns, or a	i composite or consoli	ıdated
	Name of Exempt Organization			Employer identification nu	mber
Type or	Jeff C. Kwok and Gla	dvs W Kwok			
print	Family Foundation	-		30-0097982	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions	<u>-</u>		<u> </u>
filing your return See	500 So. Murphy Avenu	e			
instructions	City, town or post office, state, and ZIP coo	le For a foreign address, see instructions			
	Sunnyvale, CA 94086				
	of return to be filed (file a separa		□ -		
X Form 990	-	Form 990-T (corporation)	Form 472		
Form 990	F-	Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 990	 	Form 990-T (trust other than above)	Form 887		
Form 990	J-PF	Form 1041-A	1 0111 867	, o	
Telephone If the org If this is check this the exter	panization does not have an office for a Group Return, enter the org s box ► ☐ If it is for part of the asion will cover	FAX No (408) 749 176 or place of business in the United States, check the anization's four digit Group Exemption Number (GEI the group, check this box and attach a list with the for a corporation required to file Form 990-T) ext	is box N) If ith the names a	this is for the whole on the EINs of all members	▶ ☐ group, ers
		the exempt organization return for the organization			
	tension is for the organization's r	eturn for.			
► X	calendar year 20_09_ or				
•	tax year beginning	, 20, and ending, 20			
2 If this t	ax year is for less than 12 month			Change in accounting	period
3a If this a nonrefu	application is for Form 990-BL, 99 undable credits. See instructions	00-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0.
b If this a made	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated tent allowed as a credit	ax payments	3b \$	0.
deposit	te Due. Subtract line 3b from line t with FTD coupon or, if required, structions	3a Include your payment with this form, or, if requiby using EFTPS (Electronic Federal Tax Payment S	red, System)	3c \$	0.
Caution. If y payment ins		iic fund withdrawal with this Form 8868, see Form 8	453-EO and Fo	rm 8879-EO for	
BAA For Pr	ivacy Act and Paperwork Reduct	ion Act Notice, see instructions.		Form 8868 (Re	v 4-2009)

FUIII 0000	(Rev 4-2009)		r age z
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only F	Part II and check t	hıs box ► X
Note. Only	complete Part II if you have already been granted an automatic 3-month extensi	sion on a previous	sly filed Form 8868
If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	ı .	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only fil	e the original	(no copies needed).
	Name of Exempt Organization		Employer identification number
Type or print	Jeff C. Kwok and Gladys W. Kwok Family Foundation		30-0097982
•	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 filing the return See instructions	Stephen Wan Accountancy Corp 848 Stewart Drive, Suite 100 City, town or post office, state, and ZIP code For a foreign address, see instructions		
	Sunnyvale, CA 94085		
X Form 9 Form 9 Form 9	e of return to be filed (File a separate application for each return) 90 Form 990-PF 90-BL Form 990-T (section 401(a) or 408(a) trust) 90-EZ Form 990-T (trust other than above)	Form 1041-A Form 4720 Form 5227	Form 6069 Form 8870
	not complete Part II if you were not already granted an automatic 3-month exte	ension on a previ	ously filed Form 8868.
Telepho If the o If this is whole grou	one No (408) 730 0808 FAX No (408) 749 : rganization does not have an office or place of business in the United States, c is for a Group Return, enter the organization's four digit Group Exemption Number, check this box If it is for part of the group, check this box If it is for part of the group, check this box	heck this box per (GEN)	. If this is for the the names and EINs of all
4 I requ	lest an additional 3-month extension of time until $11/15$, 20 10	•	
5 For c	alendar year 2009, or other tax year beginning, 20	_ , and ending	, 20
6 If this	s tax year is for less than 12 months, check reason Initial return	Final return	Change in accounting period
7 State <u>the</u>	in detail why you need the extension <u>Taxpayer request addit</u> information to be listed on Schedule A, Part IV.	ional time	to file to ascertain
nonre	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentation		8a \$
paym	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cre ients made Include any prior year overpayment allowed as a credit and any an Form 8868	edits and estimate nount paid previou	d tax Isly 8b\$
c Balar with 8	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	if required, depos ystem). See instr	sit 8c\$
	Signature and Verification		
Under penaltie correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statements, implete, and that I am authorized to prepare this form	and to the best of my kn	lowledge and belief, it is true,
Signature >	Title ▶ President & CEO		Date ►