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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

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

Inspection

A 1	or the	e 2009 Calendar year, or tax year beginning and	enaing	_	
В	Check if applicab	Please C Name of organization		D Employer identif	ication number
	□Addre	ess label of TED TENDS OF MANC MINI EQUINDATION			
	chang Name chang	ge point or FRIENDS OF RAING TON FOUNDATION		51_0	579003
<u> </u>	_]chang _]Initial _]return	Doing Business As See Number and street (or P O box if mail is not delivered to street address)	Doom/outo		
F	Termi	I Specific I	Room/suite	E Telephone numbe	er 290–2706
F	lated Amen	idea tions Out. and acceptance and ZID + 4		G Gross receipts \$	694,606.
\vdash	_lretum Applic _ltion			H(a) is this a group re	
_	pendi	F Name and address of principal officer: CHRISTOPHER HSU		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
1 1	Гах-ех	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)
		te: ► KANGYUNFRIENDS.ORG	·	H(c) Group exemption	
		forganization X Corporation	L Year	of formation 2005	M State of legal domicile DC
Pa	art I	Summary		<u> </u>	
e	1	Briefly describe the organization's mission or most significant activities. ENCOU			
Jan		SUPPORTING, IMPROVING AND FOSTERING EDUCA			
Activities & Governance	1	Check this box If the organization discontinued its operations or dispos	sed of more	l	1
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	4
ಿ ಶ ഗ	Į.	Total number of employees (Part V, line 2a)		5	1
īţie	l	Total number of volunteers (estimate if necessary)		6	0
ĕ	l	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 998 EGGE 4VED		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAY 1 4 2010		704,362.	694,058.
eun	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAY 1 4 2010 O 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Revenue		investment income (Part VIII, Column (A), lines 3, 4, and 76)		426.	548.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, @@@@artN1eUT		504 500	
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		704,788.	694,606.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	514,940.	681,432.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	66,854.	67,336.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		00,034.	07,330.
per		Total fundraising expenses (Part IX, column (D), line 25)	52.		,
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		6,116.	6,243.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		587,910.	755,011.
	19	Revenue less expenses. Subtract line 18 from line 12		116,878.	<60,405.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		132,397.	71,993.
t As	21	Total liabilities (Part X, line 26)			
캺	22	Net assets or fund balances. Subtract line 21 from line 20		132,397.	71,993.
Pa O Z	ert II	Signature Block			
)[Under penalties of penury, I declare that I have examined this return, including accompanying schedules and and complete Declaration of preparer (other than officer) is based on all information of which preparer has an	d statements, a ny knowledge	nd to the best of my knowledg ▲	ge and belief, it is true, correct,
₹.				May	10,2010
_© ∕Sigr		Signature of officer		Date	10,200
	е	CHRISTOPHER HSU, SECRETARY		5510 -	
=		Type or print name and title			
Ω		Preparer's Date	Che		r's identifying number
Paid		signature 5-62	Self-		tructions)
∑ , Leb	arer's	Firm's name (or TATE AND TRYON		EIN >	
SUse	Unly	self-employed). \$805 15TH STREET, NW SUITE 900			
B.		address, and ZIP + 4 WASHINGTON, DC 20005		Phone no ► (202)293-2200
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	t III` Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION	
	TO ACHIEVE LONG-TERM IMPROVEMENT IN THE LIVES OF THE POOREST FAMILIES IN DEVELOPING COUNTRIES THROUGH COMPREHENSIVE PRIMARY EDUCATION.	_
	CORE BELIEFS:	_
	1. FULL AND UNIVERSAL PRIMARY EDUCATION IS ESSENTIAL TO THE PROGRESS	_
2	Did the organization undertake any significant program services during the year which were not listed on	-
-	the prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	>
_	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
	SEE SCHEDULE O FOR CONTINUATION(S)	
4a	(Code:) (Expenses \$ 632,332. including grants of \$ 632,332.) (Revenue \$)
	GRANTS TO KANG YUN FOUNDATION (HONG KONG), WHICH USES THE FUNDS TO WORK	
	WITH LOCAL ORGANIZATIONS PROVIDING EDUCATIONAL ASSISTANCE, SUCH AS	_
	REBUILDING PRIMARY SCHOOLS IN RURAL YUNNAN PROVINCE. SINCE 2001, KANG	_
	YUN FOUNDATION HAS REBUILT FIFTEEN PRIMARY SCHOOLS IN RURAL PINGBIAN	_
	COUNTY, YUNNAN, AND JIANHE COUNTY, GUIZHOU.	_
	TIND CATED DOUTDED (6120 FAA) MO DECONOMENION & DETANDY COMOCE THE	_
	FUNDS WERE PROVIDED (\$138,544) TO RECONSTRUCT A PRIMARY SCHOOL IN	
	XINMIN VILLAGE, JIANHE COUNTY, GUIZHOU PROVINCE, CHINA, WHICH IS	_
	LOCATED IN A REMOTE AREA WHERE THE AVERAGE ANNUAL INCOME IS LESS THAN \$146. GRANT FUNDED CONSTRUCTION OF A NEW TEACHING BUILDING, A SCHOOL	_
	\$146. GRANT FUNDED CONSTRUCTION OF A NEW TEACHING BUILDING, A SCHOOL FENCE, A LAVATORY, AND REFURBISHMENT OF THE TEACHERS' DORMITORY. WHEN	
	COMPLETE, THE NEW PRIMARY SCHOOL WILL SERVE AN ESTIMATED 600 CHILDREN.	_
4b	(Code:) (Expenses \$ 49,100 · including grants of \$ 49,100 ·) (Revenue \$	<u> </u>
40	TWO GRANTS TO PARTNERS IN HEALTH (A PUBLICLY SUPPORTED 501C3 IN	'
	BOSTON, MASSACHUSETTS) FOR CONSTRUCTION OF DOMOND SCHOOL, ECOLE BON	_
	SAVEUR. FRIENDS OF KANG YUN FOUNDATION ORIGINALLY GRANTED PARTNERS IN	_
	HEALTH CONSTRUCTION FUNDS FOR AN ELEMENTARY SCHOOL IN DOMOND VILLAGE IN	_
	FEBRUARY 2008. DOMOND VILLAGE IS LOCATED BETWEEN CANGE AND MIREBALAIS	
	IN HAITI'S CENTRAL PLATEAU REGION.	
		_
	CURRENT YEAR GRANTS COVERED:	_
	COST OVERRUNS OWING TO THE HURRICANE SEASON (\$14,000),	_
	CONSTRUCTION OF LATRINES (\$4,000),	_
	CONSTRUCTION OF COURTYARD AND PLAYGROUND (\$15,000),	_
	LANDSCAPING (\$2,000),	_
4c	(Code.) (Expenses \$ Including grants of \$) (Revenue \$)
		_
		_
		-
		-
		-
		_
		_
		-
		_
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ▶\$ 681,432.	

932002 02-04-10

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	-		^
5	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		
6	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, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		17
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			Х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1.0		Х
	If "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, VII, VIII, IX, or X	10		Λ
11	as applicable	11		Х
•	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 169 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.	ĺ		
•	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 statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446	х	
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	^	
10	located outside the United States? If "Yes," complete Schedule F, Part III	16	ĺ	Х
17	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
18	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form (990 Ø	กกดา

Part IV Checklist of Required Schedules (continued)	Part IV Checklist of Required Schedules (continued
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21 `		1	Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		1	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ł	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23	ļ	<u>X</u>
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, 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ĺ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		l	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ļ	ĺ	
	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	١.,		
	Schedule N, Part II	32		X
	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		<u>X</u>
	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>_X</u>
	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ı	
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
	Did the assessment of complete Cahadula Canad arounds avalance to Cahadula C for Dad VI. In sec. 44, and 400		- 1	
38	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	

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a' Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns, Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1Ь 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2ь Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? Х 4a **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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6Ь 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 Х provided to the payor? 7a 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 X to file Form 8282? 7с 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 7e Х 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the 8 supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources against

Form **990** (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them.)

11b

12b

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

<u>Sec</u>	tion A. Governing Body and Management				
		. 1	4	Yes	No
1a		la	4		
ь	•	lb	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	vith any other	_	v	
_	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the c	irect supervision			Х
	of officers, directors or trustees, or key employees to a management company or other person?	000 was filed?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form		5	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?		6		X
6 7a	Does the organization have members of stockholders, or other persons who may elect one or more members.	oore of the	6		
<i>,</i> a	governing body?	Dels of the	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ne?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du		1.5		
•	by the following:	ing the year			
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ed at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing	the form?	11		<u>X</u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give rise			
	to conflicts?		12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," descnbe			
	in Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?		13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval b	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	v
a	The organization's CEO, Executive Director, or top management official		15a		$\frac{x}{x}$
b	Other officers or key employees of the organization	•	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement to vehicle and the venture of similar arrangement to vehicle and venture of similar arrangement to venture of similar arrangement of similar arrangement to venture of similar arrangement to venture of similar arrangement o	it with a	1.0	1	Х
.	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	to ita portioipotion	16a		
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	• •			
	exempt status with respect to such arrangements?	Lation 5	16b	1	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE	·	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50	01(c)(3)s only) availabl	e for		
	public inspection. Indicate how you make these available. Check all that apply.	. (-)(-)			
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conf	lict of interest policy.	and fina	ncial	
	statements available to the public.			11	
20	State the name, physical address, and telephone number of the person who possesses the books and it	ecords of the organization	ation: 🕨		
-	THE ORGANIZATION - 202-290-2706				
	806 E STREET, SE, WASHINGTON, DC 20003				
			Form	990 (2	2009)

932006

Form 990 (2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."
- 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)				C)			(D)	(E)	(F)
Name and Title	Average hours	(6		Pos		i app	kΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
THOMAS HSU										
PRESIDENT	1.00	<u></u>			<u> </u>	ļ		0.	0.	0
BRIAN D. STARER, ESQ, VICE PRES & TREASURER	1.00							0.	0.	0
CHRISTOPHER HSU	25 00							62 200	0	0
EXEC. DIR. & SECRETARY LI-LI CH'EN	25.00	_			ļ			62,308.	0.	0
DIRECTOR	1.00							o .	0.	0
										,,
	 									
								,		-
······										
								·		
		-								
		_							-	
			_							
	1									

Page 8

	(A)	(B)	lipic 	уее		<u>:::u :</u> C)	nga	esi	(D)	(E)			(F)	
	Name and title	Average			Pos		1		Reportable	Reportable		Fst	ורי imate	ed
	Name and the	hours	(cl				арр	ly)	compensation	compensation			ount	
		per					T	Ė	from	from related		c	ther	
		week	ag g				g		the	organizations		comp		
			SEC	Tustee			Sensal		organization (W-2/1099-MISC)	(W-2/1099-MISC	'		m th nızat	
			물	onal t		akold	15 B	١.	()			-	relat	
			Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	ome				orga	nızatı	ons
				 -	_	 -		_						
							ŀ			-				
						_			-					
						_								
							-	_			_			
								<u> </u>			+			
											ŀ			
						_	H			<u> </u>				
		<u> </u>	L				Ļ		62,308.	~	-			
1b 2	Total Total number of individuals (including but no	at limited to th		liete	d at	2016) w/h		· · · · · · · · · · · · · · · · · · ·		.• _			0.
2	compensation from the organization	or innited to th	USE	IISIE	uai	JUV6	<i>5)</i> WI	10 16	sceived more man proo	,000 iii reportable				0
												'	/es	No
3	Did the organization list any former officer,	director or trus	stee	, key	em/	ploy	yee,	or h	ighest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for se										L	3		X
4	For any individual listed on line 1a, is the su									the organization				v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			-						cae randarad ta		4		<u> </u>
3	the organization? If "Yes," complete Schedu				10111	arry	UIII	Ciali	ed organization for servi	ces rendered to		5	- 1	Х
Sec	tion B. Independent Contractors											<u> </u>		
1	Complete this table for your five highest con	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsatı	on fro	m	
	the organization. NONE									-				
	(A) Name and business	address							(B) Description of se	en/Ices	Con	(C) npens		
	Teame and business							+	Description of s	civices		- Inpunc		<u> </u>
					-		_	寸						
		·				-		\dashv						
					_						_			
2	Total number of independent contractors (in	ncluding but no	ot in	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 in compensation from the organiz	ation 🕨)							

Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must compl ot include amounts reported on lines 6b, b, 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	49,100.	49,100.		
2	Grants and other assistance to individuals in	- 1			
	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	632,332.	632,332.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,308.		49,846.	12,462
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
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	5,028.		5,028.	
11	Fees for services (non-employees)				
а	Management				
þ	Legal	840.		840.	
С	Accounting	715.		715.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	169.		169.	
12	Advertising and promotion				
13	Office expenses	77.		77.	
14	Information technology	228.		228.	
15	Royalties				
16	Occupancy				
17	Travel				
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	417.		417.	
i	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PAYROLL SERVICE FEES	1,741.		1,741.	
b	PROMOTIONAL EXPENSE	1,688.		1,688.	
c	BANK CHARGES	268.		268.	
d	FEES TO DC GOVERNMENT	75.		75.	
e	TAXES & LICENSES	25.		25.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	755,011.	681,432.	61,117.	12,462.
	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		ľ		
	educational campaign and fundraising solicitation				

932010 02-04-10

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		132,397.	1	71,993.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director	ors, trustees, key			
		employees, and highest compensated employees. C	Complete Part II			
		of Schedule L			5	77
	6	Receivables from other disqualified persons (as defined)	ned under section			
		4958(f)(1)) and persons described in section 4958(c)	(3)(B). Complete			
		Part II of Schedule L		-	6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	a			
	ь	Less: accumulated depreciation 10	b	····	10c	
	11	investments - publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·	
	12	investments - other securities See Part IV, line 11		12	<u> </u>	
	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 lin	e 34)	132,397.	16	71,993.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	·
ies	21	Escrow or custodial account liability. Complete Part			21	
Liabilities	22	Payables to current and former officers, directors, tru				
Ei.		highest compensated employees, and disqualified p	ersons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelated this	ra parties		24	-
	25	Other liabilities. Complete Part X of Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	X and samplets	V •	26	U •
(A)	İ	lines 27 through 29, and lines 33 and 34.	and complete			
ĕ	27	Unrestricted net assets		132,397.	27	71,993.
jan	27 28	Temporarily restricted net assets		102/05/1	28	111773.
Net Assets or Fund Balances	29	Permanently restricted net assets			29	
ŭ	29	Organizations that do not follow SFAS 117, check	here and		23	
Ē		complete lines 30 through 34.	There > and			
ts c	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or equipn	nent fund		31	
¥	32	Retained earnings, endowment, accumulated incom	i		32	
Š	33	Total net assets or fund balances	e, or other fullus	132,397.	33	71,993.
	34	Total liabilities and net assets/fund balances	Ì	132,397.	34	71,993.
	<u> </u>	Total liabilities and het assets/fullo balances		102/00/10		71,775

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	İ	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
Ь	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			l
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	İ		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b_		<u> </u>

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization FRIENDS OF KANG YUN FOUNDATION 51-0579003 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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 organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 **b** Type II c Type III - Functionally integrated d ___ Type III - Other 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) is the organization in col (iv) Is the organization (v) Did you notify the (i) Name of supported (II) EIN (vii) Amount of organization in col (i) listed in your organization in col organization (I) organized in the support (described on lines 1-9 laovernina document? l (i) of your support? US? above or IRC section (see instructions)) Yes No Yes No

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

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)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			230,000.	704,362.	694,058.	1628420.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge		<u> </u>	000000	504 060		
4	Total. Add lines 1 through 3		ļ	230,000.	704,362.	694,058.	1628420.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	<u> </u>					
	on line 1 that exceeds 2% of the	į					
	amount shown on line 11,						
	column (f)						1318852.
_6	Public support. Subtract line 5 from line 4						309,568.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			230,000.	704,362.	694,058.	1628420.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			168.	426.	548.	1,142.
9	Net income from unrelated business						
	activities, whether or not the				ļ		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>	1			1629562.
12	Gross receipts from related activities,	etc (see instruct	ions)		Į	12	<u></u>
13	First five years. If the Form 990 is for	r the organization'	s first, second, th	ırd, fourth, or fifth ta	x year as a section	n 501(c)(3)	
<u></u>	organization, check this box and stor				 -	- .	►X
	ction C. Computation of Publ						
	Public support percentage for 2009 (I	• •	•	column (t))	-	14	<u>%</u>
	Public support percentage from 2008					15	<u>%</u>
16a	33 1/3% support test - 2009.If the o	-			4 is 33 1/3% or me	ore, check this box	k and
	stop here. The organization qualifies		-		15 00 1/00/		. -
b	33 1/3% support test - 2008. If the o	•		-	ine 15 is 33 1/3%	or more, check thi	
	and stop here. The organization qual	• •	• • •				▶ 🗀
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organ	ızatıon
	meets the "facts-and-circumstances"	_	•		_		▶∟_
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						. —
	organization meets the "facts-and-circ			· ·			▶∟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b		_	
					Sche	dule A (Form 990	or 990-EZ) 2009

Sch	edule A (Form 990 or 990·EZ) 2009 art III' Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete on	y if you checked the h	Page 3
	ction A. Public Support	<i>y.</i> gaza			/(-/ (Complete on	y ii you checkeu the o	OX OII IIIIe 5 OI Fait 1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(8) 2003	(b) 2000	(C) 2007	(u) 2008	(e) 2009	(i) Total
•	membership fees received. (Do not				1	1	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					 	
4	ization's benefit and either paid to						
	or expended on its behalf				İ		<u> </u>
_	'						
5	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, and						
_	3 received from disqualified persons					 	
C	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			· · · · · · · · · · · · · · · · · · ·			
	Add lines 7a and 7b					1	
	Public support (Subtract line 7c from line 6)	<u>L</u>				1	
	ction B. Total Support	T			T	1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6					· · · · · · · · · · · · · · · · · · ·	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income		•				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)					 	
13	Total support (Add lines 9, 10c, 11, and 12)			-			
14	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
	check this box and stop here				<u></u>		<u>▶</u>
Sec	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage			-,	
15	Public support percentage for 2009 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage	·· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 20	109 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%
18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2009. If the	organization did n	ot check the box o	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	ies as a publicly s	upported organiz	ation	▶□
b	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						▶ 🗔
20	Private foundation. If the organization					-	▶ □
					Sc	hedule A (Form 99	0 or 990-EZ) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

2009	
Open to Public Inspection	

Name of the organization					Employer ident	ification number
FRIENDS OF KAN	G YUN FOU	NDATION			51-05790	0.3
			tside the United States. Comple	ete if the organ		
to Form 990, Pa						
			ds to substantiate the amount of the gr			
grantees' eligibility for t	the grants or assi	stance, and the	selection criteria used to award the gra	nts or assistar	nce? X	Yes No
2 For grantmakers. Des	cribe in Part IV th	e organization's	procedures for monitoring the use of g	rant funde out	eide the United St	atos
2 Tor grantmakers. Des		e organization s	procedures for morntoning the use of g	ant lunus out	side the Officed Si	ales
3 Activities per Region. (Use Schedule F-1	(Form 990) if ac	dditional space is needed.)			
(a) Region	(b) Number of		(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices in the region	employees or agents in	(by type) (i.e., fundraising, program services, grants to	•	gram service, specific type	expenditures for region
	iii the region	region	recipients located in the region)		e(s) in region	lorregion
	-					
			GRANTS TO KANG YUN			
EAST ASIA AND THE			FOUNDATION, HONG KONG,			
PACIFIC	0	0	CHINA.	<u>-</u>		632,332.
					- 4.	
		i				
				 .		
] i					
	-					
		'				
	1					
				T		
Tetala		,				625 225
Totals HA For Privacy Act and Page 1	aperwork Reduc	0 tion Act Notice	see the Instructions for Form 990.		Schedule F	632,332. (Form 990) 2009
			, 555		Joint Gause F	. VIIII 0001 EUUS

Page 2

ore than \$5,000		
recipient who received more than \$5,000. Check this box if no one recipient re	Use Schedule F-1 (Form 990) if additional space is needed.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CONSTRUCTION OF					
			XINMIN PRIMARY					
		EAST ASIA AND THE	SCHOOL. FUNDS WERE					
***************************************		PACIFIC	PROVIDED TO	118,500.		0		
	•		SCHOLARSHIPS AT					
			ZHEJIANG UNIVERSITY.					
	••••	EAST ASIA AND THE	SCHOLARSHIPS TO					
***************************************		PACIFIC	STUDENTS EMERGING	17,544.		0.		
	444		GENERAL OPERATING					
	*****		EXPENSES OF KANG YUN					
		EAST ASIA AND THE	FOUNDATION, DEFRAYS					
		PACIFIC	INCIDENTAL FEE AND	2,500.		0.		
			CONSTRUCTION OF					
	· 1141		PINGBIAN HIGH SCHOOL					
		EAST ASIA AND THE	LIBRARY, PINGBIAN					
		PACIFIC	COUNTY, YUNNAN,	450,000.		0		
			TEACHING EXCELLENCE					
			AWARDS PROGRAM,					
		EAST ASIA AND THE	PINGBIAN COUNTY,					
**************************************		PACIFIC	CHINA.	36,468.	,	0		
	- '116		TEACHERS PROJECTS					
			WEBSITE, FUNDED THE					
		EAST ASIA AND THE	CREATION OF A PILOT					
***************************************		PACIFIC	WEBSITE TO ENABLE	7,320.		0.		
	1							
						-		
9 Enter total all ampar a		The state of the s						
	recipient organization be grantee or collose	ns listed above that are r	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 504/500 particles or for which the grantee or counsel has provided a section 504/500 particles or for which the grantee or counsel has provided a section 504/500 particles.	foreign country,	recognized as tax-ex	empt by		-
3 Enter total number of other organizations or entitles	other organizations o	or entities	oo (c)(o) equivalency lettel			\		▼
ı						•		

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2009

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Page 3

FRIENDS OF KANG YUN FOUNDATION

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990), if additional space is needed.

of (h) Method of valuation valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(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					

Schedule F (Form 990) 2009

Part IV | Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: FRIENDS OF KANG YUN FOUNDATION IS IN DAY-TO-DAY COMMUNICATION WITH THE DIRECTOR OF KANG YUN FOUNDATION (HONG KONG), VIA EMAIL AND SKYPE. IN ADDITION, KANG YUN FOUNDATION HAS PROVIDED:

SIGNED GRANT ACKNOWLEDGMENT TO (I) USE ALL GRANT PROCEEDS EXCLUSIVELY FOR THE SPECIFIC PURPOSES FOR WHICH THEY ARE GIVEN; (II) REPORT TO THE FOUNDATION, REGULARLY AND IN A TIMELY FASHION, REGARDING THE USE OF GRANT PROCEEDS; AND (III) TO RETURN TO THE FOUNDATION ALL UNUSED OR IMPROPERLY USED GRANT FUNDS ADVANCED BY THE FOUNDATION. THE FOUNDATION WILL ONLY REMIT GRANT PROCEEDS TO GRANTEES THAT SIGN THIS ACKNOWLEDGMENT.

REGULAR WRITTEN AND PHOTOGRAPHIC REPORTS OF PROGRESS ON ALL GRANT PROJECTS, INCLUDING STATUS OF FUNDS DOCUMENTS ON CAPITAL PROJECTS.

DETAILED WRITTEN AND PHOTOGRAPHIC TRAVEL REPORTS OF ITS SITE INVESTIGATIONS AND ONSITE MEETINGS AND ATTENDANCE OF OPENING CEREMONIES.

COPIES OF DOCUMENTATION OF AGREEMENTS WITH LOCAL EDUCATION AUTHORITIES (INCLUDING ITEMIZED BUDGET, ARCHITECTURAL RENDERINGS AND SCHEMATICS FOR LARGER PROJECTS, SUCH AS THE PBSHS LIBRARY.)

LIST OF TEACHING AWARD WINNERS, INCLUDING CLASS AND SCHOOL DETAILS: PHOTOS AND REPORT OF AWARD CEREMONY.

LIST OF SCHOLARSHIP STUDENTS AT ZHEJIANG UNIVERSITY, INCLUDING ACADEMIC MAJOR AND HOMETOWN.

Schedule F (Form 990) 2009 FRIENDS OF KANG YUN FOUNDATION	<u>51-0579003</u> Page 4
Part IV Supplemental Information	
Complete this part to provide the information required in Part I, line 2, and any additional information	
ADDITIONAL MONTHLY WRITTEN SUMMARY OF ALL ITS OTHER ACTIV	ITIES.
DOCUMENT OUT INING OPERATING METHODS AND GUIDELINES DECAR	DING PROTEGE
DOCUMENT OUTLINING OPERATING METHODS AND GUIDELINES REGAR	DING PROJECT
SITE SELECTION AND CONTROL OF FUNDS.	
NOTE: .KANG YUN FOUNDATION IS UNDER SEPARATE MANAGEMENT F	ROM FRIENDS OF
KANG YUN FOUNDATION, AND THERE IS NO BOARD OVERLAP BETWEE	N THE TWO
ENTITIES.	
PART II, COLUMN (D):	
(D) PURPOSE OF GRANT: CONSTRUCTION OF XINMIN PRIMARY SCHOOL	OL. FUNDS WERE
PROVIDED TO RECONSTRUCT A PRIMARY SCHOOL IN XINMIN VILLAGI	E, JIANHE
COUNTY, GUIZHOU PROVINCE, PEOPLES REPUBLIC OF CHINA.	
	-
/B.\ BUBBOGE OF GRANK GGWOLARGWERG AF FURTHER WATER	
(D) PURPOSE OF GRANT: SCHOLARSHIPS AT ZHEJIANG UNIVERSITY	. SCHOLARSHIPS
TO STUDENTS EMERGING FROM IMPOVERISHED, RURAL BACKGROUNDS	•
(D) PURPOSE OF GRANT: GENERAL OPERATING EXPENSES OF KANG Y	VIIN FOINDATTON
DEFRAYS INCIDENTAL FEE AND CHARGES INCURRED BY THE FOUNDAT	TION DURING THE
COURSE OF ITS CHARITABLE WORK.	
(D) DUDDOSE OF CRANT. CONSTDUCTION OF DINCRIAN HIGH SCHOOL	TTDDADV
(D) PURPOSE OF GRANT: CONSTRUCTION OF PINGBIAN HIGH SCHOOL	
PINGBIAN COUNTY, YUNNAN, CHINA. PINGBIAN COUNTY IS LOCATE	ED IN AN
IMPOVERISHED, RURAL, MOUNTAINOUS REGION, WITH AN AVERAGE A	ANNUAL PER
CAPITA INCOME OF \$190.	
(D) PURPOSE OF GRANT: TEACHERS PROJECTS WEBSITE. FUNDED T	THE CREATION OF
A PILOT WEBSITE TO ENABLE PINGBIAN TEACHERS TO POST SMALL	PROJECTS IN
32074 02-01-10	Schedule F (Form 990) 2009
60504 790809 51-0579003 2009.03040 FRIENDS OF KANG YUN	FOUNDAT 51-05791

Schedule F (Form 990) 2009 FRIENDS OF KANG YUN FOUNDATION	<u>51-0579003</u>	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional information		
•		
NEED OF CHARITABLE CONTRIBUTIONS.		
		
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× N OCATED BETWEEN CANGE AND SCHOOL, ECOLE BON SAVEUR, Employer identification number 51-0579003 Open to Public OMB No 1545-0047 CONSTRUCTION OF DOMOND Inspection (h) Purpose of grant MIREBALAIS IN HAITI or assistance Yes 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 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. (d) Amount of 49,100 cash grant FRIENDS OF KANG YUN FOUNDATION (c) IRC section if applicable 501(C)3 04-3567502 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 888 COMMONWEALTH AVE, 3RD FL. or government Name of the organization PARTNERS IN HEALTH BOSTON, MA 02215 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed FRIENDS OF KANG YUN FOUNDATION Schedule I (Form 990) 2009
Part III Grants and Othe

Page 2

51-0579003

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(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	de the information	required in Part I,	line 2, and any other	additional information	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	: PARTNERS	S IN HEALTH	ТН		
(H) PURPOSE OF GRANT OR ASSISTANCE:	: CONSTRUCTION	- 1	OF DOMOND SCHO	SCHOOL, ECOLE	
BON SAVEUR, LOCATED BETWEEN CANGE	AND MIREE	MIREBALAIS IN	IN HAITI, SERV	SERVING	
SUTDENTS FROM SOME OF THE POOREST I	FAMILIES	IN HAITI'S	S CENTRAL PLATEAU.	PLATEAU.	
CURRENT YEAR GRANTS COVER COST OVE	OVERRUNS OWING	TO	HURRICANE SEASON	SON	
(\$14,000), CONSTRUCTION OF LATRINES	S (\$4,000),	Ø	COURYARD AND PLAYGROUND	LAYGROUND	
(\$15,000), LANDSCAPING (\$2,000), I	PARTIAL F	UNDING FO	IAL FUNDING FOR RUNNING POWER	POWER LINES	
TO THE SCHOOL (\$7,500), AND BASIC MATERIALS FOR TEACHERS AND 802102 02-02-10	MATERIALS	FOR TEAC		STUDENTS,	Schedula Horm 000 2000

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009	FRIENDS OF	KANG YU	N FOUNDATION	51-0579003 Page 2
Schedule I (Form 990) 2009 Part IV Supplemental Info	ormation			<u> </u>
SUCH AS BOOKS AND I	BACKPACKS (\$6	,600).		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF KANG YUN FOUNDATION

Employer identification number 51-0579003

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL FACILITIES, AND EDUCATIONAL ACTIVITIES PRIMARILY IN THE
PEOPLE'S REPUBLIC OF CHINA AND ELSEWHERE THROUGHOUT THE WORLD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF ALL DEVELOPING NATIONS. A BASIC LEVEL OF EDUCATIONAL ATTAINMENT
(LITERACY, NUMERACY) EXPANDS FUTURE OPPORTUNITY AND BROADENS TECHNICAL
HORIZONS, ENABLING MODERNIZATION, AND THUS IS A KEY FACTOR DETERMINING
THE STANDARD OF LIVING OF IMPOVERISHED HOUSEHOLDS.
2. WHERE SUBSTANDARD EDUCATIONAL STANDARDS EXIST, PROGRAMMED
DONATIONS, IN COLLABORATION WITH LOCAL EDUCATIONAL AUTHORITIES, WILL
LEAD TO SIGNIFICANT AND SUSTAINABLE IMPROVEMENT.
3. THE ELIMINATION OF UNEQUAL STANDARDS IN PRIMARY EDUCATION
CONTRIBUTES TO A MORE STABLE AND HARMONIOUS SOCIETY, REGARDLESS OF
POLITICAL CONSIDERATIONS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
THE PROJECT IS SCHEDULED TO BE COMPLETED IN APRIL, 2010.
HELPED FUND (\$17,544) AN ONGOING KANG YUN FOUNDATION PROGRAM PROVIDING
ANNUAL SCHOLARSHIPS TO 40 UNDERGRADUATES AT ZHEJIANG UNIVERSITY, CHINA.
ALL OF THESE STUDENTS HAVE EMERGED FROM IMPOVERISHED, RURAL
BACKGROUNDS, AND ARE ONLY ABLE TO AFFORD TUITION, ROOM AND BOARD
THROUGH A COMBINATION OF SCHOLARSHIPS, FAMILY SAVINGS, AND PART-TIME
EMPLOYMENT.

SCHEDULE O

(Form 990)

Department of the Treasury Interpal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FRIENDS OF KANG YUN FOUNDATION

Employer identification number 51-0579003

\$450,000 IN FUNDS WERE PROVIDED TO CONSTRUCT THE LIBRARY AT THE NEW PINGBIAN HIGH SCHOOL, PINGBIAN COUNTY, YUNNAN, CHINA. PINGBIAN COUNTY IS ALSO LOCATED IN AN IMPOVERISHED, RURAL, AND MOUNTAINOUS AREA, WITH AN AVERAGE ANNUAL PER CAPITA INCOME OF AROUND \$190. THE PREVIOUS HIGH SCHOOL, WHICH THE NEW PINGBIAN SENIOR HIGH SCHOOL REPLACES, WAS THE ONLY HIGH SCHOOL IN THE COUNTY, BUT WAS ABLE TO ACCOMODATE ONLY ABOUT 1000 STUDENTS, OR 15% OF THE GRADUATING JUNIOR HIGH SCHOOL CLASS. THE NEW SCHOOL TRIPLES THE SIZE OF THE STUDENT BODY, GIVING MANY MORE STUDENTS THE OPPORTUNITY TO BENEFIT FROM HIGH SCHOOL EDUCATION AND ALSO LAYING OUT THE PATH TO UNIVERSITY OR VOCATIONAL COLLEGE. THE LIBRARY IS NOW VIRTUALLY COMPLETE AND WILL BE OPEN TO INCOMING STUDENTS AT THE BEGINNING OF THE NEXT ACADEMIC YEAR.

HELPED FUND (\$36,468) KANG YUN FOUNDATION'S TEACHING EXCELLENCE AWARDS

PROGRAM, PINGBIAN COUNTY, CHINA, DESIGNED TO RECOGNIZE AND RETAIN

EXCELLENT TEACHERS IN PINGBIAN COUNTY. AWARDS ARE BASED ON EXAM

RESULTS OF INDIVIDUAL TEACHERS FORM PRIMARY, JUNIOR HIGH, AND SENIOR

HIGH SCHOOLS.

HELPED FUND (\$7,320) TEACHERS' PROJECTS WEBSITE, A PILOT PROGARM TO

ENABLE PINGBIAN TEACHERS TO POST SMALL PROJECTS IN NEED OF CHARITABLE

CONTRIBUTIONS. CLASSROOM ITEMS REQUESTED ARE MOSTLY EXTREMELY BASIC,

SUCH AS PENS, PAPER, CARD, COMPASSES AND RULERS, AS WELL AS WINTER

QUILTS AND MATTRESSES FOR BOARDING STUDENTS. SO FAR, OVER 150 PROJECTS

HAVE BEEN COLLECTED.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FRIENDS OF KANG YUN FOUNDATION

Employer identification number 5.1...05.79.003

FRIENDS OF RANG TON FOUNDATION 31-0379003
HELPED DEFRAY (\$2,500) GENERAL OPERATING EXPENSES OF KANG YUN
FOUNDATION INCURRED DURING THE COURSE OF ITS CHARITABLE WORK, SUCH AS
BANK FEES, SECRETARY AND AUDITOR FEE, AND OFFICE REGISTRATION FEES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
PARTIAL FUNDING OF POWER LINES TO THE SCHOOL (\$7,500), AND
BASIC MATERIALS FOR TEACHERS AND STUDENTS, SUCH AS BOOKS AND BACKPACKS
(\$6,600).
FOUR HUNDRED SUTDENTS ARE CURRENTLY ENROLLED AT THE COMPLETED ECOLE BON
BERGER IN DOMOND, HAITI FOR THE 2009-2010 ACADEMIC YEAR. THESE
STUDENTS ARE FROM SOME OF THE POOREST FAMILIES IN
HAITI'S CENTRAL PLATEAU.
FORM 990, PART VI, SECTION A, LINE 2: THOMAS HSU AND CHRISTOPHER HSU ARE
FATHER AND SON.
FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11: ELECTRONIC COPIES OF THE 990 ARE
PROVIDED TO THE BOARD FOR ITS REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: EXECUTIVE DIRECTOR MONITORS ALL
TRANSACTIONS AND AGREEMENTS FOR ANY POTENTIAL, DIRECT OR INDIRECT FINANCIAL
OR MATERIAL INTEREST HELD BY A DIRECTOR. MOREOVER, EACH DIRECTOR AND
OFFICER OF THE FOUNDATION IS UNDER AN OBLIGATION TO DISCLOSE PROMPTLY ANY
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02:-03-10

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Interest Revenue Service

Name of the organization

FRIENDS OF KANG YUN FOUNDATION

Employer identification number 51-0579003

TRIBADO OF RENG TOURDITION 31 0377003
SUCH INTEREST. THE BOARD WILL THEN IMPLEMENT PROCEDURES, IN ACCORDANCE
WITH THE CONFLICT OF INTEREST POLICY, TO DETERMINE WHETHER THE TRANSACTION
IS IN THE BEST INTERESTS OF THE FOUNDATION, AND WHETHER THE FOUNDATION CAN
OBTAIN A MORE ADVANTAGEOUS TRANSACTION THAT WOULD NOT GIVE RISE TO A
CONFLICT OF INTEREST. THE DIRECTOR OR OFFICER WHO DISCLOSES THE INTEREST
MAY MAKE A PRESENTATION TO THE BOARD, BUT MUST LEAVE THE MEETING DURING THE
DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION THAT GIVES RISE TO THE
POTENTIAL CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF GOVERNING DOCUMENTS, TAX
RETURNS AND FINANCIAL STATEMENTS ARE KEPT ON SITE AT 806 E ST, S.E.,
WASHINGTON, DC, AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.