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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 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For th	e 2009 calendar year, or tax year beginning , 2009, and endi	ng		,	
		applicable		D Employ	er Identific	ation Number
		dress change Please use Y. S. Mae Foundation Y. S. Mae Foun		95-	43097	36
	\vdash	me change or type. 501 SANTA MONICA BLVD. #501		E Teleph		
	\vdash	See SANTA MONICA, CA 90401-2430		310	-395-	1427
	\vdash	Instruc-		310	333	
	\vdash	rmination tions.				146,960.
	\vdash	nended return	H(a) Is this	G Gross i a group retu		
	Ар	Plication pending F Name and address of principal officer	1	affiliates inc		Yes X No
		Same As C Above		attach a list		ictions) Tes No
<u> </u>		-exempt status X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527	4			
J	Wel	osite: N/A		exemption n		
<u>K</u>		of organization X Corporation Trust Association Other► L Year of Form	ation 199	1 <u>M</u>	State of leg	al domicile CA
Pa		Summary				
	1	Briefly describe the organization's mission or most significant activities. <u>SUPPORT</u>	<u>METHOD</u>	IST_CH	<u>urch</u>	<u>PROGRAMS. </u>
e l					 -	
Activities & Governance						
E						
ွဲ		Check this box ► ☐ if the organization discontinued its operations or disposed of m	ore than 2	5% of its	1 - 1	-
8		Number of voting members of the governing body (Part VI, line 1a)			3	
es l		Number of independent voting members of the governing body (Part VI, line 1b)			4	<u>C</u>
		Total number of employees (Part V, line 2a)			5	C
<u>₹</u>		Total number of volunteers (estimate if necessary)			7a	0.
`		Total gross unrelated business revenue from Part VIII, column (C), line 12			7 b	0.
		Net unrelated business taxable income from Form 990-T, line 34			*··	
	_		<u></u>	rior Year		Current Year
9		Contributions and grants (Part VIII, line 1h)				
		Program service revenue (Part VIII, line 2g)		0.60	200	146.060
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		268,	308.	146,960.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		268,		146,960.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		376,	500.	128,800.
	14	Benefits paid to or for members (Part TX) column (A), line 4)				
_	15	Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10)		24,	000.	16,094.
Expenses	16a	Professional fundraising fees (Part IX, Column (A), line 11e)				
per		Total fundialising expenses (Part IX, column (D), line 25)				
ă	"	Other Managers (Park IV and war (A) (0) and 23)		7	531.	8,566.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				
	18	Total expenses: Aggines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses: Subtract-line=18 from line 12		408,		153,460.
	19	Revenue less expenses Subtract-line=18 from line 12		-139,		-6,500.
lancos		The state of the s	Begi	nning of `	/ear	End of Year
9 a		Total assets (Part X, line 16)	{	3,746,	367.	8,739,867.
2°	21	Total liabilities (Part X, line 26)			0.	0.
25	22	Net assets or fund balances Subtract line 21 from line 20	8	3,746,	367.	8,739,867.
Pa	ırt II	Signature Block		<u> </u>		
			tatements, and	to the best	of my know	rledge and belief, it is
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s true, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any	knowledge	~ /	1
Sig	ın	1/Van /~	1	100	9/11	10
He		Signature of officer		ate	4	/
		WARREN CHANG	•			
		Type or print name and title				
		Date	Ta		Prec	parer's identifying number
Pa	: 4	1/0	s	heck if elf-	(see	instructions)
Pro		Preparer's		mployed	`╚	-
	e- rer's	signature Alan J. Lyon (1997)	In		N/	Α
Մa Մs		Firm's name (or Stevens Lyon & Hagerty CPAs				
On		yours if self employed). 1033 Montana Avenue	E		I/A	
		ZIP+4 Santa Monica, CA 90403-1603	F	hone no	(310)	
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
		Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		TEEA0113	L 12/29/0	
		- , , , , u u u j u u u u u u u u u u u u		1		

Form 990 (2009) Y. S. Mae Foundation	95-43097	36		Page 2
Partill Statement of Program Service Accomplishments				
1 Briefly describe the organization's mission				
SUPPORT METHODIST CHURCH PROGRAMS.				-
				-
				
2 Did the organization undertake any significant program services during the year which were not listed o	n the prior			
Form 990 or 990-EZ?		Yes	X	No
If 'Yes,' describe these new services on Schedule O			ш	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Yes	X	No
If 'Yes,' describe these changes on Schedule O.	_		_	
4 Describe the exempt purpose achievements for each of the organization's three largest program services	s by expenses Se	ection 5	01(c)	(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants at expenses, and revenue, if any, for each program service reported	nd allocations to o	mers, t	ne tot	aı
4. (O. d. 120 000 maludum mark 6 120 000)	(Davierus è			
4a (Code: 128,800. including grants of \$ 128,800.) FINANCIAL SUPPORT FOR CHURCHES, EVANGLISTIC AND PHILANTHROPIC OR	CANANTZATIO	75		—— <i>'</i>
FINANCIAL SOFFORT FOR CHORCHES, EVANGEISTIC AND THILDANTHROLIC OR	GAMANIZATIO	<u> </u>		
				
	. 			
				
				
4b (Code: (Expenses \$ including grants of \$)	(Revenue \$)
	. 			
				
				-
				-
4c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		-		
	· 	- <i>-</i> -		
				
		- 	- -	
				
	· · · · · · · · · · · · · · · · · · ·			
4d Other program services (Describe in Schedule O)				
(Expenses \$ including grants of \$) (Revenue	Ş			
4e Total program service expenses ► 128,800.				

Page 3

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X	
3	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		х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	_		
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		х	
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, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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 credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		Х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X 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		·		1
•	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				1
	 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	12		Х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax vear? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X				
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х	:
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	•
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х	
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	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		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		Х	_
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		Х	-
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	-

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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X

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Х

Х

Х

X

X

X

X

Х

Х

Х

Х

X

Part IV Checklist of Required Schedules (continued)

21 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

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

23 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 Schedule J

24 X

25 X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25

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?
- d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?
- 25a 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
 - **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 Schedule L, Part I*
- 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
- 27 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
- 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)
- a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV
- **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*
- 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
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M
- **30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I
- 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2
- 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI
- 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

Form 990 (2009) Y. S. Mae Foundation 95-4	309736	F	age
Part V 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 U S Information Returns Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan (gambling) winnings to prize winners?	ning		
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		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions	s)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a		Х
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?	5a	<u> </u>	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohib Tax Shelter Transaction?	oited5c		
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?	on 6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts wideductible?			
7 Organizations that may receive deductible contributions under section 170(c).	- 00	<u> </u>	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s provided to the payor?	7a		
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?		ļ	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7c		
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?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
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			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	d the		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any 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			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

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.

3 ec	tion A.	Governing t	sody and Mana	agement					· · · · · · · · · · · · · · · · · · ·			
							,	1 1			Yes	No
			ng members of the		•			1 a	<u></u>	7		ļ
ı	Enter the	number of votin	ng members that a	re independent	•			1 b		4	i	
2	Did any o officer, d	officer, director, t irector, trustee o	trustee, or key em r key employee?	ployee have a f	family re	lationship or	a business re	elationsh	p with any other	2		X
3	Did the o	rganization dele s, directors or tri	gate control over r ustees, or key emp	management du ployees to a ma	uties cust anageme	tomarily perfent company	ormed by or u	under the	direct supervision	3		Х
4			e any significant c	-	_					4		X
	since the	prior Form 990	was filed?	-	_							
5	Did the o	rganization beco	me aware during	the year of a m	aterial d	liversion of th	e organizatio	n's asse	ts?	5		X
6	Does the	organization has	ve members or sto	ockholders?						6		X
7	Does the	organization ha	ve members, stocl	kholders, or oth	er perso	ns who may	elect one or r	more me	mbers of the	7a		Х
ı	Are any	decisions of the	governing body su	bject to approva	al by me	embers, stock	tholders, or of	ther pers	ons?	7b		X
8	Did the o		emporaneously do	cument the me	etings he	eld or written	actions unde	ertaken d	uring the year by			
		rning body?								8a		X
ı	b Each cor	nmittee with auti	hority to act on be	half of the gove	rning bo	dy?				8ь		X
9	Is there a	any officer, direc	tor or trustee, or k dress? <i>If 'Yes,' pr</i>	ey employee lis	sted in P	Part VII, Secti	on A, who ca	nnot be	reached at the	9		х
	tion B.								d by the Interna			
	enue Code	•		,		a				••		
										•	Yes	No
10	a Does the	organization ha	ve local chapters,	branches, or af	ffiliates?					10a		Х
ı	b If 'Yes,' o	does the organizations to ches to ensure t	ation have written heir operations are	policies and pro	ocedures	s governing t	he activities o	of such c	hapters, affiliates,	10 ь		
11	Has the	organization prov	vided a copy of thi	s Form 990 to a	all memb	pers of its go	verning body	before fi	ing the form?	11		X
11.	A Describe	ın Schedule O t	he process, if any	, used by the or	rganizatio	on to review	this Form 990) See	Schedule O			
12	a Does the	organization ha	ve a written confli	ct of interest po	olicy? If	'No,' go to lir	e 13			12a		<u>X</u>
	b Are office to conflic		trustees, and key	employees requ	ured to c	disclose annu	ially interests	that cou	ld give rise	12b		
•		organization reg O how this is d	gularly and consist <i>one</i>	tently monitor a	ind enfor	rce complian	ce with the po	olicy? If	'Yes,' describe in	12c		
13	Does the	organization ha	ve a written whistl	eblower policy?	•					13		X
14	Does the	organization ha	ve a written docur	nent retention a	and destr	ruction policy	?			14		X
15	Did the p	rocess for deteri comparability da	mining compensat ata, and contempo	ion of the follow	wing pers	sons include of the delibe	a review and ration and de	approva	by independent			
i			Executive Director							15a		Х
1	b Other off	icers of key emp	loyees of the orga	ınızatıon						15b		X
	If 'Yes' to	line 15a or 15b	, describe the pro	cess in Schedul	le O (Se	ee instruction	s)					
16		rganization inve	st in, contribute as	ssets to, or part	ticipate ii	n a joint vent	ure or similar	arrange	ment with a taxable	16a		X
J	in joint v	enture arrängem							uate its participation anization's exempt	16b		
Sec		Disclosures				-				1		
			a copy of this Foi	m 990 is requir	red to be	filed No	ne					
18	Section 6	5104 requires an Indicate how	organization to m	ake its Forms 1 vailable Check	1023 (or all that a	1024 if application	cable), 990, a	nd 990-	(501(c)(3)s only)	avaılab	le for p	public
	Own	website	Another's we	ebsite	X Up	on request						
	statemer	its available to th	ne public						onflict of interest po			ncıal
			address, and tele 1 <u>SANTA MON</u>	•	-	•			d records of the org 2430 310-395			

Form 990 (2009)

BAA

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

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

- 1 a Complete this table for all persons required to be listed 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

Check this box if the organization did no		sate a	ny c			officer,	dire			
(A)	(B)	_		•	:)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee		Mey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GRACE KAE										
SECRETARY	7							0.	0.	0.
JOHN CHANG PRESIDENT	7							0.	0.	0.
WARREN_CHANGTREASURER/V.P.	7							9,000.	0.	0.
REV. KWANG JIM KIM DIRECTOR	0							0.	0.	0.
ALICE LEE DIRECTOR	0							0.	0.	0.
EUNICE PARK DIRECTOR	7							9,000.	0.	0.
ERIC KOON DIRECTOR	0							0.	0.	0.
	•									•
									_	
							_			
							_			

TEEA0107L 11/10/09

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)

(B)

(C)

Compensation

(C)

Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0

Pa	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
TS, GRANTS AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above				
CONT	g Noncash contribns included in lns 1a-1f. \$				
	Business Code				
PROGRAM SERVICE REVENUE	b				
ERVIC	d			-	
AM SI	de				
OGR/	f All other program service revenue				
	g Totali Flud lilles Za Zi	<u> </u>			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	146,960.			146,960.
	5 Royalties	•			
	(i) Real (ii) Personal 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 (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss)				
H	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18				
THE	b Less direct expenses b	_			
	t Net income of (loss) from fundraising events	•			
!	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b	_			
	•	· · ·			
	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>			
	11 a	┥			<u>.</u>
	b				
	c				
	d All other revenue	-		 	
	e Total. Add lilles Tra-Tru	146,960.	0.	0.	146,960.
			<u> </u>	·	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do l	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	128,800.	128,800.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	16,094.	0.	16,094.	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)				
ä	Management				
ı	Legal				
•	: Accounting				
(I Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
Ģ	Other	150.		150.	····
12	Advertising and promotion				
13	Office expenses	254.		254.	
14	Information technology				
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				
23 24	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).				
	IRS	3,046.		3,046.	
	TRADE JOURNALS	3,000.		3,000.	
	ACCOUNTING FEES	1,250.		1,250.	
	EDD	731.		731.	
	DEPT OF JUSTICE	75.		75.	
1	All other expenses	60.	<u> </u>	60.	
_25	Total functional expenses. Add lines i through 24f	153,460.	128,800.	24,660.	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				
BAA		<u> </u>			Form 990 (2009)

Part	X Balance Sheet				
			(A) Beginning of year		(B) End of year
$\neg \Gamma$	1 Cash – non-interest-bearing			1	
	2 Savings and temporary cash investments.		2,897,272.	2	3,238,335.
;	Pledges and grants receivable, net		, , , , , , , , , , , , , , , , , , , ,	3	
4	4 Accounts receivable, net			4	
!	Receivables from current and former officers, direct and highest compensated employees. Complete Par	ors, trustees, key employees, rt II of Schedule L		5	
(6 Receivables from other disqualified persons (as defi	ned under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Cor	mplete Part II of Schedule L		6	
A S S S S S S S S S S S S S S S S S S S	7 Notes and loans receivable, net.			7	
Ē 1	8 Inventories for sale or use			8	
s 9	9 Prepaid expenses and deferred charges			9	
10	Da Land, buildings, and equipment cost or other basis.	. 10a			
	Complete Part VI of Schedule D				
	b Less ¹ accumulated depreciation	10Ь		10 c	
11	Investments — publicly-traded securities.		5,849,095.	11	5,501,532.
12	2 Investments – other securities See Part IV, line 11			12	
13	3 Investments – program-related. See Part IV, line 1	1		13	
14				14	
1!	5 Other assets See Part IV, line 11			15	
10	6 Total assets Add lines 1 through 15 (must equal lin	ie 34)	8,746,367.	16	8,739,867.
17	7 Accounts payable and accrued expenses			17	
18	13			18	···
. 19	9 Deferred revenue			19	
្នំ 20	Tax-exempt bond liabilities			20	
B 2				21	
22 	Payables to current and former officers, directors, tr highest compensated employees, and disqualified p	ustees, key employees, ersons Complete Part II			
1	of Schedule L			22	
S 2	3 Secured mortgages and notes payable to unrelated	third parties		23	
24	4 Unsecured notes and loans payable to unrelated this	rd parties		24	
2!				25	
20			0.	26	0.
P F	Organizations that follow SFAS 117, check here ▶	X and complete lines			
Ĭ .	27 through 29 and lines 33 and 34.			_	
§ 27			8,746,367.	27	8,739,867.
. I	Temporarily restricted net assets			28	
				29	
R	Organizations that do not follow SFAS 117, check I	nere ►			
F 30	lines 30 through 34.			 	
_	,			30	
B 3	, ,,			31	-
32 N 32	3-,,,	e, or other funds		32	
BALANCES 3			8,746,367.	33	8,739,867.
S 34	Total liabilities and net assets/fund balances		8,746,367.	34	8,739,867.

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orm 990 (2009) Y. S. Mae Foundation	95-4309736	Pa	age 12
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		<u> </u>	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	3	X
b Were the organization's financial statements audited by an independent accountant?	21)	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversifiereriew, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		į
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both.	ere 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 forth Audit Act and OMB Circular A-133?	in the Single	3	Х

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

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SCHEDULE I (Form 990)

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

OMB No 1545-0047

° N

Open to Public Inspection 2009

> Department of the Treasury Internal Revenue Service Name of the organization

Parti

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

Employer identification number 95-4309736 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? General Information on Grants and Assistance Mae Foundation

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 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

rait iv alid Schedule 1-1 (1011) 390) il adultorial space is lieeded	r 0111 930) 11 auu	Iloliai space is	nenen				,
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
KAMNAM UMC 1650 KALAKAUA AVE HONOLULU, HI 96826	99-0354966		25,800.	0			MEMBERSHIP
UNITED METHODIST FOUNDATION 110 S EUCLID AVE PASADENA, CA 91101	95-1644636		. 62, 000.	.0			GENERAL EVANGELISM
	3) and government or	ganizations					
3 Enter total number of other organizations	ions					•	0

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 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, line '22. Use Part IV and Schedule I-1 (Form 990) if 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. 95-4309736 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients S. Mae Foundation (a) Type of grant or assistance χ. Schedule I (Form 990) 2009 Part III

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization	Employer identification number
Y. S. Mae Foundation	95-4309736
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
	·
	
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Schedule O (Form 990) 2009	Page 2
Name of the organization Y. S. Mae Foundation	Employer identification number 95-4309736
1. S. Mae Foundation	93-4309730
	