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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	e 2011 calen	dar year, or ta	x year beginr	ing		, 2011, a	and endin	ıg		,		
В	Check if	applicable	С									tion Number	
	XAd	dress change		e Foundat							30973	6	·
	Na	me change		anston St						E Telephor			
	Inst	tiat return	Los Ange	les, CA 9	90049					310-	989-6	767	
	Те	rminated											
	An	nended return								G Gross re	ceipts \$	958,	915.
	ПАр	plication pending	F Name and a	ddress of principal	officer				1 ''	a group return		Yes Yes	X No
	_		Same As	C Above					1 ''	affiliates inclu attach a list		tions) Yes	∐ No
ı	Tax-e	exempt status	501(c)(3)	X 501(c) (4)◀ (ınsert n	10) 49	947(a)(1) or	527] ","		(000011 00		
J	Wet	osite: • N/	'A							exemption nui	mber 🟲		
ĸ		of organization	X Corporation	Trust	Association Oti	her ►	LY	ear of Forma	ition 199	1 M s	ate of lega	I domicite CA	
Pa	art I	Summa											
	1	Briefly descr	ibe the organi	zation's missi	on or most signif	ficant activ	ities: <u>SU</u>	PPORT	<u>METHOD</u>	IST_CHU	<u>JRCH I</u>	<u>PROGRAMS</u>	<u></u>
ė													
Activities & Governance												·	
/er	١.											<i>-</i>	
ő					n discontinued its ning body (Part			osea or m	ore man z	276 01 115 1	3	ıs	8
ಳ					of the governing			1b)		ŀ	4		
ties	5	Total number	r of individual	s employed in	calendar year 2	011 (Part	V, line 2a)	1			5		0
Ή	6		r of volunteers			•					6		0
¥					Part VIII, column		12			ļ	7 a		0.
	b	Net unrelate	d business tax	xable income	from Form 990-T	, line 34				l	7 b		0.
									F	Prior Year		Current Ye	ar
0	8		s and grants (•									
Revenue	9		vice revenue						-	01 0	75	472	157
eve	10	Investment	income (Part \	VIII, column (A	1), lines 3, 4, and	d /d)	11-1			81,0	/3.	-412,	,157.
•	11	Other reven	ue=(Part*VIII_e	column; (A); [jir	nes 5, 6d, 8c, 9c	, IUC, and	ine) imp (A) lir	no 12)		81,0	75	-472	,157.
	12	Total revenu	ie – addylines	28-Inrough-11	must equal Par	T VIII, COIL	inin (A), iii	ne 12)		70,2			,400.
	13				X egiumn (A), I					10,2	50. -	00,	, 400.
	14				K, column (A), lii		(A) lines	5 10\	<u> </u>	21,4	25	Ω.	,017.
စ္	15		H d		e benefits (Part I		(A), lines	5-10).	<u> </u>	21,4	23.		,017.
Expenses	16 a		1 1 40		olumn (A), line				-				
XDe	b	Total fundra	usi <u>ng exp</u> ense	s (Part IX, co	lumn (D), line 25	i) ►			-				
ш	17	Other exper	nses (Part IX,	column (A), lı	nes 11a-11d, 111	f-24e)					66.		<u>,327.</u>
	18	Total expen	ses Add lines	s 13-17 (must	equal Part IX, co	olumn (A),	line 25)			101,1			<u>,744.</u>
_	19	Revenue les	ss expenses	Subtract line 1	8 from line 12					-20,0			<u>,901.</u>
8	8									ing of Curren		End of Ye	
9	[20		(Part X, line							8,719,8		8,155	<u>, 900 .</u>
Ý	[21		ies (Part X, Iir	•							0.		
37.	22			es Subtract I	ine 21 from line	20				8,719,8	301.	8,155	<u>,900.</u>
	art II		ire Block										
jų.	nder pen Implete	alties of perjury, Declaration of pro-	declare that! have	e examined this re officer) is based or	turn, including accomp a all information of wh	panying sched ich preparer h	ules and state as any knowle	ements, and i edge	to the best of	my knowledge	and belief	, it is true, correc	t, and
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3	:	Signa	ature of direcer	~ ·				.	<u>-</u>	ate			
H	ign ere		WA	eren	CHIMA	<u>_</u>	VP			3 KO	/ (2012	>
Ji		Type	or print name and		VIII		, , ,			~ ~ ~	·		
<u> </u>		Print/Tvo	e preparer's name		Preparer's signatur	e //		Date	**	Check	ıf P1	TIN	
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	lav tha	IDS diagris-			r shown above?		ictions)			Li none no	(310)	X Yes	No
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Forn	m 990 (2011) Y. S. Mae Foundation	95-4309736	Page 2
Pa	Statement of Program Service Accomplishments		
	Chack if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission SUPPORT METHODIST CHURCH PROGRAMS.		
2	Did the organization undertake any significant program services during the year which were not listed o Form 990 or 990-EZ?		res X No
	If 'Yes,' describe these new services on Schedule O		ics [A] No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X No
	If 'Yes,' describe these changes on Schedule O.		- 🗀
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the acothers, the total expenses, and revenue, if any, for each program service reported	rices, as measured mount of grants an	by expenses d allocations to
			
4 a	a (Code:) (Expenses \$ 80,400. including grants of \$ 80,400.) (FINANCIAL SUPPORT FOR CHURCHES, EVANGLISTIC AND PHILANTHROPIC OR	Revenue \$) IS
		. – – – – – – .	
		. – – – – – – .	
		· ·	
		·	
4t	b (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
		· ·	·
		. 	
			
4	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
4	d Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
	e Total program service expenses ► 80,400.		
RΔΔ	∆ TEE∧0102L 07/05/11		Form 990 (2011)

Form 990 (2011) Y. S. Mae Foundation

Partive Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	-insum	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
b	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
c	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
€	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Partil Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Schedule J X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х 24a complete Schedule K. If 'No, 'go to line 25 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If* 'Yes,' *complete Schedule L, Part IV* 280 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, $Part\ Il$ 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38

BAA

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

	309736		Page 5
Check if Schedule O contains a response to any question in this Part V		Υe	s No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	 ``	110
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam (gambling) winnings to prize winners?	ning	l c	
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	-		
ments, filed for the calendar year ending with or within the year covered by this return	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2	2b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		 3a	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b	
		,,,	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a	1a	X
b If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b 5c	 ^
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		,	+-
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	on	5a	X_
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	/ere	5 b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		 7a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	—	7 b	
c Did the organization floting the deficit of the value of the goods of services provided countries.			
Form 8282?		7с	
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u></u> ⊢'	7f	+-
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u> </u>	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	;	8	_
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b	
0 Section 501(c)(7) organizations. Enter			-
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1:	2a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
3 Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
a is the organization licensed to issue qualified health plans in more than one state?	1	3a	
Note. See the instructions for additional information the organization must report on Schedule O	1		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		_	- .,
14a Did the organization receive any payments for indoor tanning services during the tax year?	_	4a	X
h If 'Yes' has it filed a Form 720 to report these payments? If 'No' provide an explanation in Schedule O	1. 1 /	4bl	1

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 8 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? Х 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O Х 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c X 13 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Х 15b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Own website X Upon request 19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LOS ANGELES CA 90049 310-989-6767 WARREN CHANG 13052 EVANSTON ST

orm 990 (2011)	Υ.	S.	Mae	Foundation
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95-4309736

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organization	n nor any	relate	d or	gan	ızatı	on co	mpe	ensated any current of	fficer, director, or trus	tee
	_			((;)					
(A) Name and title	(B) Average hours per week		t che s per and a	Pos ck mo son is direc	tion ore the both tor/tr	an one n an offi ustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) GRACE KAE SECRETARY	7							0.	0.	0.
(2) JOHN CHANG PRESIDENT	7							0.	0.	0.
(3) WARREN CHANG TREASURER/V.P.	7							3,000.	0.	0.
	0							0.	0.	0.
(5) ALICE LEE DIRECTOR	0							0.	0.	0.
								0.	0.	0.
_(7)_ERIC_KOON DIRECTOR	0							0.	0.	0.
	7							3,000.	0.	0.
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trust	ees, ł	(ey	Ŀm			es,	anc	Highest Com	pensated En	ploye	es (cor	<u>1t) _</u> _
, (A) Name and title	(B) Average hours	offic	officer and a director/tr				n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	n ar	(F) Estimated nount of otompensati	ther
	per week (describ e hours for related organi- zations in Sch O)	vidual trustee irector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W 2/1099-MISC)	[from the from the organization and relate rganization	n ed
(15)										_		
(16)						-						
(17)										 		
(18)												
(19)												
(20)												
(21)							_			<u> </u>		
(22)												
(23)												
(24)	-										-	
(25)												
b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α			L	<u> </u>		A A A	6,000. 0. 6,000.).).		0. 0.
Total number of individuals (including but not limite from the organization 0	d to th	ose I	ıste	d ab	ove)	who	o re		\$100,000 of rep	ortable o	ompéns	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus	stee,	key	em	yolq	ee, d	or hi	ghest compensat	ed employee		Yes	
 on line 1a³ If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to 										3		X
such individual								•		4		X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	comple	te S	chec	dule	J fo	r suc	ch p	erson		5		Х
Complete this table for your five highest compensate compensation from the organization. Report compensation.	ted indi nsation	epen n for	den the	t co cale	ntrac enda	ctors r yea	tha ar ei	t received more t nding with or with	han \$100,000 of in the organizati	on's tax	year	
Name and business addres	s							Description	of services	Com	(C) pensatio	on
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		t lım	ited	to t	hose	list	ed a	above) who receiv	ed more than			-

Га	LV	iii Statement of Rev	enue						I	T
	•	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S S	1 a	Federated campaigns		1 a						
ANI		Membership dues		1 b						
MOM	С	Fundraising events		1 c			,			1
IFTS IR A		Related organizations		1 d						
S,G		Government grants (contribution	ons)	1 e						ļ
SIS			·							<u>{</u>
ᆵ	ī	All other contributions, gifts, gi similar amounts not included a	rants, and above	1 f						
FO	a	Noncash contributions included								<u>'</u>
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	_	Total. Add lines 1a-1f								[
			-		Business Code			•••		
EN	2a							· · · · · · · · · · · · · · · · · · ·		,
띭	b			ľ						
ĬĊ.	c			·				-		
8	d			·	 					
S	e			· -						
8	f	All other program service	e revenu							
PROGRAM SERVICE REVENUE		Total, Add lines 2a-2f		· _		•				
	3	Investment income (incl	udina div	idends	interest and					<u>'</u>
		other similar amounts).	adirig div	iacrias	, interest and	►	69,980.			69,980.
	4	Income from investment	t of tax-e	kempt	bond proceeds	►				
	5	Royalties				►				
			(i) Re	eal	(II) Personal					
	6a	Gross rents								
	b	Less: rental expenses								
	С	Rental income or (loss)								
	d	Net rental income or (log	ss).			>				
	7 a	Gross amount from sales of	(ı) Secu		(II) Other					
		assets other than inventory	888,	935.						
	b	Less cost or other basis								
		and sales expenses	1,431,							
		Gain or (loss)	-542,	<u> 137.</u>						
	d	Net gain or (loss)			r	•	-542,137.	-542,137.		
J.	8a	Gross income from fund (not including \$	raising e	vents						
		of contributions reported	on line	1c)						
2		See Part IV, line 18		a	,					
OTHER REVEN	b	Less direct expenses		ь						
ا ة		Net income or (loss) from	m fundra	sına e	vents.	•				
		Gross income from gam		ties						
	h	See Part IV, line 19 Less: direct expenses		a b						
		Net income or (loss) from	m gamino	_	`L	•				
		Gross sales of inventory	_							
	ıva	and allowances	, 1033 101	aiiis a						
	b	Less cost of goods sold		b						
ļ	c	Net income or (loss) from		f inver	ntory	•				
		Miscellaneous Revenu			Business Code					
	11 a			L						
	b	'								
	C			. 						
		All other revenue		L						
		Total. Add lines 11a-11d				•	150 150			
	12	Total revenue. See instr	uctions			_	-472,157.	-542,137.	0.	69,980.

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	in this Part IX		
Do i 6b, .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	80,400.	80,400.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8,017.	0.	8,017.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages		_		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	_			
10					
11	Fees for services (non-employees)				
	Management				
	Legal	- -			
	: Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other	150.		150.	
-	Advertising and promotion	-			
13		70.		70.	
14	Information technology				·····
15	- ,				
16	_				*****
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	3			i	
22	Depreciation, depletion, and amortization		,		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
ä	ACCOUNTING FEES	1,250.		1,250.	
	IRS	834.		834.	
	TRADE JOURNALS	500.	-	500.	
	EDD	432.		432.	
	e All other expenses	91.		91.	
	Total functional expenses. Add lines 1 through 24e	91,744.	80,400.	11,344.	0.
26		,			
	SOP 98-2 (ASC 958-720)				
			·		

Page 11

Part X	Balance Sheet			
	•	(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing		1	
2	Savings and temporary cash investments .	2,314,414.	2	3,268,985
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
_	Descriptions from current and former afficers, directors, trustees, key ampleyees			
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
7 8 9	Prepaid expenses and deferred charges		9	
	· · · · · · · · · · · · · · · · · · ·			*
10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
t	Less. accumulated depreciation . 10b		10 c	
11	Investments – publicly traded securities	5,405,387.	11	4,018,154
12	Investments – other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	1,000,000.	15	868,761
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,719,801.	16	8,155,900
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	<u> </u>
19	Deferred revenue		19	
. 20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
22			23	
23			24	
24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			· · · · · · · · · · · · · · · · · · ·
			25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
¥	Organizations that follow SFAS 117, check here ► X and complete lines			
. 1	27 through 29 and lines 33 and 34.	0 710 001	- ភូ-	0 155 000
27 28 29	Unrestricted net assets	8,719,801.	27	8,155,900
28	Temporarily restricted net assets		28	•
23			29	
3	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
5 30	lines 30 through 34.			
1	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33 S 34	Total net assets or fund balances	8,719,801.	33	8,155,900
§ 34	Total liabilities and net assets/fund balances	8,719,801.	34	8,155,900

Form 990 (2011) Y. S. Mae Foundation	<u>95-4309736</u>		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			
•			
1 Total revenue (must equal Part VIII, column (A), line 12)	1 1		<u>, 157.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2		<u>,744.</u>
3 Revenue less expenses Subtract line 2 from line 1 .	3		901.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,719	,801.
5 Other changes in net assets or fund balances (explain in Schedule 0)	5		0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,155	5,900.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		Y	es No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b Were the organization's financial statements audited by an independent accountant?		2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			1
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	e issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth a Audit Act and OMB Circular A-133?	n the Single	3a	<u> </u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3ь	
BAA		Form 9	90 (2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545 0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 95-4309736 Mae Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Nο Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section Nο 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **⊳**\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶\$

▶\$

chedule D (Form 990) 2011 Y.S.				<u>95-4</u> 30			Page
Part III Organizations Mainta	ining Collections	s of Art, Histori	cal Treasures, or	Other Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisitivems (check all that apply)	on, accession, and o	other records, chec	k any of the following	that are a significant i	ise of its	collect	lion
a Public exhibition		d Loan or	exchange programs				
b Scholarly research		e Other	3- 13				
c Preservation for future gener	ations	-					
4 Provide a description of the orga Part XIV	nization's collections	and explain how	they further the organi	zation's exempt purpo	se in		
5 During the year, did the organiza	tion solicit or receive	donations of art,	historical treasures, or	other_similar		_	٦
assets to be sold to raise funds r					Yes		No.
Part IV Escrow and Custodia line 9, or reported an	amount on Form	990, Part X, III	e organization ans ne 21.	swered tes lo Fo	1111 990,	ran	10
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or of	her intermediary fo	or contributions or other	er assets not	Yes	Г	
b If 'Yes,' explain the arrangement	in Part XIV and con	nplete the following	j table:				
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance	•			1f			_
2a Did the organization include an a	mount on Form 990,	, Part X, line 21?			Yes	L	N
b If 'Yes,' explain the arrangement			T.02 LL 5	000 D 10/1	10		
Part V Endowment Funds. Co		1					
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	s ba
1 a Beginning of year balance	·	 					
b Contributions					+		
c Net investment earnings, gains, and losses							
d Grants or scholarships		<u> </u>					
 Other expenditures for facilities and programs 		•					
f Administrative expenses							
g End of year balance.				<u> </u>			_
2 Provide the estimated percentag	e of the current year	end balance (line	1g, column (a)) held a	as.			
a Board designated or quasi-endov		⁸					
b Permanent endowment	8	0					
c Temporarily restricted endowmer		*					
The percentages in lines 2a, 2b,	and 2c should equal	100%					
3a Are there endowment funds not	in the possession of	the organization th	nat are held and admir	nistered for the	Г	Yes	1
organization by. (i) unrelated organizations					3a(i)		r
(ii) related organizations .					3a(ii)		
b If 'Yes' to 3a(ii), are the related	organizations listed a	as required on Sch	edule R?		3b		
4 Describe in Part XIV the intende	•	•					
Part VI Land, Buildings, and							
Description of property	(a) Co:	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook va	ılue
1a Land	''	in connent	basis (onici)	aopicolation			
b Buildings	 						_
c Leasehold improvements							_
d Equipment					•		_
. =							
e Other							

<u>95-4</u>309736

Schedule [(Form 990) 2011 Y. S. Mae Foundat:	Lon	<u> </u>	95-4309736	Page 3
	Investments - Other Securities. See	Form 990, Part X,	line 12. N/A		
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation tor end-of-year market value	
(1) Financi	al derivatives				
(2) Closely	-held equity interests				
(3) Other					
<u>(A)</u>					
<u>(B)</u>				·	
<u>(C) _ </u>					
<u>(D)</u>					
<u>(E)</u>					
<u></u> .			-		
<u>(G)</u>					
<u>H</u>					
<u> </u>					
	mn (b) must equal Form 990 Part X, column (B) line 12) Investments — Program Related. See	Form 000 Bort V	l , line 13. N	/7	<u> </u>
Part VIII	<u> </u>	(b) Book value	, ime is. Ny		
	(a) Description of investment type	(b) Book Value	Cos	(c) Method of valuation. t or end-of-year market value	
(1)					
(2)			 		
(3)					
(4)					
(5)			1		
(6) (7)					
<u>(7)</u> (8)					
(9)					
(10)			 		
	nn (b) must equal Form 990, Part X, column (B) line 13)				
Part IX	Other Assets. See Form 990, Part X,	line 15.			
· · · · · · · · · · · · · · · · · · ·	·	escription		(b) Book	k value
(1) PAR	TNERSHIP INTEREST			86	68,761.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					·
(9)					·
_(10)					. 7.61
	olumn (b) must equal Form 990, Part X, column (▶ 86	68,761.
Part X	Other Liabilities. See Form 990, Part				
	(a) Description of liability	(b) Book value	<u> </u>		
	eral income taxes		 		1
(2)		· ·			
(3)	****				
(4)			 -		!
(5)					i
<u>(6)</u>	· · · · · · · · · · · · · · · · · · ·				
<u>(7)</u> (8)		-	\dashv		1
(9)					
(10)					
(11)					
	mn (b) must equal Form 990, Part X, column (B) line 25)	•			
	ASC 740) Footnote In Part XIV, provide the text		organization's finan	icial statements that reports the	
organization	on's liability for uncertain tay positions under FIN	48 (ASC 740)	J	The state of the s	

95-4309736

Schedul	e D (Form 990) 2011 Y. S. Mae Foundation	95-430	9736	Page 4
Part X			N/A	
	otal revenue (Form 990, Part VIII, column (A), line 12)			
	otal expenses (Form 990, Part IX, column (A), line 25)			
3 Ex	ccess or (deficit) for the year Subtract line 2 from line 1			
	et unrealized gains (losses) on investments			
	onated services and use of facilities			
6 In	vestment expenses .			
7 Pr	or period adjustments			
8 Ot	her (Describe in Part XIV)		_	
9 To	otal adjustments (net) Add lines 4 through 8			
10 Ex	cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part X	II Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1 To	otal revenue, gains, and other support per audited financial statements	1		
2 Ar	nounts included on line 1 but not on Form 990, Part VIII, line 12.	1		
a Ne	et unrealized gains on investments			
b Do	onated services and use of facilities 2b			
c Re	ecoveries of prior year grants			
d Ot	ther (Describe in Part XIV.)			
e Ad	dd lines 2a through 2d .	2e		
3 Su	ubtract line 2e from line 1	3		
4 Ar	nounts included on Form 990, Part VIII, line 12, but not on line 1:			
a In	vestment expenses not included on Form 990, Part VIII, line 7b			
b Of	ther (Describe in Part XIV)			
c Ad	dd lines 4a and 4b	4c		
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part X	III Reconciliation of Expenses per Audited Financial Statements With Expenses p	<u>er Retu</u>	rn N/A	
	otal expenses and losses per audited financial statements	1		
2 Ar	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Do	onated services and use of facilities 2a			
b Pr	nor year adjustments 2b			
	ther losses . <u>2c</u>	_		
d O	ther (Describe in Part XIV.)			
e Ad	dd lines 2a through 2d	2e		
	ubtract line 2e from line 1	3		
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
	vestment expenses not included on Form 990, Part VIII, line 7b 4a 4b			
	the (Besche III at XIV)	4c		
	dd lines 4a and 4b . otal expenses Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18.)</i>	5		
	KIV Supplemental Information			
Comple Part V,	te this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complitional information	t IV, lines olete this p	1b and 2b, part to provid	de
				.
		_		

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Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011 I. S. Mae Foundation	 Page 3
Rank XIV Supplemental Information (continued)	
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		ئ	orte and Oth	Accipion A	noiterine pro			OMB No 1
(Form 990)		Sog	ernments, an	d Individuals in	Governments, and Individuals in the United States	s, ites		20.
Department of the Treasury Internal Revenue Service		Complete	if the organization	n answered 'Yes' to Fo ► Attatch to Form 99	plete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	1 or 22.	<u> </u>	Open to Inspec
Name of the organization Y S Mae Foundation	idation						Employer identification number 95-4309736	ation number 6
arti	General Information on Grants and Assi	nd Assista	stance					
1 Does the organize the selection critical to the selection of the tribe in Part 1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	stantiate the or assistance	amount of the grains?	nts or assistance, the gant finds in the United	rantees' eligibility for the States.	ne grants or assistanc	e, and	X Yes
Part II Grants an Form 990, Part II can	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	Governmer recipient to	nts and Organi hat received m	zations in the Unit ore than \$5,000. C	ed States. Complet heck this box if no	te if the organizat one recipient rec	ion answered 'Yoeived more than	es' to \$5,000.
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpo: or ass
(1) KAMNAM UMC		99-0354966		21,400.	0			MEMBERSH
(2) UNITED METHODIST FOUNDATION 110 S EUCLID AVE PASADENA, CA 91101	!!!	95-1644636		50,000.	0.0			GENERAL EVANGEL]
(3)								
(4)								
<u></u>								
(6)								
<u>ω</u>								
(9)								
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	ganizations listed	n the line 1 table				
3 Enter total numb BAA For Paperwork R	3 Enter total number of other organizations listed in the line I table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	d in the line	line table ions for Form 990.		TEEA3901L 06/01/11	06/01/11	Schedu	Schedule I (Form 9

2

X Yes

(h) Purpose of grant or assistance

MEMBERSHIP DRIVE

EVANGELISM

2011 ·

OMB No 1545-0047

Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance , line 2, and any other additional information. 95-4309736 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Schedule I (Form 990) (2011) Y. S. Mae Foundation (a) Type of grant or assistance Part IV Part III BAA 7 ന S 9 4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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
Y. S. Mae Foundation	95-4309736
Form 990, Part VI, Line 11b - Form 990 Review Process	
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	·
No documents available to the public.	