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Form **990-EZ**

Short Form 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)

2010

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

Open to Public Inspection

OMB No 1545-1150

A	For the	2010 calend	ar year, or tax year beginning	May 1	, 2010, and endin	<u>g</u> A	pril 30	, 20	11
В	Check if ap	plicable	C Name of organization			D Emplo	yer identificati	on numbe	er
口	Address c	-	MING HUI SCHOOL INC				55-08805	43	
H	Name cha	•	Number and street (or P O box, if mail is not o	lelivered to street address)	Room/suit	e E Teleph	hone number		
Η	Initial retur		PO BOX 683				908-329-0	919	
Ħ	Amended		City or town, state or country, and ZIP + 4		<u> </u>	F Grou	p Exemption		
	Application		SOMERVILLE, NJ 08876			Num	ber ▶		
G	Account	ing Method	✓ Cash	fy) ▶		H Check ▶	if the org	anızatıon	is not
ı	Websit	e:▶ www	.minghuischool.us				to attach Sch		
J 1	Tax-exem	npt status (che	eck only one) - 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 4947	(a)(1) or 527	(Form 99	90, 990-EZ, or	990-PF).	
ĸ	Check ▶	lf the	e organization is not a section 509(a)(3) sup	porting organization and i	ts gross receipts	are normally r	not more than	\$50,000.	
	Form 99	0-EZ or Fom	n 990 return is not required though Form 9	990-N (e-postcard) may be	e required (see ins	structions) B	ut if the organ	zation ch	nooses
	to file a	return, be sui	re to file a complete retum.						
	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gro	oss receipts are \$200,000 o	r more, or if total a	ssets (Part II,			
line	25, colu	umn (B) below	r) are \$500,000 or more, file Form 990 instead	d of Form 990-EZ			► s		71810
E	art I	Revenu	e, Expenses, and Changes in N	et Assets or Fund B	alances (see	the instruc	tions for Pa	rt I.)	
		Check if	the organization used Schedule O	to respond to any que	estion in this Pa	ırtl			. 🔽
_	1		ons, gifts, grants, and similar amounts				1		
	2		ervice revenue including government				2	-	71810
	3	_	up dues and assessments			`	3		
	4	Investment	t income				4		
	5a	Gross amo	ount from sale of assets other than inv	rentory	5a		Code		
A	Ь		or other basis and sales expenses .	•	5b				
	С		ss) from sale of assets other than inve		from line 5a) .		5c		
ر چ	6		nd fundraising events	, (, .		7 703		
	а	Gross inc	ome from gaming (attach Schedu	le G if greater than		!	- L		
Z 9					6a				
<u></u>	Ь	Gross inco	ome from fundraising events (not inclu	ding \$	of contribu	tions	수현실		
~ é			raising events reported on line 1) (att				ide		
<u>.</u>			ch gross income and contributions ex		6b	j,			
	С	Less: direc	t expenses from gaming and fundrais	sing events	6c				
χ ₂	d	Net incom	e or (loss) from gaming and fundrais	sing events (add lines	6a and 6b and	subtract			
<u>ر</u>		line 6c)				[6d		
	7a	Gross sale	es of inventory, less returns and allowa	ances	7a	7.			
	Ь	Less: cost	of goods sold		7b				
	С	Gross prof	fit or (loss) from sales of inventory (Su	btract line 7b from line	7a)		7c		
	8		nue (describe in Schedule O)				8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	and 8		▶	9		71810
	10		d similar amounts paid (list in Schedul	e ())			10		
	11	Benefits pa	aid to or for members	DEC	EIVED_	ļ 	11		
Se	12		ther compensation, and employee be	nefits .	LIVLU	ا إن	12		5138
Expenses	13	Profession	al fees and other payments to indepe	endent coतिहा actors . ्र	3 2 2 2 3 1	χļ[13		14730
ĝ	. 14	Professional fees and other payments to independent conflictors. Occupancy, rent, utilities, and maintenance							24288
Û	15								
	16	Other expe	enses (describe in Schedule O)	1. 000	CNI HT.		16		17893
_	17	Total expe	enses. Add lines 10 through 16	<u> </u>	LIV, UI	أ ح . أبــ	17		62049
Ø	18	Excess or	(deficit) for the year (Subtract line 17	from line 9)			18		9761
Net Assets	19		s or fund balances at beginning of ye		mn (A)) (must a	gree with	J. 1		
AS	1	end-of-yea	ar figure reported on prior year's retur	n)		[19		
<u>e</u>	20	Other char	nges in net assets or fund balances (e	xplain in Schedule O).		[20		
<u>z</u>	21_	Net assets	or fund balances at end of year. Con	nbine lines 18 through	<u> 20</u>	<u>.</u> ▶ Ì	21		
Fo	r Papen	work Reduct	tion Act Notice, see the separate instruc	ctions.	Cat No 10642		Form	990-EZ	(2010)

Pai	Balance Sheets. (see the instruction			D			
	Check if the organization used Schedu	ile O to respond to any que	Stion in this		inning of year		(B) End of year
22	Cash, savings, and investments		-	(A) Deg	16063	22	25824
23	Land and buildings		· · · ·		10003	23	23024
24	Other assets (describe in Schedule O)		· · ·			24	
25	Total assets		· · · }			25	
26						26	
27	Net assets or fund balances (line 27 of colur		1)		16063		25824
Par				Part III			Expenses
	Check if the organization used Schedu						quired for section
Wha	t is the organization's primary exempt purpose?						(c)(3) and 501(c)(4) anizations and section
	nbe what was achieved in carrying out the organizati				er, describe		7(a)(1) trusts; optional
	ervices provided, the number of persons benefited, ar	d other relevant information for	each program	i title.		for o	others.)
28							
	(O = = = = A	······					
00		nt includes foreign grants, ch				28a	62049
29							
	(Grants \$) If this amou	nt includes foreign grants, ch	ook boro		<u> </u>	298	
30						296	1
•••							
	(Grants \$) If this amou	nt includes foreign grants, ch	neck here .		. ▶ □	30a	
31	Other program services (describe in Schedule C					1	
	(Grants \$) If this amou	nt includes foreign grants, ch	neck here .		. ▶ 🗆	318	1
32	Total program service expenses (add lines 28					32	
Par	t IV List of Officers, Directors, Trustees, and F	Key Employees. List each one e	even if not con	npensa	ted. (see the		
	Check if the organization used Schedu						
	(a) Name and address	(b) Title and average hours per week	(c) Compens (If not pa	id,	(d) Contributio employee benefit	plans	(e) Expense & account and
		devoted to position	enter -0	}	deferred comper	nsation	other allowances
	gzhi Sui Hill St., Phillipsbury, NJ 08865	principal, 4hrs					
	- Th		 	0			0 0
	eder Road. Edison. NJ 08817	vice principal, 4hrs		0			o
	Wann		+				0
	Keefe Road, Bridgewater, NJ 08817	trustee, 4hrs		0		1	ه اه
	Huang						-
11 T	en Brock Court, Bridgewater, NJ 08817	trustee, 4hrs		0			o
Tim	Sun						
102/	N Duncan Ave, Jersey City, 07306	trustee, 4hrs		0		1	o o
Jiaji	ng Sun	trustoo Abro					
55B	Mountain Ave, Springfield, NJ 07081	trustee, 4hrs		0			0 0
	ng Liu	trustee, 4hrs					
136	Grange Rd., Otisville, NY 10963	12000, 1110	ļ	0			0 0
							-
	· · · · · · · · · · · · · · · · · · ·		 				-
				<u> </u>			
			 				
			 				
		1					

Check if the organization used Schedule O to respond to any question in this Part V. Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓ ✓ 34 Were any significant changes made to the organization gorgoverning documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the document for the previously in the organization and income from business activities, such as those reported on firm 980-T; explain in Schedule O why the organization dot or report the mome on Form 980-T. 17 Yes," the sit filled a tax return on Form 990-T for this year (see instructions)? 17 Yes, "the sit filled a tax return on Form 990-T for this year (see instructions)? 25a 27a 25b 17 Yes, "complete applicable parts of Schedule N 25a 27a 25b 27a 25b 27a 25b 27b	Part				_
33 Ut the organization engage in any activity not previously reported to the IRS? If "Yes," artisch a conformed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 If the organization have unrelated business activities, such as those reported on fines 2, 8a, and 7a (among others), but not reported on from 990-T, explain in Schedule O why the organization of nom end on from 990-T, explain in Schedule O why the organization of nom end of the organization and explain in Schedule O why the organization of nom end of the organization subject to section 6303(e) notice, reporting, and proxy tax requirements? 55 If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 56 If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 57 D dit the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year overed by this return? 58 D if "Yes," complete Schedule I., Part II and enter the total amount involved 59 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 P section 4915 P section 4916 P section 4		Check if the organization used Schedule O to respond to any question in this Part V	<u>··</u>		
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (See instructions) 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization do not report the income on Form 990-T. 35 Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(A), 501(c)(S), or 501(c)(S) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If If "ves," has if filed at ax return on Form 990-T for this year (see instructions)? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "ves," complete sphelable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37b 37b Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outlishading at the end of the tax year covered by this return? 38a If a section 501(c)(7) organizations. Enter: 38b If Ye and the organization between the total amount involved 38c Section 501(c)(7) organizations. Enter: 38c Institute of the properties of the section 4915 ► 38a Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: section 4955 ► 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 38 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax to niline 40c rembursed by the organization. 48 Loganizations have a section 4912 Fig. 10 Fig.	33		33	res	-
not reported on Form 990-T. explain in Schedule O why the organization during the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 5 Did the organization undergro a lequidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a b Did the organization file Form 1120-POL for this year? b Did the organization flie Form 1120-POL for this year? b Did the organization for or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(3) organizations. Enter the total amount involved 38b Coross receptis, included on line 9 g 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4914 ▶ section 4915 ▶ section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		V
Sol1c(S), or 501(c)(G) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 37b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37b J Sa Did the organization file Form 1120-POL for this year? 38a Did the organization from whom, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 9.39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4911 ▶ section 4915 ▶ section 501(c)(3) organizations. Enter amount of tax imposed on 4958 excess benefit transaction during the year, ord dit engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ If "Feys," complete Schedule L, Part II have a section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 ▶ 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year and resections 4912, 4955, and 4956 ▶ 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year and sections 4912, 4955, and 4956 ▶ 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on prohibited tax shelter transaction? If "Yes," complete Form	35	· · · · · · · · · · · · · · · · · · ·			
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Tenter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Both organization bid promoting the parts of Schedule N Did the organization bid promoting the parts of Schedule N Did the organization bid promoting the part of this year? Both organization bid promoting the part of this year? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Intitution fees and capital contributions included on line 9 Both organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of tis pror Forms 990 or 990-EZI ""Yes," complete Schedule L, Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization. e All organizations and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization. Elementary or the sections 4912, 4955, and 4958. The organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. It is the states with which a copy of this return is filled. ▶ Telephone no. ▶ Located at ▶ At any time during the calendar year, did the organization have an interest in or a signiature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filling requirements for Form TD	а		35a		~
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L. Part II and enter the total amount involved 38b Section 501(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 8 All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 14 List the states with which a copy of this return is filed. ▶ 15 Located at ▶ 16 At any time during the calendar year, did the organization have an interest in or a signature or other authonity over a financial account in a foreign country: ▶ 16 Section 501(c)(3) and 501(c)(4) organizations have an interest in or a signature or other financial account)? 17 If "Yes," enter the name of the foreign country: ▶ 18 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 19 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 20 Did the organization operate one or more hospital facilities during the ye		Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
b If "Yes," complete Schedule L, Part II and enter the total amount involved	b	Did the organization file Form 1120-POL for this year?			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-Ez? If "Yes," complete Schedule L, Part I	39	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part 1	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶ e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T	b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b		~
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	c	organization managers or disqualified persons during the year under sections 4912,			
transaction? If "Yes," complete Form 8886-T. 40e List the states with which a copy of this return is filed. ▶ Telephone no. ▶ Located at ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; na foreign country (such as a bank account, securities account, or other financial account)? 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an late of the payments? If "No," provide an l	-	reimbursed by the organization			
Telephone no. ► Located at ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Telephone no. ► ZIP + 4 ► Yes No 42b V 42c V ### Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	е	transaction? If "Yes," complete Form 8886-T	40e		V
Located at ▶ ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Located at ► ZIP + 4 ►			
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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	b	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42b		
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	_	If "Yes," enter the name of the foreign country: ▶	420		
 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 	43	1.77	· 	· ·	▶ ⊔
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		44a		
c Did the organization receive any payments for indoor tanning services during the year?	b				
	_	Did the organization receive any payments for indoor tanning services during the year?	440		+

_			•					_	\.a
Form 99	90-EZ (20	10)	_					Yes	No No
45	Is anv	related organization a controlled entity	of the organization within t	the meani	na of section	512(b)(13)?	45	103	110
а	_	e organization receive any payment fro	•		-				•
		ng of section 512(b)(13)? If "Yes," Fo		nay need	to be compl	eted instead of			
		990-EZ (see instructions)					45a		
46		e organization engage, directly or ındır ndıdates for public office? If "Yes," cor					46	<u>(1)</u>	
Part		Section 501(c)(3) organizations a	nd section 4947(a)(1) no	nexemp	t charitable	e trusts only. A	ll sec	tion	
		501(c)(3) organizations and section	4947(a)(1) nonexempt ch	narıtable	trusts must	answer questio	ns 4	7–491	b
		and 52, and complete the tables fo Check if the organization used Sched		ootion i	n thin Bort V	ı			_
	· · · · ·	Sheck if the organization used Sched	iule O to respond to any d	question i	II IIIIS PAIL V	<u> </u>	• •	Yes	No
47	Did th	e organization engage in lobbying activ	utios? If "Ves " complete Se	chedule C	Dart II		47	163	140
48		organization a school as described in se	•			· · · · ·	48	~	-
49a		e organization make any transfers to a		-			49a	<u> </u>	~
b		s," was the related organization a secti	The state of the s	_			49b		~
50	Comp	lete this table for the organization's fiv	e highest compensated em	nployees (other than of	ficers, directors, t	ruste	es an	d key
	emplo	yees) who each received more than \$1					ter "N	lone."	,
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) C	Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Exper count a r allowa	and
			GOTOLOG TO POSITION			<u></u>			
							<u> </u>		
							 		
									
f	Total	number of other employees paid over	\$100.000 ▶	<u> </u>					
51	Com	plete this table for the organization's f	ive highest compensated i	ındepende	ent contracto	ors who each rec	eıved	more	than
	\$100	000 of compensation from the organiz		r "None."					
		(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Typ	e of service	(c) Co	mpens	ation
					1				
				·					
		•							
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						į.			
		number of other independent contract	•	-	. >				
52		ne organization complete Schedule A? xempt charitable trusts must attach a c		organizati	ons and 494] Yes		No
1.11		· · · · · · · · · · · · · · · · · · ·	.						
true, c	penaities orrect, ar	of perjury, I declare that I have examined this retu d complete Declaration of preparer (other than of	ficer) is based on all information of	which prepa	rer has any knov	wledge.	ige ar	ia pelie	i, it is
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Sign Here		Signature of officer	nh ' / a' a	/		Date	/	. ,	
пет	-	N HONGZHI SUI	DRINCIP	7AL_		10/1/	20/	/	
		Type or print name and title						'	
Paid	d	Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN		
	- parer				<u> </u>	self-employed			
	Only	Firm's name				ımı's EIN ▶			
Marc	the IDS	Firm's address ▶ discuss this return with the preparer s	hown above? See instruction			Phone no	Yes		No
ividy	110 IUS	aracosa mus return with the brebater s	IIOMII ADOVE: GEE IIIŞII UCIIC	<i>.</i>		<u> </u>	<u> re:</u>	<u> </u>	<u>No</u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Par	t Reason f	or Public Chai	rity Status (All organ	nizations	must c	omplete	this par	t.) See ir	structio	ns.
The c	organization is not	a private founda	ition because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3			spital service organiza							
4		earch organizatione, city, and state	on operated in conjunc e:	ction with	a hospita	al descrit	ed in se e	ction 170	(b)(1)(A)(iii). Enter the
5		on operated for the ope	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or	operated	by a gov	/ernment	al unit described in
6 7	An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	part of					ıt or from	the general public
8	☐ A community	trust described ii	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9	receipts from support from acquired by the	activities related gross investme le organization a	receives: (1) more that d to its exempt function ent income and unrel fter June 30, 1975. Se	ions—sub ated bus ee sectio n	oject to d siness tax n 509(a)(2	certain ex cable inc 2). (Comp	ceptions ome (les olete Part	, and (2) s sectior III.)	no more n 511 ta	than 331/3% of its
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive plicity supported organ describes the type of	ely for th	e benefit described	of, to p	oerform to on 509(a	he functi)(1) or se	ions of, o	9(a)(2). See section
	a 🗌 Type			□ Тур					_	Type III-Other
0	☐ By checking to	his box, I certify Indation manage	that the organization ers and other than one	is not coi	ntrolled d	rectly or	indirectly	by one	or more o	disqualified persons
f		ation received a	a written determination		he IRS t	hat it is	а Туре	I, Type I	l, or Typ	e III supporting
g	•	17, 2006, has t	he organization accep		gift or co	ontributio	n from a	ny of the		
	(i) A person v	who directly or I	ndirectly controls, eithody of the supported of						in (ii) ar	
			on described in (i) abo	-						11g(i)
			a person described in							11g(ii)
h			ion about the support							11g(iii)
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	rganization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organiz	s the ion in col zed in the S ?	(vii) Amount of support
			(000	Yes	No	Yes	No	Yes	No	
(A)						7				
(B)							_			
 (C)					·					
 (D)			 							
(E)	 	 		-			ļ <u> </u>		<u> </u>	
)		· ·				
	ī			il.			i e		:	

Part		itions Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	70(b)(1)(A)(v	<u>/i)</u>
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
04	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(a) 000C	(L) 0007	(-) 0000	(8,000	() 0010	T 10 T.C.
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7
6	Public support. Subtract line 5 from line 4.		<u>l</u>				
	on B. Total Support	() 0000	1 4 2 2 2 2 2	() 0000			1 6
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						ļ
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the					12 ear as a section	on 501(c)(3)
	organization, check this box and stop he						· · · ▶ □
Sect	on C. Computation of Public Suppor	rt Percentag	je				
14	Public support percentage for 2010 (line (6, column (f) c	livided by line	11, column (f))		14	%
15	Public support percentage from 2009 Sch					15	%
16a	331/3% support test — 2010. If the organi					•	
	box and stop here. The organization qua	-		_			_
ь	33¹/a% support test—2009. If the organ check this box and stop here. The organ	ızatıon qualıfı	es as a publicly	supported or	ganization .		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts acts-and-circ	-and-circumsta	ances" test, ch st. The organiz	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization m supported organization	tion meets th	e "facts-and-c ts-and-circums	ircumstances" stances" test.	test, check t	his box and s	a, and line top here. a publicly
18	Private foundation. If the organization di		box on line 13		a, or 17b, ched	ck this box and	► ∟ d see
	instructions						▶ ┌

Part III	Support Schedule for Organizations	Described in Section 509(a)(2)
	(Complete only if you chooked the hey	

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	n the organization falls to quality	andor the te	oto notou bor	orr, picado de	mpioto i ait i		
	on A. Public Support	(-) 0000	A-1 0000	(1) 6000	(D 0000	(-) 0010	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees]				
•	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		:				
	organization's benefit and either paid to or expended on its behalf					İ	
_	`						
5	The value of services or facilities furnished by a governmental unit to the		[
	organization without charge		}	'		ľ	
6	Total. Add lines 1 through 5		1				
	Amounts included on lines 1, 2, and 3		-		 		
	received from disqualified persons .		1				
h	Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	· ·		 				
_	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on)]	
12	Other income. Do not include gain or		 	 	-		
	loss from the sale of capital assets						
	(Explain in Part IV.)					1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			\	{	\ 	
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he			<u></u>	<u> </u>	<u> </u>	▶ □
Secti	on C. Computation of Public Support						
15	Public support percentage for 2010 (line						%_
16	Public support percentage from 2009 Sci			<u> </u>		16	
	on D. Computation of Investment In					- 1 (= 1 	
17	Investment income percentage for 2010 (•	• • • •		<u>%</u>
18	Investment income percentage from 2009						% and line
19a	331/3% support tests—2010. If the organ						
	17 is not more than 3312%, check this box						
ь	331/2% support tests - 2009. If the organization 18 is not more than 331/2% check this						
^^	line 18 is not more than 331,8%, check this						
20	Private foundation. If the organization di	a not check a	LUOX OIT IIITE 14	, 19a, OT 19D,	CHECK INIS DOX	and see instit	ictions 🕨 🗌

Schedule A (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	<u> </u>
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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Schools

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

MING HUI SCHOOL INC

55-0880543

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Becords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all ratialogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? di Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. a) we do not ask racial info. on our students, faculties or admin. application forms b) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance Does the organization discriminate by race in any way with respect to: Students' nights or privileges? Sa Does the organization assistance? Educational policies? Sa The offer characteristics or administrative staff? Sc Scholarships or other financial assistance? Educational policies? Sa The offer characteristics? Sa The organization receive any financial aid or assistance from a gov	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the penod of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? 4d. If you answered "No" to any of the above, please explain. If you need more space, use Part II. a) we do not offer scholarship or financial assistance d) we do not osticit contributions Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5d. Admissions policies? 5d. Scholarships or other financial assistance? 5d. Chief restracturncular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? 5d.	irt			YES	—
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration peniod if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? C Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. a) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistanc	brochures, catalogues, and other writen communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if thas no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. a) we do not offer scholarship or financial assistance d) we do not offer scholarship or financial assistance. d) we do not oslicit contributions Does the organization discriminate by race in any way with respect to: Students' nghts or privileges? Sa Admissions policies? Sb Cherical Records and privileges are assistance? Sc Other extracurroular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Sa The structuroular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization or try that it has complied with the applicable requirements of sections 4.01 through			1	,	
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Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain, if you need more space, use Part II. a) we do not ask racial info, on our students, faculties or admin, application forms b) we do not offer scholarship or financial assistance d) we do not solicit contributions Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5 Admissions policies? 5 Employment of faculty or administrative staff? 6 Employment of faculty or administrative staff? 5 Educational policies? 5 Use of facilities? 5 Use of facilities? 5 Athletic programs? 5 Does the organization activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 1 Does the organization receive any financial aid or assistance from a governmental agency? 5 A Does the organization receive any financial aid or assistance from a governmental agency? 5 B Has the organization's right to such aid ever been revoked or suspended?	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4d bl did material used by the organization or on its behalf to solicit contributions? 4d dl fl you answered "No" to any of the above, please explain. If you need more space, use Part II. a) we do not offer scholarship or financial assistance d) we do not solicit contributions Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5d Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? 5d Educational policies? 5d Athletic programs? 5d Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? 6a 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization or sight to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization or fifty that it has complied with the applicable requirements of sections 4.01 through		during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	3		
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b Admissions policies?	Admissions policies?			52		
d Scholarships or other financial assistance?	Scholarships or other financial assistance?	b				
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f Use of facilities?	Use of facilities?	d	Scholarships or other financial assistance?	<u>5d</u>	-	+
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Schedule E (F	orm 990 or 990-EZ) (2010) Page 2
Part II	Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number MING HUI SCHOOL INC 55-0880543 Adverstising \$600 Bank Service Charge \$32 Supplies \$832 Dues and subscriptions \$1361 Rewards \$868 Insurance \$1026 Activities \$8015 Training \$640 Textbooks \$4518