

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



· CISK23GQY3

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the orga	nization		Employer Identification number
SMH CHARI	TABLE FOUN	DATION	27-4254030
Organization ty			
Filers of:	Sec	tion:	
Form 990 or 990	-EZ 🗇	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
		527 political organization	
Form 990-PF	図	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private found	ation
		501(c)(3) taxable private foundation	
Note. Only a sec instructions.		ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See
General Rule			
		Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 ontributor. Complete Parts I and II.	00 or more (in money or
Special Rules			
sections	509(a)(1) and 17	panization filing Form 990 or 990-EZ that met the 33½ % support D(b)(1)(A)(vi), and received from any one contributor, during the ye) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 9	ar, a contribution of the
the year	, aggregate contri	, or (10) organization filing Form 990 or 990-EZ that received from butions of more than \$1,000 for use <i>exclusively</i> for religious, charithe prevention of cruelty to children or animals. Complete Parts I, I	itable, scientific, literary, or
the year aggrega year for applies	, contributions for te to more than \$ an <i>exclusively</i> related to this organization	or (10) organization filing Form 990 or 990-EZ that received from use exclusively for religious, charitable, etc., purposes, but these 1,000. If this box is checked, enter here the total contributions the Igious, charitable, etc., purpose. Do not complete any of the parts in because it received nonexclusively religious, charitable, etc., contributions is received nonexclusively religious, charitable, etc., contributions is received.	e contributions did not at were received during the s unless the General Rule ontributions of \$5,000 or more
990-EZ, or 990-P	F), but it must an	ot covered by the General Rule and/or the Special Rules does not swer "No" on Part IV, line 2 of its Form 990, or check the box on that it does not meet the filing requirements of Schedule B (Form	line H of its Form 990-EZ, or on

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Śchedule B	(Farm 990)	980-F7 (or 990-PF1	/2010\
SCHEUUR D	(FOIN 330,	990-CZ, 4	J 930-F1)	(2010)

Name	of organization	
SMH	CHARITABLE	FOUNDATION

Page 1 of 1 of Part I
Employer identification number 27-4254030

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.1	SHIH-MING HWANG 18 SUNRIVER IRVINE, CA 92614	\$ 500,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.2	LAWRENCE HWANG 18 SUNRIVER IRVINE, CA 92614	120 100	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CATHERINE HWANG 18 SUNRIVER IRVINE, CA 92614		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	JAMES C HWANG C/O 18 SUNRIVER IRVINE, CA 92614	\$ 45,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	······································	\$	Person Payroll Noncash Complete Part III there is a noncash contribution?

Name of organization
SMH CHARITABLE FOUNDATION

Employer Identification number 27 - 4254030

Part II Noncash Property (see instructions)

	Troncast Froperty (666 monacachis)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	048-082