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Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

Fo	r ca	ilendar year 2010, or t	tax year begi	inning	, а	nd ending					
G	Ch	eck all that apply:	Initial	return] Initial return of a fo	rmer public char	ity	Final re	etum		
			Amen	ded return	Address change	☐ Nar	ne c	hange			
Na	me d	of foundation					A	mployer identification nu	umber		
Су	rus	Chung Ying Tang Foul	ndation					88-0485	5259		
		r and street (or P O box num		delivered to street ac	idress)	Room/suite	Β٦	Telephone number (see pa	ee page 10 of the instructions)		
89	60 8	Spanish Ridge Avenue						702-734-	34-3700		
_		town, state, and ZIP code					C If	exemption application is po	ending, check here		
La	s Ve	egas			NV	89148		. Foreign organizations, ch			
		eck type of organizatio	n: X Section	on 501(c)(3) exe	empt private foundati	on		. Foreign organizations me	L		
] Se	ection 4947(a)(1) none:	kempt charita	ble trust 🔲 (Other taxable private	foundation		check here and attach co	mputation ►		
T	Fai	ir market value of all as	sets at end	J Accounting	method:	h 💢 Accrual		private foundation status with nder section 507(b)(1)(A), o			
	of	year (from Part II, col. ('c),	│	pecify)			the foundation is in a 60-m			
		9 16) ▶ \$	9,907,339	(Part I, column (d) must be on cash bas	sis)	u	nder section 507(b)(1)(B), o	check here		
Pa	ırt l	•	-		(a) Revenue and	(h) Not in its and	4	(a) Advantad4	(d) Disbursements		
		amounts in columns (b), (c			expenses per	(b) Net investme income	ent	(c) Adjusted net income	for charitable purposes		
دٍ	,	the amounts in column (a)	(see page 11 or	tne instructions))	books				(cash basis only)		
Š	1	Contributions, gifts, grants			563,350						
	2		· ·			4. 335		S 32 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2			
4	3				90,653		<u>,653</u>				
'n	4	Dividends and interest	from securities	5	13,566	13	,566				
5.	၁	a Gross rents					U				
e	_	b Net rental income or (l			0		1- 3 44 34. J				
Revenue	"	a Net gain or (loss) fromb Gross sales price for all as					3 3				
é	7						919				
œ	8						,010	0	78.88 N S 22		
	9	•	•								
	10	a Gross sales less returns a	nd allowances	l o	WATER BAR	San Fi					
		b Less: Cost of goods s	old	0							
		c Gross profit or (loss) (a	attach schedule	e)	0	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
	11	`	•		3,000	3	000	0			
_	12	Total. Add lines 1 thro	ough 11		670,569	111	138	0			
Se	13	Compensation of office	ers, directors, t	rustees, etc	0						
Expenses	14	• •	-					<u> </u>			
De	15		,		ļ <u>.</u>						
Ж	16	a Legal fees (attach sch	•		0		0	-			
Ş	i	b Accounting fees (attacc Other professional fee			0		<u>_</u> 0				
Administrative	17	· · · · · · · · · · · · · · · · · · ·	s (allacii scriet	iule)	<u> </u>		0	0			
St	18	Carter Control	ee pade) 4 of the	ลีกริเกม์ติเด็กลิ)	4,134	4	134	0	4,134		
Ξ	19	,		oplotion	0		0				
튵	20	Occupancy)								
	21	Travel, conferences	nd meetings 1	.S 2.011 S							
and	22										
0	23				69		69	0	69		
Ë	24	• •		expenses.							
perating		Add lines 13 through 2			4,203		203	0	4,203		
Ö			-		455,700			*	455,700		
_	26			ines 24 and 25	459,903	W 22 WA	<u>203</u>	0	459,903		
	27			_	240.600		**				
		a Excess of revenue over e	-		210,666		<u>{</u>				
		b Net investment income		•		106,	930		* * * * * * * * * * * * * * * * * * *		
	l _	C Adjusted net income	(ii negative, er	iter-U-)	· · · · · · · · · · · · · · · · · · ·	- 3		0,			

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2010)

SCANNED NOV 3 0 2011

Dэ	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
Г а 		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable 0			
		Less: allowance for doubtful accounts	0	0	C
	4	Pledges receivable ▶ 0			
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable	· · · · · · · · · · · · · · · · · · ·		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the		•	
	_ ا	instructions)	0	0	
	7	Other notes and loans receivable (attach schedule)			
Assets	١.	Less allowance for doubtful accounts	0	0	0
SS	8	Inventories for sale or use		.	
ď	9	Prepaid expenses and deferred charges			
		a Investments—U S and state government obligations (attach schedule)	0	0 222 252	
	l	b Investments—corporate stock (attach schedule)	9,683,691	9,893,056	
		c investments—corporate bonds (attach schedule)	42,164	14,283	14,283
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe	U	0	0
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	9,725,855	0.007.330	0.007.330
	47		9,720,000	9,907,339	9,907,339
	17 18	Accounts payable and accrued expenses			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	, , ,
ᅙ	21	Mortgages and other notes payable (attach schedule)	0	0	
Ë	22		0		
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0		
		· · · · · · · · · · · · · · · · · · ·		<u></u>	
w		Foundations that follow SFAS 117, check here			3.4
nces	24	and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
찙	25 26	Temporarily restricted			
Net Assets or Fund Bala	20	Permanently restricted			1,
5		and complete lines 27 through 31.			
Ē	27	Capital stock, trust principal, or current funds	İ	0	* * * * * * *
0	28	Paid-in or capital surplus, or land, bldg, and equipment fund		Ŭ	• • • • •
ě	29	Retained earnings, accumulated income, endowment, or other funds	9,725,855	9,907,339	
150	30	Total net assets or fund balances (see page 17 of the			~
7		instructions)	9,725,855	9,907,339	
ž	31	Total liabilities and net assets/fund balances (see page 17	-,,		
		of the instructions)	9,725,855	9,907,339	,
Pa	t III	Analysis of Changes in Net Assets or Fund Balances			
	_	net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		
		of-year figure reported on pnor year's return)		1	9,725,855
2	Enter	. 2	210,666		
3		increases not included in line 2 (itemize) Increase in FMV		3	0
4				4	9,936,521
5	Decre	eases not included in line 2 (itemize) ► Decrease in FMV		5	29,182
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, co		. 6	9,907,339

88-0485259

Part IV Capital Gains al	nd Losses for Tax on life	sunent n	icome				
	ne kınd(s) of property sold (e g , real esta use, or common stock, 200 shs MLC Co		i	How acquired —Purchase D—Donation	٠,	ate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a Geleral Motors Company			Р	D DONALO!		11/18/2010	11/18/2010
b	·						
С							
d							
<u>e</u>			:				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	expense	of sale		(h) Gain ((e) plus (f)	minus (g)
a 63,519 0				59,600	_	·	3,919
b 0	0 0						(
<u>c</u> 0	 						
e 0	0			0			
-	wing gain in column (h) and owned	by the foun	dation or			(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k)	Excess of o	col (ı)		col (k), but not le Losses (fror	ess than -0-) or
a 0	0			0			3,919
b 0	0			0			
c 0	0			0			
d 0	0			0			
e 0	0		5	0			
2 Capital gain net income or	(net capital loss) { If (loss),	lso enter ir enter -0- ın	Part I, I		2		3,919
	or (loss) as defined in section			,			
=	line 8, column (c) (see pages			}			
instructions). If (loss), enter				· · · · /	3		3,919
Part V Qualification Une (For optional use by domestic	der Section 4940(e) for Re						
If section 4940(d)(2) applies, I Was the foundation liable for t If "Yes," the foundation does n	he section 4942 tax on the dis				the ba	se period?]Yes ☐ No
	ount in each column for each				ions be	efore making	any entries.
(a) Base period years	(b) Adjusted qualifying distribution			(c) ncharitable-use as			(d) ution ratio
Calendar year (or tax year beginning	in) , , , , ,		aide of fior			(col (b) div	ided by col (c))
2009		,987		8,963			0.011712
<u>2008</u> 2007	1,855 2,581			10,303 10,576			0.1800 <u>72</u> 0.244063
2006		,484		8,387		1	0.023546
2005		,443		6,770			0.024434
2 Total of line 1, column (d)						2	0.483827
•	or the 5-year base period—div undation has been in existence				- 1	3	0.096765
4 Enter the net value of none	charitable-use assets for 2010	from Part	K, line 5			4	9,292,285
5 Multiply line 4 by line 3 .					-	5	899,168
6 Enter 1% of net investmen	t income (1% of Part I, line 27t	o)			-	6	1,339
7 Add lines 5 and 6						7	900,507
	ns from Part XII, line 4 ter than line 7, check the box in					8 rt using a 1%	459,903
the Part VI instructions on			, u	complete	pu	209 4 170	

Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age 1	18 of th	e ins	tructi	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. ☐					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		- :	2,139	
	here 🕨 🗌 and enter 1% of Part I, line 27b					
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
	of Part I, line 12, col (b).					i
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0	
3	Add lines 1 and 2	3		2	2,139	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	ļ			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			2,139	ļ
6	Credits/Payments:		1			. 3.
	a 2010 estimated tax payments and 2009 overpayment credited to 2010	á		*		· / ^*
	b Exempt foreign organizations—tax withheld at source	***		"2	, ,	
	C Tax paid with application for extension of time to file (Form 8868)	. ^ .				
	d Backup withholding erroneously withheld			* ''	<u> </u>	30.2
7	Total credits and payments. Add lines 6a through 6d	7			1,834	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			205	
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9 10			305	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	11			0	
					0	
	art VII-A Statements Regarding Activities			N. Comp.	V	NI.
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?	• •		<u> 1a</u>		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			ا ا		.,
	instructions for definition)?	• •		1b	. 6.7	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			3-		
	published or distributed by the foundation in connection with the activities.			4.		
	C Did the foundation file Form 1120-POL for this year?	•	•	<u>1c</u>	, , , , , , , , , , , , , , , , , , ,	X
,	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. (2) On foundation managers.				3/2	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			\$ 50	7.5 181	A
	on foundation managers.			2		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	IMP.	LEEE Y
_	If "Yes," attach a detailed description of the activities.		•	-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			9.5	3 · 3	
-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_	3	*-2'3	X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.			(778). 3.3		74
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		,	25,		• 1
	By language in the governing instrument, or			,	Ŧ,X	<u> </u>
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
	that conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), ar	nd Pai	rt XV	7	Х	
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the		İ	寒溪		
	ınstructions) ► NV			· 🍕	4.0	Ţ
- 1	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					_3
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .			8b	<u> X</u>	~ -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)	>			ļ	
	If "Yes," complete Part XIV		.	9	\rightarrow	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	their names and addresses			10	Х	

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? . . .

4b

Da	.⊶ \/II	Ctotomonto Dogordina Activiti	on for Which Ears	4720 May Do D	amiliand (continued	١			
		-B Statements Regarding Activiti		n 4/20 Way be K	equirea (continuea			тт	
ъa	•	g the year did the foundation pay or incur any			П.,	го	.	1	
	٠,	Carry on propaganda, or otherwise attempt t	-	. ,,	. L	X N	0		
		Influence the outcome of any specific public	•	955), or to carry					
		on, directly or indirectly, any voter registratio	n drive?		· · L Yes	Ľ∐ N	0	1 1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						ю	1	
	(4)	Provide a grant to an organization other than	a chantable, etc , orga	anization described					
	In section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)					ю			
	٠,	, .	e for any purpose other than religious, charitable, scientific, literary, or tional purposes, or for the prevention of cruelty to children or animals? Yes X No.						
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in						·		-
~	•	ations section 53.4945 or in a current notice		•			5b	N/A	
	_	nizations relying on a current notice regarding		· · · · ·	• • • • • • • • • • • • • • • • • • • •	· 🗀 .	1.3.	** 3	
_	-	answer is "Yes" to question 5a(4), does the f				ш			, ,
ŭ		ecause it maintained expenditure responsibility			Tyes	□ N			9 [
		s," attach the statement required by Regulati			1es	ш.	"		-
62		e foundation, during the year, receive any fu		• •			₹		
va		ums on a personal benefit contract?	nas, anectly of manect	y, to pay	□ v _{aa}	XN	_		Å ĝe E ka
_	•	•			· · Yes	\(\triangle\)			×
D		e foundation, during the year, pay premiums s" to 6b, file Form 8870.	, airectly or indirectly, t	n a personal benefit	contract? .	• •	6b	. # Y	X
- -		·		la de la la companya de la companya de la companya de la companya de la companya de la companya de la companya	· □,	□. .			
		y time during the tax year, was the foundation				X N			· .
		s," did the foundation receive any proceeds of	<u>`</u> _			-	7b		
<u> </u>	art V	•	Directors, Trusto	es, Foundation	Managers, Highly	Paid E	Employ	ees,	
		and Contractors							
1	List	all officers, directors, trustees, found		, <u>.</u>	· · · · · · · · · · · · · · · · · · ·	the ins	truction	1S).	
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensat		(e) Expen other al	se accou lowances	
Cyr	us Ta	20	D						
896		ny	President/Director						
Ste	30 Spa	ng nish Ridge Ave. Las Vegas NV 89148	1.00	0		0			(
	80 Spa Ila Lia	nish Ridge Ave. Las Vegas NV 89148		0					
	lla Lia	nish Ridge Ave. Las Vegas NV 89148	1.00	0				· · · ·	(
896	lla Lia	nish Ridge Ave. Las Vegas NV 89148 ng nnish Ridge Ave. Las Vegas NV 89148	1.00 Treasurer/Director			0			(
896 Mic	lla Lia 30 Spa hael 1	nish Ridge Ave. Las Vegas NV 89148 ng nnish Ridge Ave. Las Vegas NV 89148	1.00 Treasurer/Director 2.00			0			(
896 Mic 196	lla Lia 60 Spa hael 1 65 Pra	nish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 ang	1.00 Treasurer/Director 2.00 VP/Director	0		0			
896 Mic 196 Vyt	lla Lia 60 Spa hael 1 65 Pra as An	nish Ridge Ave. Las Vegas NV 89148 ng nnish Ridge Ave. Las Vegas NV 89148 ang tt Blvd. Elk Grove Village IL 60007	1.00 Treasurer/Director 2.00 VP/Director 2.00	0		0			(
896 Mic 196 Vyt 196	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra	nnish Ridge Ave. Las Vegas NV 89148 ng nnish Ridge Ave. Las Vegas NV 89148 ang tt Blvd. Elk Grove Village IL 60007 nbutas	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00	0 0		0 0	nstructio	ons).	(
896 Mic 196 Vyt 196	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com	nnish Ridge Ave. Las Vegas NV 89148 ng nnish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 nbutas tt Blvd. Elk Grove Village IL 60007	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00	0 0		0 0	nstructio	ons).	(
896 Mic 196 Vyt 196	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com	nish Ridge Ave. Las Vegas NV 89148 ng nnish Ridge Ave. Las Vegas NV 89148 ang tt Blvd. Elk Grove Village IL 60007 bbutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid emplo	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 ose included on li	ne 1—see page 23 o	0 0 0 0 f the in			(
896 Mic 196 Vyt 196 2	lla Lia 50 Spa hael 1 65 Pra as Am 65 Pra Com If no	nish Ridge Ave. Las Vegas NV 89148 ng nnish Ridge Ave. Las Vegas NV 89148 ang tt Blvd. Elk Grove Village IL 60007 bbutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid emplo	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 ose included on li	ne 1—see page 23 o	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 50 Spa hael 1 65 Pra as Am 65 Pra Com If no	nish Ridge Ave. Las Vegas NV 89148 ng nish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 nbutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:		
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 50 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	
896 Mic 196 Vyt 196 2	lla Lia 60 Spa hael 1 65 Pra as Am 65 Pra Com If no	anish Ridge Ave. Las Vegas NV 89148 ng anish Ridge Ave. Las Vegas NV 89148 Tang tt Blvd. Elk Grove Village IL 60007 abutas tt Blvd. Elk Grove Village IL 60007 pensation of five highest-paid employne, enter "NONE."	1.00 Treasurer/Director 2.00 VP/Director 2.00 Secretary 2.00 yees (other than the	0 0 0 ose included on li	ne 1—see page 23 o (d) Contributions to employee benefit plans and deferre	0 0 0 0 of the in	(e) Expen:	se accou	

	3-0485259 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I	Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	0
	_
	0
	0
	0
	0
	0
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as	
the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 PUBLIC CHARITY - FOUNDATION DONATED FUNDS TO NORTHSHORE UNIVERSITY HEALTH SYSTEM	
	250,000
2 EDUCATION INSTITUTE - FOUNDATION DONATED FUNDS TO STANFORD UNIVERSITY	
	108,200
3 EDUCATION INSTITUTE - FOUNDATION DONATED FUNDS TO COLLEGE OF WILLIAM AND MARY	
	45.000
4 DUBLIC CHARITY FOUNDATION DONATED FUNDS TO COMMITTEE OF 400	45,000
4 PUBLIC CHARITY - FOUNDATION DONATED FUNDS TO COMMITTEE OF 100	
	30,000
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	30,000
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions	
3	
	0
Total. Add lines 1 through 3	0

qualifies for the section 4940(e) reduction of tax in those years.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
-	purposes		
а	Average monthly fair market value of secunties	1a	9,433,792
b	Average of monthly cash balances	1b	0,100,102
c	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	9,433,792
e	Reduction claimed for blockage or other factors reported on lines 1a and		0,400,702
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	9,433,792
4	Cash deemed held for chantable activities. Enter 1½ % of line 3 (for greater amount, see page 25		9,400,792
•	of the instructions)	4	141,507
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	9,292,285
6	Minimum investment return. Enter 5% of line 5	6	464,614
Par			404,014
ı aı	foundations and certain foreign organizations check here and do not complete this part.)	peraung	
1	Minimum investment return from Part X, line 6	1	464,614
' 2а			404,014
b		3	
C	Income tax for 2010 (This does not include the tax from Part VI.)		2,139
3	Distributable amount before adjustments. Subtract line 2c from line 1	2c 3	
4		4	462,475
5	Recoveries of amounts treated as qualifying distributions	5	462,475
6	Add lines 3 and 4	6	402,475
7	Deduction from distributable amount (see page 25 of the instructions)	• -	
′	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	460 475
			462,475
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	. (3)	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	459,903
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the	J	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	459,903
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	459,903
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun	dation	

Pa	Undistributed Income (see page 26 of	the instructions)	· · · · · · · · · · · · · · · · · · ·		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
•		ļ			462,47
2	Undistributed income, if any, as of the end of 2010			ļ	
	Enter amount for 2009 only		-	0	
	Total for prior years: 20, 20		0		
3	Excess distributions carryover, if any, to 2010.				
	From 2005	4			
	From 2006				
	From 2007	1			
1	1 From 2008 . 1,347,313	4			
,	From 2009	0040 770	1		
•	Total of lines 3a through e	3,219,778	*		
4	Qualifying distributions for 2010 from Part			*	,
	XII, line 4: \$ 459,903				
	Applied to 2009, but not more than line 2a	<u>・ 新 </u>	· ** 30** & **	<u>U</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Applied to undistributed income of prior years		١ ,		
	(Election required—see page 26 of the instructions)	NS 80 67 60 1. 2	- U		
	Treated as distributions out of corpus (Election	0			
	required—see page 26 of the instructions) d Applied to 2010 distributable amount				<u> </u>
	Remaining amount distributed out of corpus	459,903	A.S.		·- »
5	Excess distributions carryover applied to 2010	462,475	T		462,47
9	(If an amount appears in column (d), the	402,470			402,470
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
-	indicated below:				
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	3,217,206			
	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
	Enter the amount of prior years' undistributed	48 %			
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			3 -4	
	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions		0	, %" \; *3**	•
	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the				
	instructions			0	
	Undistributed income for 2010 Subtract			· ***	
	lines 4d and 5 from line 1 This amount must			,	
	be distributed in 2011	V 4. 8. 3.	3.8 7×		(
7	Amounts treated as distributions out of		Ý		
	corpus to satisfy requirements imposed by				¥,
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)		`	*	**
8	Excess distributions carryover from 2005		\$ %		
	not applied on line 5 or line 7 (see page 27 of the				
	instructions)	0			
9	Excess distributions carryover to 2011.			:	
	Subtract lines 7 and 8 from line 6a .	3,217,206			
10	Analysis of line 9	:			
	Excess from 2006	1			
	Excess from 2007				
1	Excess from 2008	· ·			
	1 Excess from 2009	-			
	Excess from 2010 459 903	1	ł		

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
 a Paid during the year NorthShore University Health System 1033 University Place, Suite 450 		Non profit	Public charity	250,000
Evanston IL 60201 Cultures of China 846 S. Morgan St.		Non profit	Public charity	10,000
Chicago IL 60607 University of Chicago 5841 S. Maryland Ave. MC 4028		Non profit	Education institute	12,500
Chicago IL 60637 College of William and Mary 116 Jamestown Road		Non profit	Education institute	45,000
Williamburg VA 23185 Committe of 100 677 Fifth Ave. 5th Floor		Non profit	Public charity	30,000
New York NY 10022 Standford University 450 Serra Mall		Non profit	Education institute	108,200
Standford CA 94305				
b Approved for future payment	 	<u>.</u> .	▶ 3 a	455,700
2 Proprovod for factors paymone			,	
Total			▶ 3b	0

Excluded by section 512, 513, or 514

Part XVI-A		

Ente	nter gross amounts unless otherwise indicated.	Unrelated but	siness income	Excluded by section	(e)		
1	Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
	аŬ			0		0	0
	b			0		0	0
	c			0		0	0
	d d			0	-	0	0
	_			0		0	0
	f			0		0	0
	, , ,	and analysis from anyone and anomalo				0	<u> </u>
	_	and contracts from government agencies					
		ship dues and assessments	<u> </u>			00.050	
		on savings and temporary cash investments			14	90,653	
		s and interest from securities	* %	- 02 48,448,466, (7	14	13,566	
		al income or (loss) from real estate:	ant to	3.00.00		2.3	
	a Debt	-financed property					
		lebt-financed property				······	
		al income or (loss) from personal property			18		
7	Other in	vestment income					
8	Gaın or (loss) from sales of assets other than inventory				0	
9	Net inco	me or (loss) from special events					
10	Gross pr	ofit or (loss) from sales of inventory .					
	-	venue a Other income from Goldman Sac		0	14	3,000	0
	_			0		0	0
				0		0	0
	d			0		0	0
	е			0		0	0
		Add columns (b), (d), and (e)	* 1.5x 7 \$ 1.2x1			107,219	
		dd line 12, columns (b), (d), and (e)		<u> </u>		13	107,219
		eet in line 13 instructions on page 29 to verify calcu	lations)		•		107,210
		Relationship of Activities to the Acc		of Exempt Pi	ITDOSES		
	e No.	Explain below how each activity for which income		-		nportantly to	
	▼	the accomplishment of the foundation's exempt p					
		page 29 of the instructions.)				/- (
						•	
						· · ·	
					-		
							
							
							
							
			_				 -
	-						
				······································		· · ·	
	-+						
	-+				-		
			_			·	
					····		
					_	-	
	-+						
		· · · · · · · · · · · · · · · · · · ·	_				000 PE (0010)

Unrelated business income

Form	990-PF	(2010) Cyrus Ch	ung Ying Tang	Foundation			88-048	5259	Pag	e 1
Par	t XVII				sactions ar	nd Rel	ationships With Nonchari	table		
		Exempt Organ	izations				•			
1	Did the	e organization direct	ly or indirectly e	engage in any of the f	ollowing with	any oth	ner organization described		Yes	No
	ın sect	tion 501(c) of the Co	de (other than	section 501(c)(3) orga	anizations) or	ın sect	ion 527, relating to political	1		
	organi	zations?								İ
а	Transf	fers from the reportu	ng foundation to	a noncharitable exe	mot organizat	ion of		1		İ
_	(1) Ca							1a(1)		Х
		ther assets						1a(2)		X
		transactions								
	(1) Sa	ales of assets to a ne	oncharitable exe	empt organization				1b(1)		Х
	(2) Pu	urchases of assets f	rom a noncharit	able exempt organiza	ation			1b(2)		X
	(3) Re	ental of facilities, eqi	upment, or othe	er assets				1b(3)		Х
	(4) Re	eimbursement arran	gements					1b(4)		Х
	(5) Lo	ans or loan guarant	ees		•			1b(5)		Х
				hip or fundraising soli				1b(6)		X
C	Sharın	ng of facilities, equip	ment, mailing lis	sts, other assets, or p	aid employee	s		1c	Х	
d	value (of the goods, other a	assets, or service	es given by the repo	rting foundation	on If th	n (b) should always show the e foundation received less tha ne goods, other assets, or serv	n fair ma	arket	i
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exempt or	ganization	(d) Des	cription of transfers, transactions, and	sharing ar	rangem	ents
	1c	6,0	00 TANG INDU	STRIES, INC			DES FREE OFFICE			
		<u> </u>	0			SPACE	, ACCOUNTING & TAX SER	/ICES_		
			0	· · · · · ·						
			0							
			0							
			_0							
			_0							
			0							
			0							
			0							
			0							
			0		 +					
		 	0							
			ol .							
			0							
2a	Is the	foundation directly of		ated with, or related t	to, one or mor	e tax-e	xempt organizations			
	descri		c) of the Code (d	other than section 50				Yes 🗌	No	
		(a) Name of organiza	tion	(b) Type of	organization		(c) Description of relat	ionship		
CY	RUS T	ANG FOUNDATION		NON PROFIT			COMMOM COVERNING BOD	DIES & (OFFI	Œ
TAI	NG FO	UNDATION FOR TH	HE RESERACH	NON PROFIT			COMMOM GOVERNING BOD	DIES &	OFFI	CE
<u>OF</u>	TRAD	ITIONAL CHINESE	MEDICINE							
Sig	gn be				axpayer or fiducia	ry) is bas	les and statements, and to the best of ned on all information of which preparer			
He	"	Signature of officer or tru	istee		Date	<u> </u>	SECRETARY Title			_
	4 1	Communication of Officer Of the			Jak	-	· Iu ·			

Preparer's signature

Date

Signature of officer or trustee

Firm's name

Firm's address

Paid

Preparer

Use Only

Print/Type preparer's name

PTIN

Check III if self-employed

Firm's EIN

Phone no

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 organization		Employer identification number
Cyrus Chung Ying Tang Four	ndation	88-0485259
Organization type (check on		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion
	501(c)(3) taxable private foundation	
• •	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule at	nd a Special Rule. See
General Rule		
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), and received from any one contributor, during the yea % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, lii	ar, a contribution of the greater
the year, aggregate of	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use <i>exclusively</i> for religious, charits, or the prevention of cruelty to children or animals. Complete Parts I, II,	able, scientific, literary, or
the year, contribution aggregate to more the year for an exclusive applies to this organization.	7), (8), or (10) organization filing Form 990 or 990-EZ that received from s for use exclusively for religious, charitable, etc., purposes, but these can \$1,000. If this box is checked, enter here the total contributions that way religious, charitable, etc., purpose. Do not complete any of the parts us traction because it received nonexclusively religious, charitable, etc., contributions.	ontributions did not vere received during the nless the General Rule ributions of \$5,000 or more
Caution. An organization tha	t is not covered by the General Rule and/or the Special Rules does not f	ile Schedule B (Form 990.

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

chedule B (F	Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Parti
<u>-</u>	ganization		Employer identification number
yrus Chu	ng Ying Tang Foundation		88-0485259
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Tang Industries Inc. 8960 Spanish Ridge AVe. Las Vegas NV 89012 Foreign State or Province: Foreign Country:	\$ 497,573	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	Taber Extrusion 1965 Pratt Blvd. Elk Grove Village IL 60007 Foreign State or Province: Foreign Country	\$ 25,800	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	National Material LP 1965 Pratt Blvd. Elk Grove Village IL 60007 Foreign State or Province Foreign Country	\$ 31,227	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	National Kwikmetal Service LP 560 Santa Rosa Drive Des Plaines IL 60018 Foreign State or Province: Foreign Country:	\$ 8,750	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province. Foreign Country:	\$o	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
6			Person Payroll

Foreign State or Province:

Foreign Country:

Noncash

(Complete Part II if there is a noncash contribution)

Cyrus Chu	ing Ying Tang Foundation		88-0485259
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$.0
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$.0
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$.0
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$.0
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	0
— (a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

For. Prov.

Country

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)			Page 1 of 1 of Part						
Name of org	_			Employer identification number						
	ng Ying Tang Foundation			88-0485259						
Part III	Exclusively religious, charitable, etc., aggregating more than \$1,000 for the year organizations completing Part III, enterest contributions of \$1,000 or less for the year.	/ear. Complete er the total of e	e columns (a) through (e exclusively religious, ch	and the following line entry. aritable, etc.,						
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held						
	Transferee's name, address, and		ransfer of gift Relationsl	nip of transferor to transferee						
	For. Prov Country									
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
(a) No. from Part I										
from	For Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	,	(e) T	ransfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee						
	For. Prov. Country									
(a) No. from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held						
		(e) T	ransfer of gift							
	Transferee's name, address, and		-	ip of transferor to transferee						

Line 11 (990-PF) - Other Income

Revenue Revenue Adjusted 1 Goldman Sachs interest Description Net Investment per Books Net Income Net Income 2 Constellation Energy - PTP 3,000 0 4 Eagle Rock Energy - PTP 0 0 5 Energy Transfer - PTP 0 0 6 Holly Energy - PTP 0 0 7 Linn Energy - PTP 0 0 8 Linn Energy - PTP 0 0 9 0 0 10 0 10 0 10 0 10 0 11 0			3,000	3,000	0
Goldman Sachs interest 3,000 Constellation Energy - PTP DCP Midstream - PTP Eagle Rock Energy - PTP Energy Transfer - PTP Holly Energy - PTP Linn Energy - PTP Linn Energy - PTP		Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
	1	Goldman Sachs interest	3,000	3,000	
	2	Constellation Energy - PTP		0	
	3	DCP Midstream - PTP		0	
	4	Eagle Rock Energy - PTP		0	
	2	Energy Transfer - PTP		0	
	9	Holly Energy - PTP	-	0	
	7	Linn Energy - PTP		0	
9 0 0 10 0	8	Linn Energy - PTP		0	
10 0	6			0	
	10			0	

Line 18 (990-PF) - Taxes

		4,134	4,134	0	4,134
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income				
က	Income tax	2,200	2,200		2,200
7	Foreign tax withheld on dividends	1,934	1,934		1,934
9					
9					
7					
8					
6					
10					

Line 23 (990-PF) - Other Expenses

Amortization. See attached statement Revenue and Expenses Net Investment Polisher Income Income Income Income Income Purposes Disbursements for Charitable Income Income Income Income Income Income Income Purposes Adjusted Net For Charitable Income Income Income Income Income Purposes Purposes 444			69	69	0	
Description Expenses Net Investment Adjusted Net Income Incom			Revenue and			Disbur
Description per Books Income Income Amortization. See attached statement 0 0 0 Bank Fees 44 44 44 FILING & REGISTRATION FEES 25 25 ADMINISTRATION FEES 25 25 DUES & SUBSCRIPTIONS 25 25 SUPPLIES EXPENSE 3 3			Expenses	Net Investment	Adjusted Net	for Chari
Amortization. See attached statement 0 Bank Fees 44 FILING & REGISTRATION FEES 25 ADMINISTRATION FEES DUES & SUBSCRIPTIONS SUPPLIES EXPENSE		Description	per Books	Income	Income	Purpose
Bank Fees	1	Amortization. See attached statement	0	0	0	
ADMINISTRATION FEES ADMINISTRATION FEES DUES & SUBSCRIPTIONS SUPPLIES EXPENSE	7	Bank Fees	44			
	က	FILING & REGISTRATION FEES	25			
	4	ADMINISTRATION FEES				
		DUES & SUBSCRIPTIONS				
8 9 01		SUPPLIES EXPENSE				
9 10	7	,				
9 10	æ					
10	6					
	10					

Part II, Line 10b (990-PF) - Investments - Corporate Stock

-	-		1 PI	2 UI	3	4	2	9	7	8	6	10	11	12	13	14	15	16	
		Description	PUBLICLY TRADED STOCK	JNREALIZED GAIN/LOSS IN INVESTMENT						,									
	Num. Shares/	Face Value																	
9,683,691	Book Value	Beg. of Year	9,683,691																
9,893,056	Book Value	End of Year	9,893,056																
	FM<	Beg	9,683,691																
9,893,056	FM<	End of Year	9,893,056																

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		Description	BONDS												,				
	Interest	Rate																	
	Maturity	Date																	
42,164	Book Value	Beg. of Year	42,164																
14,283	Book	End of Year	14,283																
42,164	FMV	Beg. of Year	42,164																
14,283	Ē	End of Year																	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

_	
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ï	
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0 0	Explanation Explanation										
0											
0	ation Benefits										
	Compensation	1	2	က	4	2	9	7	8	6	10

Part XVII, Line 1d (990-PF) - Relationships With Noncharitable Exempt Organizations

		Name of	Description of
` Line	Amount	Noncharitable	Transfers, Transactions,
Number	Involved	Exempt Organization	and Sharing Arrangements
1c	6,000	TANG INDUSTRIES, INC.	PROVIDES FREE OFFICE
			SPACE, ACCOUNTING & TAX SERVICES

AFFP DISTRICT COURT Clark County, Nevada

AFFIDAVIT OF PUBLICATION

STATE OF NEVADA) COUNTY OF CLARK)

Stacey M Lewis, being 1st duly sworn, deposes and says: That she is the Legal Clerk for the Las Vegas Review-Journal and the Las Vegas Sun, daily newspapers regularly issued, published and circulated in the City of Las Vegas, County of Clark, State of Nevada, and that the advertisement, a true copy attached for,

TANG INDUSTRIES, INC

7343700TAN

7528241

was continuously published in said Las Vegas Review-Journal and / or Las Vegas Sun in 1 edition(s) of said newspaper issued from 10/24/2011 to 10/24/2011, on the following days:

10/24/2011

PRIVATE FOUNDATION
ANNUAL NOTICE
Pursuant to Section 6104(d) of the
Internal Revenue Code, notice is
hereby given that the annual return
for the calendar year December 31,
2010 of the CYRUS CHUNG YING
TANG FOUNDATION, a private foundation is available at the foundation's principal office for inspection during regular business hours
by any citizen who requests it
within 180 days after the date of this
publication. The foundation's principal office is located at 8960 Spanish Ridge Avenue, Las Vegas, NV
89148. The principal manager of the
foundation is Stella Liang, (702)
734-3700.
PUB: October 24, 2011
LV Review-Journal

SUBSCRIBED AND SWORM BEFORE ME THIS, THE

2011

MARY A. LEE otary Public State of Nevada No. 09-8941-1 My appt. exp. Nov. 13, 2012

Form **8868**

(Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Month Extensi e filing for an Additional (Not Automatic) aplete Part II unless you have already be	3-Month I	Extension, complete only Part II (c	on page 2 of this form).		
a corporatio 8868 to requ Return for T	filing (e-file). You can electronically file Form equired to file Form 990-T), or an addition and extension of time to file any of the transfers Associated With Certain Personals. For more details on the electronic filing of	onal (not a forms liste Il Benefit C	automatic) 3-month extension of time d in Part I or Part II with the exception Contracts, which must be sent to the	e. You can electronicall on of Form 8870, Inform IRS in paper format (se	y file Form nation ee	
Part I	Automatic 3-Month Extension of 1	ime. Onl	y submit original (no copies need	ded)		
Part I only .	n required to file Form 990-T and request	ng an auto	omatic 6-month extension—check th	nis box and complete	▶	
	porations (including 1120-C filers), partne	rships, RE	MICs, and trusts must use Form 700	04 to request an extens	ion of	
time to file in	ncome tax returns.					
Type or	Name of exempt organization			Employer identification number		
print	Cyrus Chung Ying Tang Foundation			8-0485259		
File by the due date for	Number, street, and room or suite no. If a P O	. box, see ir	nstructions			
filing your	8960 Spanish Ridge Avenue					
return See	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions.			
instructions	Las Vegas			NV 89148		
Enter the Re	eturn code for the return that this application	on is for (fil	e a separate application for each re	eturn)	. 04	
Application	า	Return	Application		Return	
Is For		Code	Is For		Code	
Form 990		01	Form 990-T (corporation)		07	
Form 990-E	BL	02	Form 1041-A	08		
Form 990-E		03	Form 4720			
Form 990-F		04	Form 5227	10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990-T (trust other than above)		06	Form 8870	12		
Telephor If the org If this is for the whole list with the I requuntil is for X If the	the organization's return for: calendar year 2010 or tax year beginning tax year entered in line 1 is for less than 1 nange in accounting period	s four digit If it is for p sion is for. corporatio exempt ore 2 months,	Group Exemption Number (GEN) _ eart of the group, check this box In required to file Form 990-T) extension ganization return for the organization , and ending	ox	this is nd attach a tension	
3a If this application is for Form 990-BL, 990-PF, 990-T, 472			, or 6069, enter the tentative tax, les	- I I		
nonrefundable credits. See instructions.		20 0000		3a \$		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, e			•	ا مد ا	4.004	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using					1,834	
	EFTPS (Electronic Federal Tax Payment System). See instructions.					
	you are going to make an electronic fund v				0	
	instructions.					

	,		1	
	nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any			,
	amount paid previously with Form 8868.	8b	\$	1,83
_	Palance due Subtract line 9h from line 9a Include your nayment with this form if required by using			

Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I	declare that I have e	examined this form,	including accompanyin	g schedules and stateme	nts, and to the best of m	y knowledge and belief,
it is true, correct, and compl	ete, and that I am au	thonzed to prepare	this form			

Signature • Ama

Title . CPA, ACEA)T

Date > 4-19-20)

Form 8808 (Rev 1-2011)