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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

► Sponsonng 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

OMB No 1545-1150

2011

Open to Public Inspection

| A For th | e 2011 calend | ar year, or tax year beginnii | ng May | 1 , 2011, a | and ending | | April 30 | , 20 | 12 |
|-------------------|-------------------|---|-------------------------------|---------------------------------------|-----------------|---------------------|--|------------------|-----------------|
| B Check if | applicable | C Name of organization | | | | D Emp | loyer ide | ntification numb | er |
| Address | s change | MING HUI SCHOOL INC | | | | 1 | 55 | -0880543 | |
| Name o | change | Number and street (or PO box | , if mail is not delivered to | street address) | Room/suite | E Telep | hone nu | mber | |
| Initial re | | PO BOX 683 | | | | į. | 908 | 3-329-0919 | |
| Termina Amenda | atea ed return | City or town, state or country, a | and ZIP + 4 | | | F Gro | up Exem | nption | |
| = | tion pending | SOMERVILLE, NJ 08876 | | | | Nun | nber 🕨 | | |
| G Accou | inting Method: | ✓ Cash | Other (specify) ▶ | | | Check | ▶ 🗹 if | the organization | n is not |
| I Webs | site:▶ www | r.minghuischool.us | | | | | | ch Schedule B | |
| J Tax-ex | empt status (che | eck only one) - ✓ 501(c)(3) | 501(c) () ◀ (ir | sert no.) 4947(a)(1) or | 527 | (Form 9 | 90, 990 | -EZ, or 990-PF) | ١. |
| K Check | ▶ ☐ if the | e organization is not a section | 1 509(a)(3) supporting o | rganization or a section 5 | 527 organiza | ition and if | s gross | receipts are noi | rmally |
| not m | | 00 A Form 990-EZ or Form 99 | | _ | | | | | |
| the or | ganization choo | oses to file a return, be sure to | o file a complete returr | ı . ' | | · | | | |
| L Add lin | es 5b, 6c, and 7 | b, to line 9 to determine gross | receipts. If gross receipt | ts are \$200,000 or more, o | or if total ass | ets (Part II, | | | |
| line 25, | column (B) belo | ow) are \$500,000 or more, file F | Form 990 instead of Form | n 990-EZ | | | ► \$ | | 76,230 |
| Part I | Revenu | e, Expenses, and Cha | nges in Net Asse | ts or Fund Balance | es (see th | e instru | ctions | for Part I.) | |
| | | the organization used S | | | | | | | . 🗸 |
| 1 | | ons, gifts, grants, and simi | · ··· | | | | 1 | | 2,580 |
| 2 | | ervice revenue including g | | | | | 2 | | 73,650 |
| 3 | | nip dues and assessments | | | | | 3 | | |
| 4 | Investmen | | | | | | 4 | | |
| 5a | Gross amo | ount from sale of assets of | | | | | | , | |
| ŀ | | or other basis and sales | = | | | | 1 | | |
| | | ss) from sale of assets oth | - | | ne 5a) . | | 5c | | |
| 6 | | nd fundraising events | , (0 | | , | | | | |
| l a | • | come from gaming (atta | ch Schedule G if | greater than | | | | | |
| | | , , | | | | | | | |
| Revenue | • | ome from fundraising even | | | contribution | ons | 1 | | |
| | | raising events reported or | · • — | · · · · · · · · · · · · · · · · · · · | | | | | |
| <u>"</u> | | ch gross income and cont | | | | | | | |
| (| | ct expenses from gaming | | · | | | 1 | | |
| | | ne or (loss) from gaming a | | | 6b and s | ubtract | 1 | | |
| ` | line 6c) | | | | | | 6d | | |
| 72 | • | es of inventory, less return | | | | | | | |
| 'k | | | | | | | 1 | | |
| | | fit or (loss) from sales of in | | | | | 7c | | |
| 8 | | enue (describe in Schedule | | | | | 8 | | |
| 9 | | enue. Add lines 1, 2, 3, 4, | · · | | | | 9 | | 76,230 |
| 10 | | d similar amounts paid (lis | | RECEIV | <u> </u> | | 10 | · | |
| 11 | | aid to or for members . | | | ED. | | 11 | | |
| | | ther compensation, and e | | 11 U | S | | 12 | | 14,721 |
| ğ 13 | Profession | nal fees and other paymen | its to independent co | on Fractors E.C. 1.7. | 2012 80 | | 13 | | 1,860 |
| 12 13 14 15 | | y, rent, utilities, and maint | | | | 2 | 14 | | 27,189 |
| ы 15 Ш 15 | Printing | ublications postage and | shinning | | | | 15 | - | |
| 16 | Other eve | publications, postage, and enses (describe in Schedu | ila (I) | OGDEN, | Uì. | | 16 | | 20,831 |
| 17 | Other expe | enses. Add lines 10 through | <i>no o,</i> | (-1 | | - | 17 | | 64,601 |
| 10 | | (deficit) for the year (Subti | | | | · · · _ | 18 | | 11,629 |
| g 19 | | s or fund balances at beg | | | | | | • | |
| SSI | | ar figure reported on prior | | | | | 19 | | |
| Net Assets | = | nges in net assets or fund | - | | | | 20 | | |
| Z 21 | | nges in het assets of fund s or fund halances at end i | 3' 3 | | | | 21 | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2011)

| Pai | Balance Sheets. (see the instructions | | | | | |
|-----------|---|-----------------------|--|---|-------------|--|
| | Check if the organization used Schedule | O to respond to an | ny question in this | | • • | <u> </u> |
| | | | _ | (A) Beginning of year | 1 | (B) End of year |
| 22 | Cash, savings, and investments | | | 25,825 | - | 37,454 |
| 23 | Land and buildings | | | | 23 24 | |
| 24 | Other assets (describe in Schedule O) | | • • • • • • | 25,825 | | 27.454 |
| 25 | Total Sasets | | | 25,825 | 26 | 37,454 |
| 26 | Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column | (R) must agree with | Lune 21) | 25,825 | _ | 37,454 |
| 27 Par | | | | | 21 | 37,434 |
| rai | Check if the organization used Schedule | | | | /D | Expenses |
| What | t is the organization's primary exempt purpose? | Education | , <u>, , , , , , , , , , , , , , , , , , ,</u> | | | quired for section (c)(3) and 501(c)(4) |
| | ribe the organization's program service accomplis | | te three largest n | rogram services | | anizations and section |
| as m | neasured by expenses. In a clear and concise m | anner, describe the | services provided | I, the number of | | 7(a)(1) trusts, optional others) |
| pers | ons benefited, and other relevant information for ea | ch program title. | | , | 10, (| Stricto , |
| 28 | Weekend school & summer camp teaching Chinese | language, Chinese cu | ilture, and other sub | jects. | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here . | ▶ 🗆 | 28 a | 64,601 |
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here . | ▶ ⊔ | 29 a | 1 |
| 30 | | | | | | |
| | | | | | | |
| | (Create ©) If this amount | ıncludes foreign gra | nte chock hara | | 30a | |
| 21 | (Grants \$) If this amount Other program services (describe in Schedule O) | | | | 300 | • |
| 31 | | ıncludes foreign gra | | | 31a | |
| 32 | Total program service expenses (add lines 28a t | | | | 32 | |
| | List of Officers, Directors, Trustees, and Key | | | | nstru | ictions for Part IV.) |
| | Check if the organization used Schedule | | | | | 🗀 |
| | | (b) Title and average | (c) Reportable | (d) Health benefits, | | |
| | (a) Name and address | hours per week | compensation (Forms W-2/1099-MISC | contributions to employ benefit plans, and | | ther compensation |
| | | devoted to position | (if not paid, enter -0-) | | | |
| Hon | gzhi Sui | principal, 4 hrs | | | | |
| 874 | Hill St., Phillipsbury, NJ 08865 | | |) | 0 | 0 |
| Gan | g Zhang | vice principal, 4 hrs | | | | |
| | eder Road, Edison, NJ 08817 | | (| <u> </u> | 0 | 0 |
| | Wang | trustee, 6 hrs | | | | _ |
| | Keefe Road, Bridgewater, NJ 08807 | | 1,604 | ! | 0 | 0 |
| | Huang | trustee, 4 hrs | _ | | | • |
| | oxchase Lane, Ledgewood, NJ 07852 | | | <u>'</u> | 0 | 0 |
| Tim | Sun A Duncan Ave, Jersey City, 07306 | trustee, 4 hrs | (| | 0 | 0 |
| | ng Sun | | | <u> </u> | + | |
| | Mountain Ave, Springfield, NJ 07081 | trustee, 6 hrs | 1,388 | , | 0 | 0 |
| | ng Liu | trustee, 6 hrs | | · · | + | _ |
| | Grange Rd., Otisville, NY 10963 | uustee, 6 ms | 5,027 | , | 0 | 0 |
| | | | · | - | \top | |
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| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | |
|---------|--|---------|----------|------------|
| | instructions for Part v.) Check if the organization used Schedule O to respond to any question in this | Part | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 163 | √ |
| 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) | 34 | | → |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | |
| 36 | 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 | 36 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | . ! | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| 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? | | | ا ـر ۱ |
| | | 38a | | - |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 1 | | |
| 39 a | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 1 | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1 | | |
| | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | 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 its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ✓ |
| С | 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 reimbursed by the organization | | | |
| е | 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 | 40e | | _ / |
| 41 | List the states with which a copy of this return is filed. ▶ | | | |
| 42a | The organization's books are in care of ▶ Gang Zhang Telephone no. ▶ | | | |
| _ | Located at ▶ 3 Rieder Road, Edison, NJ 08817 ZIP + 4 ▶ | 088 | | L 81 - |
| b | 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)? | 42b | Yes | No ✓ |
| | 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. | 40- | | ار- ا |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | l | _ ✓ |
| 43 | 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 | | . 1 | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | Yes | No |
| 44- | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | res | No |
| 44a | completed instead of Form 990-EZ | 44a | | ✓ |
| 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 | 44b | - | 1 |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | ļ | ✓ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | <u></u> | | ر |
| | explanation in Schedule O | 44d | <u> </u> | _ |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ✓ |
| 45b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions) | 45h | | |

| Pag | ıe | 4 |
|-----|----|---|
| | | |

| | | | | | | | Yes | No | | |
|------------------------|--|--|--|--|-----------------------------|-----------------------|----------|---------|--|--|
| | Did the organization engage, directly or in | | | | | | | | | |
| Part V | to candidates for public office? If "Yes," Section 501(c)(3) organizations | | | | | | | ✓ | | |
| Part | 501(c)(3) organizations and section | | | | | | | b | | |
| | and 52, and complete the tables | | | | mono. que | ,01.01.0 | | ~ | | |
| | Check if the organization used Sc | | | his Part VI | | | | . П | | |
| | | | | | | | Yes | No | | |
| 47 | Did the organization engage in lobbying | activities or have a | section 501(h) election | n in effect | during the t | ax | | | | |
| | year? If "Yes," complete Schedule C, Par | tll | | | | 47 | | ✓ | | |
| 48 | Is the organization a school as described i | n section 170(b)(1)(A)(| i)? If "Yes," complete | Schedule E | | . 48 | √ | | | |
| 49a | Did the organization make any transfers t | o an exempt non-cha | aritable related organiz | zation? | | 49a | 1 | 1 | | |
| | If "Yes," was the related organization a se | | | | | . 49b | | ✓ | | |
| | Complete this table for the organization's | | | | | | | | | |
| | employees) who each received more than | 1 \$100,000 of compe | nsation from the orga | | | e, enter " | None.' | , | | |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health contributions benefit plans, comper | to employee and deferred | (e) Estimate other co | | | | |
| None. | | | | <u> </u> | | | | | | |
| | | 1 | | | | | | | | |
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| | | 1 | | | | | | | | |
| | Total number of other employees paid ov | ver \$100.000 | • | 1 | | | | | | |
| | Complete this table for the organization | | | contractors | who each | received | d more | thar | | |
| | \$100,000 of compensation from the orga | | | | | | | | | |
| (a) N | Name and address of each independent contractor pa | aid more than \$100,000 | (b) Type of sen | /ice | (c) | Compensa | tion | | | |
| | | | | | | | | | | |
| None. | | | | | | | | | | |
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| | | | | | | | _ | | | |
| | Total number of other independent contri | | | — | 144 | | | | | |
| | Did the organization complete Schedule nonexempt charitable trusts must attach | | | | | v- | | No | | |
| | | | | | | Ye L | | No | | |
| Under pe true, corr | enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other tha | n officer) is based on all info | nying schedules and statem ormation of which preparer | ents, and to the has any knowle | dge | owiedge a | na belle | i, π is | | |
| | 1 09% NI | 29 | | / | 2-10 | - 20 | 1/2 | | | |
| Sign | Signature of officer | | | Dat | e | • | | | | |
| Here | Vice Principal | | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| Paid | Print/Type preparer's name | Preparer's signature | Da | ate | Check | rf PTIN | | | | |
| Prepa | arer | _1 | self-employed | | | red | | | | |
| Use C | 1 - . | | | | n's EIN ▶ | | | | | |
| _ | Firm's address ▶ | s about about Car | instructions | Pho | ne no | | | NI. | | |
| may th | e IRS discuss this return with the prepare | a shown above? See | mstructions | | | ► ∐ Ye | S∐ | No | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2012
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

ions. Inspection
Employer identification number

| MING | HUI SCHOOL INC | | | | | | | | | B80543 | | |
|----------------|-----------------------------|--------------------|---|---------------|------------------------|------------------|------------------------|-------------|----------------------------|--|---------|---------|
| Par | t I Reason f | or Public Cha | rity Status (All orga | nization | s must c | complete | this pa | rt.) See i | nstructi | ons. | | |
| The o | organization is not | a private founda | ation because it is: (Fo | or lines 1 | through 1 | 1, check | only one | box.) | | | | |
| 1 | A church, con | vention of churc | ches, or association of | churche | s describ | ed in sec | tion 170 | (b)(1)(A)(i | i). | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | spital service organiza | | | | | | | | | |
| 4 | | _ | on operated in conjun | ction with | n a hospit | al descri | bed in se | ction 17 | 0(b)(1)(A |)(iii). En | er the | |
| | hospital's nan | ne, city, and stat | e: | | | | | | | | | |
| 5 | | | the benefit of a colle | ge or un | iversity o | wned or | operated | l by a go | vernmen | ital unit | describ | oed in |
| | |)(1)(A)(iv). (Com | · · | | | | | | | | | |
| 6 | | | nment or government | | | | | | | | | |
| 7 | | _ | receives a substantia | - | its suppo | ort from a | a governr | mental ur | nit or troi | m the g | eneral | public |
| _ | | |)(A)(vi). (Complete Par | • | I-4- D- | | | | | | | |
| 8 | | | in section 170(b)(1)(A | | | | | | | | | |
| 9 | • | _ | receives: (1) more that | | | | | | | - | | - |
| | • | | d to its exempt funct ent income and unre | | - | | • | | | | | |
| | | | after June 30, 1975. S | | | | | | 11 311 10 | a <i>x)</i> 11011 | Duşiii | 100000 |
| 10 | • | - | d operated exclusively | | | | | | (A) | | | |
| 11 | _ • | • | nd operated exclusive | | • | • | | | | or to c | arn/ o | ut the |
| • • • | | | olicly supported organ | | | | | | | | | |
| | • • | • | describes the type of | | | | • | | | | | |
| | a 🗌 Typei | b 🗌 Type | | | | | | Type III-1 | | | | ted |
| е | | | that the organization | | | | | • • | | • | _ | |
| | _ , _ | | ers and other than on | | | • | | | | • | • | |
| | or section 509 | 9(a)(2). | | | | | | | | | | |
| f | If the organiz | ation received | a written determination | on from | the IRS 1 | that it is | а Туре | I, Type | II, or Ty | pe III si | pport | ng |
| | organization, o | check this box | | | | | | | | | | |
| g | Since August following pers | | the organization acce | pted any | gift or co | ontributio | n from a | iny of the | e | | | |
| | (i) A person | who directly or i | indirectly controls, eit | her alone | or toget | her with | persons | describe | d ın (ıi) a | ınd | Yes | No |
| | (III) below, | the governing b | ody of the supported | organizat | ion? | | | | | - 11g | (1) | |
| | (ii) A family m | ember of a pers | on described in (i) abo | ove? | | | | | | . 11g | (ii) | |
| | (iii) A 35% co | ntrolled entity of | a person described in | n (ı) or (ıı) | above? . | | | | | . 11g | (11) | |
| h | Provide the fo | llowing informat | ion about the support | ed organ | ızation(s). | | | | | _ | | |
| (i) | Name of supported | (ii) EIN | (iii) Type of organization | | organization | | ou notify | | Is the | (viı) Amo | | onetary |
| | organization | | (described on lines 1–9 above or IRC section | | sted in your document? | col (i) | nization in of your | (i) organ | tion in col ized in the | | support | |
| | | | (see instructions)) | | | | port? | | S? | _ | | |
| | | | | Yes | No | Yes | No | Yes | No | - | | |
| (A) | | | | | | | | | İ | | | |
| | - | | | | | | | | | | | |
| (B) | | | | | | | | | i | | | |
| (C) | | | | <u> </u> | | | | | | | | |
| (O) | | | | ļ | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | - - | | | | | | | | | | | |
| | | | | | | | | - | | - | | |
| Tota | 1 | | | 1 | | | | | | | | |

| Part | | | | | | | |
|-----------|---|-----------------|-----------------|----------------------------------|-----------------|------------------------|--------------------------|
| | (Complete only if you checked the Part III. If the organization fails to | | | | | | ality under |
| Secti | ion A. Public Support | quality unde | er the tests in | sted below, p | ilease compie | ele Parl III.) | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | (a) 2000 | (b) 2009 | (6) 2010 | (u) 2011 | (6) 2012 | (i) Total |
| _ | 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ion B. Total Support | T | 1 | | | | - |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 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 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc | | | | | 12 | 5014 \\ |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop he | | | | | | |
| Sact | ion C. Computation of Public Suppor | | | | | | ▶ _ |
| 14 | Public support percentage for 2012 (line 6 | _ | | 11. column (fl) | | 14 | % |
| 15 16a | Public support percentage from 2011 Sch 331/3% support test—2012. If the organia | hedule A, Part | II, line 14 . | | | 15 | % |
| . 50 | box and stop here . The organization qua | | | | | | |
| b | 331/3% support test—2011. If the organ check this box and stop here. The organ | nization did no | ot check a box | x on line 13 oi | r 16a, and line | | _ |
| 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- | and-circumsta | ances" test, ch | eck this box ar | nd stop here. I | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization management organization | tion meets the | e "facts-and-c | rcumstances" stances" test. T | test, check th | nis box and st | i, and line top here. |
| 18 | Private foundation. If the organization di | d not check a | box on line 13 | 3, 16a, 16b, 17a | a, or 17b, chec | k this box and | see |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

| Secti | on A. Public Support | | | | | | |
|--------------|--|----------------------|------------------|----------------------------|---------------------------------------|---------------|---------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | <u></u> | |
| 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 | | | | | | |
| 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 | | | | | | Ì |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | İ | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | [|
| _ | · | | | | | | |
| С 8 | Add lines 7a and 7b | | | | | - | - |
| U | line 6.) | | | 1 | | | |
| Secti | on B. Total Support | <u> </u> | <u> </u> | l | l | 1 | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 | | | | | | |
| С | Add lines 10a and 10b | | | | _ | | |
| 11 | Net income from unrelated business | | | | | | İ |
| | activities not included in line 10b, whether | | 1 | i | | | |
| | or not the business is regularly carried on | | | ļ | | | |
| 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 | ı ne organizatior | ı's fırst. secon | d. third. fourth | n, or fifth tax v | ear as a sect | ion 501(c)(3) |
| | organization, check this box and stop he | - | | | - | | |
| Secti | on C. Computation of Public Suppor | | | | • | _ | |
| 15 | Public support percentage for 2012 (line 8 | B, column (f) di | ivided by line 1 | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2011 Sch | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | 16 | % |
| <u>Secti</u> | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2012 (| | | • | | | % |
| 18 | Investment income percentage from 2011 | | | | | 18 | % |
| 19a | 331/3% support tests—2012. If the organ | | | | | | |
| | 17 is not more than 33½%, check this box | | _ | | | _ | _ |
| b | 331/3% support tests - 2011. If the organiz | | | | | | |
| 00 | line 18 is not more than 33½%, check this li Private foundation. If the organization di | - | - | | • | | |
| 20 | Fire organization of | a not check a | DOX OIT IIIIE 14 | , וַשָּׁמּ, טוּ וַשָּׁט, נ | SHECK THIS DOX | and see mist | ructions 🕨 📋 |

| | 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). |
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| | instructions). |
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SCHEDULE E (Form 990 or 990-EZ)

Schools

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MING HUI SCHOOL INC

▶ Attach to Form 990 or Form 990-EZ.

55-0880543

| | | | YES | NC |
|--------|---|----------|----------|------------|
| | 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? | 1 | √ | |
| ! | 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? | 2 | | 1 |
| | 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 | 3 | | , |
| | | 3 | | |
| i. | Does the organization maintain the following? | | | |
| a b | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a 4b | | ✓ ✓ |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | 1 | |
| | 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 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 | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| | Students' rights or privileges? | 5a | | - |
| b | Admissions policies? | 5b | - | • |
| С | Employment of faculty or administrative staff? | 5c | | • |
| d | Scholarships or other financial assistance? | 5d | | • |
| e | Educational policies? | 5e | | • |
| f | Use of facilities? | 5f | | • |
| g | Athletic programs? | 5g | | • |
| | Other extracurricular activities? | 5h | | <u> •</u> |
| | 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 | ļ | - |

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

| Schedule E (F | rm 990 or 990-EZ) (2011) Pag | e 🗸 |
|---------------|---|-----------|
| Part II | Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instruction | h, s). |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

2011

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 |
| Advertising \$600 | |
| | |
| Bank Service Charge \$15 | |
| Classroom Material \$222 | |
| Dues and Subscriptions \$351 | |
| Insurance \$794 | |
| | |
| School Activities \$784 | |
| Summer Camp Expenses \$9876 | |
| Textbooks \$7009 | |
| Training \$1180 | |
| Trailing \$1100 | •••••• |
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| Schedule O (Form 990 or 990-EZ) (2011) | Page 2 |
|--|--|
| Name of the organization | Employer Identification number |
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Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| • If you | are filing for an Auto | omatic 3-Month Extension, | complete o | only Part I and check th | nis box | ▶ 🗸 | |
|---|---|--|---|---|--|--|--|
| • If you | are filing for an Addi | itional (Not Automatic) 3-N | onth Exten | ision, complete only Pa | art II (on page 2 of this form). | | |
| Do not | complete Part II un | less you have already been | granted an | automatic 3-month exte | ension on a previously filed Form | า 8868. | |
| a corpo 8868 to Return | oration required to file o request an extension for Transfers Assoc | e Form 990-T), or an additio on of time to file any of the ciated With Certain Person | nal (not auto forms listed al Benefit C | omatic) 3-month extens d in Part I or Part II wit Contracts, which must | matic extension of time to file (6 ion of time. You can electronically the exception of Form 8870, be sent to the IRS in paper diclick on e-file for Charities & N | Illy file Form Information format (see | |
| Part | Automatic 3- | Month Extension of Tim | e. Only sul | bmit original (no copie | es needed). | | |
| • | • | · · | _ | | ension-check this box and c | • | |
| | | | | | | _ | |
| | • | ding 1120-C filers), partners | hips, REMIC | Cs, and trusts must use | Form 7004 to request an exten- | sion of time | |
| to the ir | ncome tax returns. | | | E- | stor filorla identifying nymbor acc | inatoretiana | |
| | Name of exempt | t organization or other filer, see | instructions | EL | ter filer's identifying number, see Employer identification number | | |
| Type o | MING HUI SCHO | | mondono. | 55-088054 | | , , | |
| print | Number, street, | and room or suite no. If a P.O. | box, see instri | | | | |
| | File by the due date for PO BOX 683 | | | | | | |
| filing your return Se | | st office, state, and ZIP code F | or a foreign a | ddress, see instructions. | | | |
| instructio | | NJ 08876 | | | | | |
| Enter th | ne Return code for the | e return that this application | ıs for (file a | separate application fo | r each return) | . 0 1 | |
| Application Return Application | | | | | Return | | |
| Is For | | | Code | Is For | | Code | |
| Form 9 | 990 | | 01 | Form 990-T (corporation) | | 07 | |
| Form 990-BL | | 02 | Form 1041-A | | 08 | | |
| | Form 990-EZ 01 Form 4720 | | | 09 | | | |
| Form 990-PF | | 04 | Form 5227 | | 10 | | |
| Form 990-T (sec. 401(a) or 408(a) trust) | | 05 06 | Form 6069 | | 11 | | |
| Form 990-T (trust other than above) 06 Form 8870 12 | | | | | | 1 12 | |
| Telep • If the • If this for the a list w | hone No. ► organization does no is for a Group Returi whole group, check t ith the names and Elf | n, enter the organization's fo this box ▶ ☐ I Ns of all members the exten | business in our digit Gro f it is for par sion is for. | up Exemption Number (t of the group, check th | ıs box ▶ ☐ and at | | |
| 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time | | | | | | | |
| | until <u>DECEMBER 15</u> , 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for: | | | | | | |
| | ► ☐ calendar year 2 | | | | | | |
| | ► ☑ tax year beginn | ning MAY 1 | . 20 | 11 , and ending | APRIL 30 , 20 | 12 . | |
| | | | | | | | |
| ☐ Change in accounting period | | | | | | | |
| | | | | | | | |
| | nonrefundable credits. See instructions. | | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | | |
| | estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using | | | | | | |
| | | act line 35 from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3a. inclued act line 3b from line 3b from line 3a. inclued act line 3b from line 3b from line 3a. inclued act line 3b from lin | | | equired, by using 3c \$ | | |
| Caution | . If you are going to ma | ake an electronic fund withdrawa | al with this Fo | rm 8868, see Form 8453-E | O and Form 8879-EO for payment i | nstructions | |