

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



## Form 990-PF

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052 **2012** 

Department of the Treasury Internal Revenue Service

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

| For cale          | ndar year 2012, or tax year beginning  | , 2012,                                 | and ending                              |          | 1   |                                  |
|-------------------|--|---|---|----------|---|----------------------------------|
| тноми             | AS & MISAKO YUEN FAMILY FOUN   | DATION                                  |   | Α        | Employer identification num<br>20-0512529                   | ber                              |
| 10 SF             | KYRIDGE<br>DRT COAST, CA 92657-1814  |   |   | В        | Telephone number (see the                                   | instructions)                    |
|                   |  |   |   | С        | If exemption application is                                 | pending, check here              |
| <b>G</b> Che      | ck all that apply. Initial return  | Initial return of a form                | er public charity                       | Ь        | 1 Foreign organizations, chec                               | k here                           |
|                   | Final return   | Amended return                          |   | 1        | <b>2</b> Foreign organizations meet                         |                                  |
| H Cł              | Address change  neck type of organization. X Section 501                                   | Name change<br>(c)(3) exempt private fo | oundation                               | {        | here and attach computation                                 |                                  |
|                   | Section 4947(a)(1) nonexempt charitable tri  | ust Other taxa <u>bl</u> e p            | rivate foundation                       | E        | If private foundation status                                |                                  |
|                   |  | ounting method. X Ca                    | ash Accrual                             | l_       | under section 507(b)(1)(A)                                  |                                  |
| <b>►</b> \$       |  | column (d) must be on                   | cash basis.) =                          | F        | If the foundation is in a 60-<br>under section 507(b)(1)(B) |                                  |
| Part I            | Analysis of Revenue and  | (a) Revenue and                         | (b) Net investmen                       | nt       | (c) Adjusted net  | (d) Disbursements                |
|                   | Expenses (The total of amounts in columns (b), (c), and (d) may not neces-                 | expenses per books                      | ıncome                                  |          | income  | for charitable<br>purposes (cash |
|                   | sarily equal the amounts in column (a)<br>(see instructions) )                             |   |   |          |   | basis only)                      |
|                   | 1 Contributions, gifts, grants, etc, received (att sch)                                    | 50,000.                                 |   |          |   |                                  |
|                   | 2 Ck lifthe foundn is not req to att Sch B 3 Interest on savings and temporary             |   |   |          |   |                                  |
|                   | cash investments 4 Dividends and interest from securities                                  | 10                                      |   | 10.      | 10.   |                                  |
|                   | 5 a Gross rents  | 10.                                     |   | IU.      | 10.   |                                  |
|                   | b Net rental income or (loss)  |   |   |          |   |                                  |
| R<br>E<br>V       | 6 a Net gain/(loss) from sale of assets not on line 10<br>b Gross sales price for all      |   |   |          |   |                                  |
| V<br>E            | 7 Capital gain net income (from Part IV, line 2)   |   |   |          |   |                                  |
| E<br>N<br>U       | Net short-term capital gain     Income modifications                                       |   | *************************************** |          |   |                                  |
| Ē                 | 10 a Gross sales less returns and  |   | <del></del>                             |          |   |                                  |
|                   | allowances<br>b Less Cost of   |   | *************************************** |          |   |                                  |
|                   | goods sold<br>Gross profit/(loss) (att sch)  |   |   |          |   |                                  |
|                   | 11 Other income (attach schedule)  |   |   |          |   |                                  |
|                   | 12 Total. Add lines 1 through 11   | 50,010.                                 |   | 10.      | 10.   |                                  |
|                   | 13 Compensation of officers, directors, trustees, etc                                      | 0.                                      |   |          |   |                                  |
|                   | 14 Other employee salaries and wages   |   |   |          |   |                                  |
|                   | 15 Pension plans, employee benefits 16 a Legal fees (attach schedule)                      |   |   |          |   |                                  |
| A<br>D<br>M       | <b>b</b> Accounting fees (attach sch)  |   |   |          | RECEI   | /ED                              |
| i<br>N            | c Other prof fees (attach sch)   |   |   |          |   |                                  |
| O i               | 17 Interest  | 10.                                     |   |          | <mark>물 007 0 4</mark>                                      | 2013                             |
| P S T R A         | 18 Taxes (attach schedule)(see unstrs) SEE STM 1 19 Depreciation (attach                   | 10.                                     |   |          | 7 001 1   | 2010                             |
| AT I VE           | sch) and depletion  20 Occupancy   | A-1-1-                                  |   |          | OGDEN   | 117                              |
| JAN V<br>GE       | 21 Travel, conferences, and meetings   |   |   |          | CODE  | , 01                             |
| A E<br>N X<br>D P | <ul><li>22 Printing and publications</li><li>23 Other expenses (attach schedule)</li></ul> |   |   |          |   |                                  |
| D P               | 23 Other expenses (attach schedule) SEE STATEMENT 2  | 721.                                    |   |          |   |                                  |
| S E               | Total operating and administrative expenses. Add lines 13 through 23                       | 731.                                    |   |          |   |                                  |
| s                 | expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV             | 95,500.                                 |   |          |   | 95,500.                          |
| <u></u>           | 26 Total expenses and disbursements. Add lines 24 and 25                                   | 96,231.                                 |   | 0.       | 0.  | 95,500.                          |
| ζ                 | 27 Subtract line 26 from line 12:  | 30,231.                                 |   | <u> </u> |   | 33,330.                          |
| 5                 | a Excess of revenue over expenses<br>and disbursements                                     | -46,221.                                |   |          |   |                                  |
|                   | <b>b</b> Net investment income (if negative, enter 0)                                      |   |   | 10.      |   |                                  |
| DAA 5             | C Adjusted net income (if negative, enter -0 )   |   |   | TEE      | 10.   | Form 990-PF (2012)               |

Page 2

| n             | 100      | Dalamas Chasta  | Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year             | Ena o                                   | t year                |
|---------------|----------|---|---|-------------------------------|---|-----------------------|
| ran           | 11       | Balance Sheets  | (See instructions)  | (a) Book Value                | (b) Book Value                          | (c) Fair Market Value |
| -             | 1        | Cash - non-interest   | -bearing  |                               |   |                       |
|               | 2        | Savings and tempora   | ary cash investments  | 98,482.                       | 52,261.                                 | 52,261.               |
|               | 3        | Accounts receivable   | <b>-</b>  |                               |   |                       |
|               |          | Less. allowance for   | doubtful accounts ►   |                               | *************************************** |                       |
|               | 4        | Pledges receivable  | <b></b>   |                               | :                                       |                       |
|               |          | Less. allowance for   | doubtful accounts   |                               |   |                       |
|               | 5        | Grants receivable   |   |                               |   |                       |
|               | 6        | disqualified persons (attai   | ers, directors, trustees, and other<br>ch schedule) (see instructions)                          |                               |   |                       |
|               | 7        | Other notes and loans reco  | eivable (attach sch)  |                               |   |                       |
| S             |          | Less allowance for  | doubtful accounts   |                               |   |                       |
| S             | 8        | Inventories for sale  |   |                               |   |                       |
| ASSET         | 9        | Prepaid expenses ai   | •   |                               |   |                       |
| S             |          | obligations (attach s   |   |                               |   |                       |
|               |          | Investments — corporate   | ·   | 114,534.                      | 114,534.                                | 67,568.               |
|               | C        | : Investments corporate   | bonds (attach schedule)   |                               |   |                       |
| ٠             | 11       | Investments – land, equipment basis   | buildings, and  |                               |   |                       |
|               |          | Less accumulated deprec (attach schedule)                                     | ation   |                               |   |                       |
|               | 12       | Investments - morto   | gage loans  |                               |   |                       |
|               | 13       | Investments - other   | · ·   |                               |   |                       |
|               | 14       | Land, buildings, and  |   |                               |   |                       |
|               |          | Less: accumulated deprec<br>(attach schedule)                                 | <b></b>   |                               |   |                       |
|               | 15<br>16 | Other assets (descri<br><b>Total assets</b> (to be of<br>see the instructions | be becompleted by all filers — ) Also, see page 1, item ()                                      | 213,016.                      | 166,795.                                | 119,829.              |
| L             | 17       | Accounts payable ar   | nd accrued expenses   |                               |   |                       |
| A             | 18       | Grants payable  |   |                               |   | }                     |
| B             | 19       | Deferred revenue  |   |                               |   | -                     |
| L             | 20       | Loans from officers, direc  | tors, trustees, & other disqualified persons  |                               |   |                       |
| Ĩ             | 21       | Mortgages and other note:   | s payable (attach schedule)   |                               |   |                       |
| i             | 22       | Other liabilities (des  | cribe • )   |                               |   |                       |
| E<br>S        | 23       | Total liabilities (add  | lines 17 through 22)  | 0.                            | 0.                                      |                       |
|               |          | Foundations that fo   | llow SFAS 117, check here 24 through 26 and lines 30 and 31.                                    |                               |   |                       |
| NF            | 24       | Unrestricted  | •   |                               |   |                       |
| E U           | 25       | Temporarily restricted  |   |                               |   | ļ                     |
| D             | 26       | Permanently restrict  |   |                               |   | Į.                    |
| A B S A L T A |          | Foundations that do and complete lines  | not follow SFAS 117, check here X27 through 31.   |                               |   |                       |
| E L<br>T A    | 27       | Capital stock, trust p  | orincipal, or current funds   | 213,016.                      | 166,795.                                | }                     |
| SN            | 28       | · · · · · · · · · · · · · · · · · · ·   | , or land, building, and equipment fund   |                               |   | <u>.</u>              |
| οE            | 29       |   | ulated income, endowment, or other funds.   |                               | ·-·                                     | <u> </u>              |
| RS            | 30       |   | und balances (see instructions)   | 213,016.                      | 166,795.                                |                       |
|               | 31       | Total liabilities and (<br>(see instructions)                                 | net assets/fund balances  | 213,016.                      | 166,795.                                |                       |
| Par           | 1111     | •   | nges in Net Assets or Fund Balan  |                               | 100,750.                                | <u> </u>              |
|               | Tota     | I net assets or fund b  | alances at beginning of year — Part II, colu  |                               |   | 212.016               |
| _             |          |   | d on prior year's return)   |                               | 1                                       | 213,016.              |
| 2             |          | r amount from Part I,   |   |                               | 2                                       | -46,221.              |
| 3             |          | increases not included in li  |   |                               |   | 166 705               |
| 4<br>5        |          | lines 1, 2, and 3 ases not included in line 2                                 | (Itamize)   |                               | 5                                       | 166,795.              |
| _             |          |   | alances at end of year (line 4 minus line 5)  | - Part II, column (b) line    |   | 166 705               |
|               | iola     | The cassets of fully o  | alances at end of year (life 4 fillings life 5)   | r art ii, colulliii (b), iiii | 5 50                                    | 166,795.              |

| (a) List and des<br>2-story brick ware                                  | cribe the kind(s) of property sold (e.g., rea<br>house; or common stock, 200 shares MLC  | l estate,<br>Company)                               | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year)                   | (d) Date sold<br>(month, day, year) |
|---|--|---|--|--|-------------------------------------|
| 1a N/A  |  |   |  |  |                                     |
| <u>ь</u>  |  |   |  |  |                                     |
|   |  | ··· ·· · · · · · · · · · · · · · · · ·              | <del></del>                                |  |                                     |
| d   |  |   |  | · -  |                                     |
| е   |  |   | -  |  |                                     |
| (e) Gross sales price   | (f) Depreciation allowed (or allowable)  | (g) Cost or other bas<br>plus expense of sale       |  | (h) Gain or<br>(e) plus (f) m                          |                                     |
| а   |  |   |  |  |                                     |
| Ь   |  |   |  |  |                                     |
| c   |  | 10.1.11   |  |  |                                     |
| d   |  |   |  |  |                                     |
| е   |  |   |  |  |                                     |
|   | showing gain in column (h) and owned by the  |   | <del>,</del>                               | (I) Gains (Colu  | ımn (h)                             |
| (i) Fair Market Value<br>as of 12/31/69                                 | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of column over column (j), if an         |  | ain minus column (k)<br>an -0-) or Losses (fro         |                                     |
| a   |  |   |  |  |                                     |
| b   |  |   |  |  |                                     |
| С   |  |   |  |  |                                     |
| d   |  |   |  |  |                                     |
| е   |  |   |  | Ţ  | <del> </del>                        |
| 2 Capital gain net income or  | (net capital loss).  If gain, also If (loss), ent  | enter in Part I, line 7<br>er -0- in Part I, line 7 | 2  |  |                                     |
| 3 Net short-term capital gair   | n or (loss) as defined in sections 1222(5) ar  | nd (6):   |  |  |                                     |
| If gain, also enter in Part I<br>in Part I, line 8                      | l, line 8, column (c) (see instructions). If (lo   | oss), enter -0-                                     | . 3  |  |                                     |
|   | nder Section 4940(e) for Reduce  | d Tax on Net Investme                               | -  | <u> </u>   |                                     |
| If 'Yes,' the foundation does not                                       | e section 4942 tax on the distributable amo<br>qualify under section 4940(e). Do not com   | plete this part                                     |  | Yes  | X No                                |
| 1 Enter the appropriate amo   | ount in each column for each year; see the   | · · · · · · · · · · · · · · · · · · ·               | ny entries.                                |  |                                     |
| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in) | (b) Adjusted qualifying distributions  | (c)<br>Net value of<br>noncharitable-use asse       | ets (coli                                  | <b>(d)</b><br>Distribution<br>umn (b) divided <b>l</b> |                                     |
| 2011  | 216,321.   |   |  | =  |                                     |
| 2010  | 289,070.   |   |  |  |                                     |
| 2009  | 256,850.   |   |  |  |                                     |
| 2008  | 252,925.   |   |  |  |                                     |
| 2007  | 249,837.   |   |  | ·  |                                     |
| 2 Total of line 1, column (d)   | )  |   | 2  |  |                                     |
| 3 Average distribution ratio in number of years the found               | for the 5-year base period – divide the tota<br>dation has been in existence if less than 5 y  | l on line 2 by 5, or by the years                   | 3  |  |                                     |
| 4 Enter the net value of non  | ncharitable-use assets for 2012 from Part X  | line 5  | 4  |  |                                     |
| - Lines the net value of flor   | STATE OF THE PROPERTY OF THE P | , <del></del>                                       | 1  |  |                                     |
| 5 Multiply line 4 by line 3   |  |   | 5  |  |                                     |
| 6 Enter 1% of net investmen   | nt income (1% of Part I, line 27b)   |   | 6  |  |                                     |
| 7 Add lines 5 and 6   |  |   | 7  |  |                                     |
| 8 Enter qualifying distribution   | ns from Part XII, line 4   |   | 8  |  | 95,500                              |
| If line 8 is equal to or great Part VI instructions.                    | ater than line 7, check the box in Part VI, li   | ne 1b, and complete that pa                         | rt using a 1% t                            | ax rate. See the                                       |                                     |

| Form <b>990-PF</b> (2012) THOMAS & MISAKO YUEN FAMILY FOUNDATION 20-0512529  | )   | F   | Page 4         |
|--|-----|-----|----------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction  | s)  |     |                |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.  Date of ruling or determination letter (attach copy of letter if necessary — see instrs)  b Domestic foundations that meet the section 4940(e) requirements in Part V,  check here X and enter 1% of Part I, line 27b  c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)   |     |     | 0.             |
| Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  Add lines 1 and 2  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  Credits/Payments  |     |     | 0.<br>0.<br>0. |
| a 2012 estimated tax pmts and 2011 overpayment credited to 2012  b Exempt foreign organizations — tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached   |     |     | 0.             |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   |     |     | 0.             |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be Credited to 2013 estimated tax    Refunded   R |     |     |                |
| Part VII-A Statements Regarding Activities   |     |     |                |
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it   | 7   | Yes | No             |
| participate or intervene in any political campaign?  | 1 a |     | Х              |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?  | 1 b |     | Х              |
| If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.   |     |     |                |
| c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  (1) On the foundation  \$ 0. (2) On foundation managers  \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$ 0.  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities.   | 1 c |     | X              |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes   | 3   |     | X              |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4 a |     | X              |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year?   | 4 b | N   | /A             |
| Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5   |     | X              |
| If 'Yes,' attach the statement required by General Instruction T.  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.   |     |     |                |
| <ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>  | 6   | х   |                |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV  | 7   | X   | <b></b>        |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions)  CA   |     |     |                |
| <b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>  | 8 b | х   |                |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV   | 9   | х   |                |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names<br>and addresses   | 10  |     | x              |

BAA

| Га | Statements Regarding Activities (Continued)  |             |        |   |
|----|--|-------------|--------|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)  | 11          |        | X                                       |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)   | ad 12       |        | х                                       |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  | 13          | Х      |   |
|    | Website address N/A  |             |        |   |
| 14 | The books are in care of ► THOMAS YUEN  Telephone no. ►  |             |        |   |
|    | Located at ► 10 SKYRIDGE NEWPORT COAST CA ZIP + 4 ► 92657  | -1814       |        |   |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here  | N/          | A -    | · 🔲                                     |
|    | and enter the amount of tax-exempt interest received or accrued during the year  |             |        | N/A                                     |
| 16 | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  | a 16        | Yes    | No<br>X                                 |
|    | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ►   |             |        |   |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |             |        |   |
|    | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.  |             | Yes    | No                                      |
| 1  | a During the year did the foundation (either directly or indirectly).  | , [         |        |   |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   | No          |        |   |
|    |  | No          |        |   |
|    | (9)  | No          |        |   |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | ∐No         |        |   |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes   | No          |        |   |
|    | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes   | ∐No No      |        |   |
|    | <b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   |             | b N    | VA_                                     |
|    | Organizations relying on a current notice regarding disaster assistance check here   | <b>」</b>    |        |   |
|    | c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,<br>that were not corrected before the first day of the tax year beginning in 2012?   | 1           | с      | X                                       |
| 2  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).   |             |        |   |
|    |  | ₹ No        |        |   |
|    | If 'Yes,' list the years 20 , 20 , 20 , 20   | :           |        |   |
|    | <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)  | 2           | ь      | I/A                                     |
|    | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  20 , 20 , 20 , 20   |             |        |   |
| 3  | Ba Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  | <b>∏</b> No |        | *************************************** |
|    | <b>b</b> If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012). | 3           | b 1    | VA_                                     |
| 4  | 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4           | а      | X                                       |
|    | <b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?   |             | b      | х                                       |
| BA | ıA   | Form        | 990-PF | (2012)                                  |

| Form 990-PF (2012) THOMAS & MISAKO YO  |   |   | 20-05  |                          | Page 6              |
|--|---|---|--|--------------------------|---------------------|
| Part VII-B   Statements Regarding Activit  |   | n 4/20 May Be Red                                     | <b>quired</b> (continuea)  |                          |                     |
| <ul><li>5a During the year did the foundation pay or incur</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>   | •   | (000hom 404E(0))2                                     | □v 🖬   |                          |                     |
|  | -   |   | ∐ Yes X  | No                       |                     |
| <ul> <li>(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra</li> </ul>  | tion drive?   |   |  | No                       |                     |
| (3) Provide a grant to an individual for travel,   | •   | ·   | Yes  | No                       |                     |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section   | an a charitable, etc, org<br>4940(d)(2)? (see instruc           | ganization described tions)                           | Yes X  | No :                     |                     |
| (5) Provide for any purpose other than religious<br>educational purposes, or for the prevention  | us, charitable, scientific,<br>n of cruelty to children c       | literary, or<br>or animals?                           | Yes X  | No                       |                     |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?   | he transactions fail to quality a current notice regard         | ualify under the exception<br>ing disaster assistance | ons  | 5 Ь                      | N/A                 |
| Organizations relying on a current notice regar  | ding disaster assistance  | e check here  | ▶ 🗌  |                          |                     |
| c If the answer is 'Yes' to question 5a(4), does that tax because it maintained expenditure response   | he foundation claim exe<br>sibility for the grant?              | mption from the                                       | N/A Yes  | No                       |                     |
| If 'Yes,' attach the statement required by Regu  | ılatıons sectıon 53.4945  | -5(d).  |  | '   <u> </u>             |                     |
| 6 a Did the foundation, during the year, receive an<br>on a personal benefit contract?   | -   |   |  | No                       |                     |
| <b>b</b> Did the foundation, during the year, pay premi  | ums, directly or indirect                                       | ly, on a personal benefi                              | t contract?  | 6 Ь                      | <u> </u>            |
| If 'Yes' to 6b, file Form 8870.  | -t  |   |  | la.                      |                     |
| 7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed  |   |   |  | No 7b                    |                     |
| Part VIII Information About Officers, Dire   |   |   |  | */ **                    |                     |
| and Contractors  | ,                         | anaan managera  | , gy =p.   | o, 000,                  |                     |
| 1 List all officers, directors, trustees, foundation   | managers and their co   | mpensation (see instru                                | ctions).   |                          |                     |
| (a) Name and address   | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation<br>(If not paid,<br>enter -0-)       | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense other all    | account,<br>owances |
| THOMAS YUEN  | PRESIDENT   | 0.  | 0.   |                          | 0.                  |
| 10 SKYRIDGE  | 0   |   |  | 1                        |                     |
| NEWPORT COAST, CA 92657-1814   |   |   |  |                          |                     |
| MISAKO YUEN  | DIRECTOR  | 0.  | 0.   |                          | 0.                  |
| 10 SKYRIDGE  | 0   |   |  | ]                        |                     |
| NEWPORT COAST, CA 92657-1814   |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   |  | <del></del>              |                     |
|  |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
| 2 Compensation of five highest-paid employees  | (other than those inclu   | ided on line 1 — see ins                              | tructions). If none, ente  | r 'NONE.'                |                     |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                                      | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation  | (e) Expense<br>other all | account,<br>owances |
| NONE   |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   |  | <u></u>                  |                     |
|  |   |   |  |                          |                     |
|  |   |   |  |                          |                     |
|  |   |   | .,   |                          |                     |
|  |   |   |  |                          |                     |
| Total number of other analysis of the control of th | L   |   | <u> </u>   | ļ <u> </u>               |                     |
| Total number of other employees paid over \$50,000 BAA   | TEEA0306L 1   | 2/25/12   |  | Form 990.                | 0<br>PF (2012)      |
|  |   |   |  |                          | (-012)              |

| orn   | 990-PF (2012) THOMAS & MISAKO YUEN FAMILY FOUNDATION 20-05  | 512529   | Page <b>7</b> |
|-------|---|--|---------------|
|       | t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)   |  | 1 490 7       |
| 3     | Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'  |  | <del>.</del>  |
|       | (a) Name and address of each person paid more than \$50,000 (b) Type of service   | (c) Compe  | ensation      |
| NOI   | IE  |  |               |
|       |   |  |               |
|       |   | +  |               |
|       |   |  |               |
|       |   |  |               |
|       |   |  |               |
|       |   |  |               |
|       |   |  |               |
|       |   |  |               |
|       |   | +  |               |
|       |   |  |               |
|       |   |  | <del></del>   |
| _     | Thuriber of others receiving over \$50,000 for professional services  | <u> </u>   | 0             |
| Pai   | TIX-A Summary of Direct Charitable Activities   |  |               |
|       | ne foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc. | Expen  | ises          |
| 1     | CONTRIBUTION TO SUPPORT THE NEED OF ASIAN AMERICAN ELDERLY FOR  |  |               |
|       | ESSENTIAL HEALTH CARE AND SOCIAL SERVICES AND PROMOTING DIGNIFIED LIVING IN THE COMMUNITY   |  |               |
| 2     | CONTRIBUTION TO SUPPORT RESEARCH OF IMMUNODEFICIENCY DISEASE  | _  |               |
|       |   | _  |               |
| 3     | CONTRIBUTION TO PROVIDED SERVICES TO THE SPEECH AND HEARING IMPAIRED  | <del>                                     </del> | <del></del>   |
|       |   | _  |               |
| 4     | COMMUNICATION TO DECIMARE HET TOUTHE, THERETOE DUTI ANTHONIUS, MANACE AND   |  |               |
| 4     | CONTRIBUTION TO PROMOTE UCI IRVINE; INCREASE PHILANTROPHY; MANAGE AND GROW THE ENDOWMENT; ENSURE THE APPROTIATE USE OF ALL FUNDS AND PURSUE BETTER GOVERNANCE PRACTICES.  | <del>-</del>  <br>-                              |               |
| Pa    | t IX-B Summary of Program-Related Investments (see instructions)  | •  | ·             |
| Des   | cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  | Amou   | unt           |
| 1     |   |  |               |
|       | <u>N/A</u>  | _  |               |
| 2     |   | <del>                                     </del> |               |
|       |   | _  |               |
| ΛU    | other pregram related investments. See instructions   |  |               |
| AII ( | other program-related investments. See instructions   |  |               |

 Total. Add lines 1 through 3
 ▶
 0.

 BAA
 Form 990-PF (2012)

Page 8

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. a Average monthly fair market value of securities 1 a 1 b **b** Average of monthly cash balances c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a, b, and c) 1 d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5. 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► 🕅 and do not complete this part.) N/A Minimum investment return from Part X, line 6 1 2a Tax on investment income for 2012 from Part VI, line 5 b Income tax for 2012. (This does not include the tax from Part VI) 2b c Add lines 2a and 2b 2 c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 95,500. 1 b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) 3 a 3 b b Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 95,500. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 Enter 1% of Part I, line 27b (see instructions) 6 95,500. Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA Form 990-PF (2012)

| Pa | rt XIII Undistributed Income (see insti   | ructions)                             | N/A                        |   |                    |
|----|---|---------------------------------------|----------------------------|---|--------------------|
|    |   | (a)<br>Corpus                         | (b)<br>Years prior to 2011 | <b>(c)</b><br>2011                      | <b>(d)</b><br>2012 |
| 1  | Distributable amount for 2012 from Part XI, line 7  |                                       |                            |   |                    |
| 2  | Undistributed income, if any, as of the end of 2012   |                                       |                            |   |                    |
| á  | a Enter amount for 2011 only  |                                       |                            | •                                       |                    |
| ŀ  | b Total for prior years 20 , 20 , 20  | · · · · · · · · · · · · · · · · · · · |                            |   |                    |
| 3  | Excess distributions carryover, if any, to 2012   |                                       |                            |   |                    |
| á  | a From 2007   |                                       |                            |   |                    |
| ı  | b From 2008   |                                       |                            | •                                       |                    |
|    | c From 2009   |                                       |                            |   |                    |
|    | d From 2010   |                                       |                            |   |                    |
| •  | e From 2011   |                                       |                            |   |                    |
| 1  | f Total of lines 3a through e   |                                       | 1                          |   |                    |
| 4  | Qualifying distributions for 2012 from Part   |                                       |                            | •••••                                   | ••••••••••••••••   |
|    | XII, line 4. ► \$   |                                       |                            |   |                    |
| á  | Applied to 2011, but not more than line 2a  |                                       |                            |   |                    |
| ı  | b Applied to undistributed income of prior years (Election required – see instructions)   |                                       |                            |   |                    |
| (  | c Treated as distributions out of corpus<br>(Election required — see instructions)  |                                       |                            |   |                    |
|    | d Applied to 2012 distributable amount  |                                       |                            | ······································  |                    |
|    | Remaining amount distributed out of corpus  |                                       |                            | ••••••••••••••••••••••••••••••••••••••• |                    |
| 5  | Excess distributions carryover applied to 2012  |                                       |                            |   |                    |
|    | (If an amount appears in column (d), the same amount must be shown in column (a).)  |                                       |                            |   |                    |
| 6  | Enter the net total of each column as indicated below:  |                                       |                            |   |                    |
| ā  | a Corpus. Add lines 3f, 4c, and 4e Subtract line 5  |                                       |                            |   |                    |
| ı  | b Prior years' undistributed income. Subtract line 4b from line 2b  |                                       |                            |   | -                  |
| (  | c Enter the amount of prior years' undistribut-<br>ed income for which a notice of deficiency<br>has been issued, or on which the section<br>4942(a) tax has been previously assessed |                                       |                            |   |                    |
| (  | d Subtract line 6c from line 6b. Taxable<br>amount — see instructions   |                                       |                            |   |                    |
| •  | e Undistributed income for 2011 Subtract line 4a from line 2a. Taxable amount — see instructions  |                                       |                            |   |                    |
| 1  | f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013   |                                       |                            |   |                    |
| 7  | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)   |                                       |                            |   |                    |
| 8  | Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)   |                                       |                            |   |                    |
| 9  | Excess distributions carryover to 2013.<br>Subtract lines 7 and 8 from line 6a  |                                       |                            |   |                    |
| 10 | Analysis of line 9.   |                                       |                            |   |                    |
| i  | a Excess from 2008  |                                       |                            |   |                    |
| ı  | <b>b</b> Excess from 2009   |                                       |                            |   |                    |
| (  | c Excess from 2010  |                                       |                            |   |                    |
| (  | d Excess from 2011  |                                       |                            |   |                    |
| (  | e Excess from 2012  |                                       |                            |   |                    |

| Form 990-PF (2012) THOMAS & MISAKO Part XIV   Private Operating Founda  |   |   | VII-A, question                           | 20-0512529<br>n 9)     | Page 10        |
|---|---|---|---|------------------------|----------------|
| 1 a If the foundation has received a ruling or course effective for 2012, enter the date of the   | letermination letter tha                      | at it is a private ope                      | erating foundation,                       | and the ruling         |                |
| <b>b</b> Check box to indicate whether the foundat  | •   | ing foundation desi                         | cribed in section                         | X 4942(j)(3) or        | 4942(j)(5)     |
| 2 a Enter the lesser of the adjusted net  | Tax year                                      |   | Prior 3 years                             | 114 15 12()(5) 51      | 13 12 ()(3)    |
| income from Part I or the minimum investment return from Part X for   | (a) 2012                                      | <b>(b)</b> 2011                             | <b>(c)</b> 2010                           | (d) 2009               | (e) Total      |
| each year listed  | 0.  | 10.   | ``  |                        | 10.            |
| <b>b</b> 85% of line 2a   |   | 9.  |   | -                      | 9.             |
| c Qualifying distributions from Part XII,<br>line 4 for each year listed  | 95,500.                                       | 6,500.                                      | 289,070.                                  | 256,850.               | 647,920.       |
| d Amounts included in line 2c not used directly<br>for active conduct of exempt activities  |   |   |   |                        | 0.             |
| <ul> <li>Qualifying distributions made directly<br/>for active conduct of exempt activities.<br/>Subtract line 2d from line 2c</li> </ul>   | 95,500.                                       | 6,500.                                      | 289,070.                                  | 256,850.               | 647,920.       |
| 3 Complete 3a, b, or c for the alternative test relied upon.  |   |   |   |                        |                |
| a 'Assets' alternative test — enter.  |   |   |   |                        |                |
| (1) Value of all assets   | 116,795.                                      | 213,016.                                    | 220,610.                                  | 150,064.               | 700,485.       |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   | 116,795.                                      | 213,016.                                    | 220,610.                                  | 150,064.               | 700,485.       |
| b 'Endowment' alternative test — enter 2/3 of<br>minimum investment return shown in Part X,<br>line 6 for each year listed  |   |   |   |                        |                |
| c 'Support' alternative test — enter  |   |   |   |                        |                |
| <ol> <li>Total support other than gross<br/>investment income (interest,<br/>dividends, rents, payments<br/>on securities loans (section<br/>512(a)(5)), or royalties)</li> </ol> |   |   |   |                        |                |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)  |   |   |   |                        |                |
| (3) Largest amount of support from<br>an exempt organization  |   |   |   |                        |                |
| (4) Gross investment income   |   |   |   |                        |                |
| Part XV   Supplementary Information<br>assets at any time during th   | (Complete this p<br>ne year — see ins         | part only if the tructions.)                | foundation had                            | d \$5,000 or more      | in             |
| 1 Information Regarding Foundation Manag  |   |   |   |                        |                |
| a List any managers of the foundation who he close of any tax year (but only if they have   | nave contributed more<br>contributed more tha | than 2% of the totan<br>n \$5,000). (See se | al contributions rec<br>ction 507(d)(2).) | eived by the foundat   | ion before the |
| SEE STATEMENT 3   |   |   |   |                        |                |
| <b>b</b> List any managers of the foundation who ca partnership or other entity) of which the NONE  | own 10% or more of th<br>foundation has a 10% | e stock of a corpor<br>or greater interest  | ation (or an equally                      | y large portion of the | ownership of   |
| 2 Information Regarding Contribution, Gran  | t, Gift, Loan, Scholars                       | hip, etc, Programs                          | :   |                        | <del></del>    |
| Check here $\overline{X}$ if the foundation only in   |   | •   |   | and does not accept    | unsolicited    |
| requests for funds If the foundation makes complete items 2a, b, c, and d.  |   |   |   |                        |                |
| a The name, address, and telephone number   | er or e-mail of the pers                      | on to whom applic                           | ations should be a                        | ddressed.              |                |

**b** The form in which applications should be submitted and information and materials they should include. **c** Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

| ear or Approved for Futu  | re Payment  |  |   |
|---|---|--|---|
| If recipient is an individual,<br>show any relationship to any<br>foundation manager or | Foundation status of  | Purpose of grant or  | Amount  |
| substantial contributor   | recipient   |  |   |
| foundation manager or substantial contributor   | recipient   | contribution   | Alliount  |
|   |   |  |   |
|   |   | ► 3a   | 95,500  |
|   |   | ▶ 3  |   |
|   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | If recipient is an individual, show any relationship to any foundation manager or substantial contributor  The recipient is an individual, show any relationship to any foundation manager or substantial contributor  The recipient is an individual, show any relationship to any foundation manager or recipient. | If recipient is an individual, show any relationship to any foundation foundation manager or substantial contributor  Purpose of grant or contribution  Purpose of grant or contribution  Purpose of status of recipient  Payment  Purpose of grant or contribution |

| Part XVI-A | Analysis | of Income | -Producing | Activities |
|------------|----------|-----------|------------|------------|
|------------|----------|-----------|------------|------------|

| Enter | gross amounts unless otherwise indicated   | Unrelated business income     |  | Excluded   | l by section 512, 513, or 514                         | (2)   |  |
|-------|--|-------------------------------|--|--|---|---|--|
|       |  | (a)<br>Business<br>code       | <b>(b)</b><br>Amount                               | (c)<br>Exclu-<br>sion                            | (d)<br>Amount   | (e) Related or exempt function income (See instructions.) |  |
|       | Program service revenue  |                               |  | code   |   |   |  |
| _     | NONE   |                               |  | <del>                                     </del> |   |   |  |
| b     |  | _                             |  | +  |   |   |  |
| С.    |  |                               |  | +  | <u> </u>  |   |  |
| d     |  |                               |  | +  |   |   |  |
| e     |  |                               |  | -  |   |   |  |
| t     |  |                               |  | -  |   |   |  |
| _     | Fees and contracts from government agencies  |                               |  | -  |   |   |  |
|       | Membership dues and assessments  |                               |  | ļ  |   |   |  |
|       | Interest on savings and temporary cash investments   |                               |  | <del> </del>                                     |   |   |  |
|       | Dividends and interest from securities   |                               | , <del></del>                                      |  |   | 10.   |  |
|       | Net rental income or (loss) from real estate:  |                               |  |  |   |   |  |
|       | Debt-financed property   |                               |  |  |   |   |  |
|       | Not debt-financed property   |                               | <u> </u>   |  |   |   |  |
| 6     | Net rental income or (loss) from personal property   |                               |  |  |   |   |  |
| 7     | Other investment income  |                               |  |  |   |   |  |
| 8     | Gain or (loss) from sales of assets other than inventory   |                               |  |  | . =   |   |  |
| 9     | Net income or (loss) from special events   |                               |  |  |   |   |  |
| 10    | Gross profit or (loss) from sales of inventory   |                               |  |  |   |   |  |
| 11    | Other revenue.   |                               |  |  |   |   |  |
| а     |  |                               |  |  |   |   |  |
| Ь     |  |                               | -  |  |   |   |  |
| С     |  |                               |  |  |   |   |  |
| d     |  |                               |  | T  |   |   |  |
| е     |  |                               |  |  |   |   |  |
| 12    | Subtotal. Add columns (b), (d), and (e)  |                               |  |  |   | 10.   |  |
| 13    | Total. Add line 12, columns (b), (d), and (e)  | <u> </u>                      |  |  | 13  | 10.   |  |
|       | worksheet in line 13 instructions to verify calculations   | s.)                           |  |  |   |   |  |
| Dar   | XVI-B Relationship of Activities to the  | Accompl                       | ishment of Evemr                                   | at Purn  | nses  | -   |  |
| TAL   |  |                               |  |  |   |   |  |
|       | <ul> <li>No. Explain below how each activity for which included accomplishment of the foundation's exempt p</li> </ul> | ome is repor<br>ourposes (oth | ted in column (e) of Pa<br>er than by providing fu | art XVI-A<br>Inds for s                          | contributed importantly t<br>uch purposes). (See inst | to the<br>tructions.)                                     |  |
| T.TN  | E 4 LINE 4 - THE FOUNDATION IS I   | PRIMARII                      | Y SUPPORTED BY                                     | Y GIFT   | 'S AND CONTRIBU                                       | TIONS. THE  |  |
|       | EARNINGS FROM INVESTMENTS AN   |                               |  |  |   |   |  |
|       | UNIVERSITY OF CALIFORNIA IN  | VINE TO                       | FURTHER THE FO                                     | TACINIT  | TONS PRIMARY P  | URPOSE OF   |  |
|       | MEDICAL RESEARCH.  | VIIID IO                      | TORTHER THE T                                      | <u> </u>   | 1010 11111111   | 01(1 0 <u>0</u> 2_01                                      |  |
|       | MEDICAL RESEARCH.  |                               |  |  |   | <del>-</del>  |  |
|       |  | <del></del>                   |  |  |   |   |  |
|       |  |                               | <del></del>  |  |   | •                   |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               |  | · <del>-</del>                                   | <del></del>   |   |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               |  |  |   | <del></del>   |  |
|       |  |                               |  |  | <del>-</del>  |   |  |
|       |  | <del></del>                   |  |  |   | <del></del>   |  |
|       |  |                               |  | <del></del> -                                    |   | <del></del>   |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               | · · · · · · · · · · · · · · · · · · ·              |  |   | · · · · · · · · · · · · · · · · · · ·                     |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               |  |  | <del></del> -   |   |  |
|       |  |                               |  |  |   |   |  |
|       |  |                               |  | _  |   |   |  |
|       |  |                               |  |  |   |   |  |

# Form 990-PF (2012) THOMAS & MISAKO YUEN FAMILY FOUNDATION 20-0512529 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

|                   |                                |   |                                   | ····                                   |  |  |  |  | <del></del> ;                               |           | <del></del> |
|-------------------|--------------------------------|---|-----------------------------------|--|--|--|--|--|---|-----------|-------------|
| d:                | escribe                        | organization direct<br>d in section 501(d<br>to political organiz | ) of the Code (of                 | ngage in any of<br>ther than section   | the following with<br>i 501(c)(3) organi | any oth<br>zations)                              | er organization<br>or in section 52    | 27,  |   | Yes       | No          |
| a Ti              | ransfers                       | s from the reporti  | ng foundation to                  | a noncharitable                        | exempt organiza                          | tion of.   |  |  |   |           | ĺ           |
| (1                | I) Cash                        | 1   |                                   |  |  |  |  |  | 1 a (1)                                     |           | Х           |
| (2                | 2) Othe                        | r assets  |                                   |  |  |  |  |  | 1 a (2)                                     |           | Х           |
| <b>b</b> O        | ther tra                       | insactions.   |                                   |  |  |  |  |  |   |           |             |
| (1                | ) Sale                         | s of assets to a n  | oncharitable exe                  | mpt organization                       | ι.                                       |  |  |  | 1 b (1)                                     |           | Х           |
| (2                | <b>2)</b> Purc                 | hases of assets f   | rom a noncharita                  | ible exempt orga                       | anization                                |  |  |  | 1 b (2)                                     |           | X           |
| (3                | 3) Rent                        | al of facilities, eq  | uipment, or othe                  | r assets                               |  |  |  |  | 1 b (3)                                     |           | Х           |
| (4                | I) Reim                        | bursement arran   | gements                           |  |  |  |  |  | 1 b (4)                                     |           | Х           |
| •                 | •                              | is or loan guarant  |                                   |  |  |  |  |  | 1 b (5)                                     |           | X           |
| •                 | •                              | ormance of servic   |                                   |  |  |  |  |  | 1 b (6)                                     |           | X           |
| <b>c</b> S        | haring (                       | of facilities, equip  | ment, mailing lis                 | ts, other assets,                      | or paid employe                          | es   | •                                      |  | 1 c   |           | Х           |
| <b>d</b> If<br>th | the and<br>ne good<br>ny trans | swer to any of the<br>is, other assets, o<br>saction or sharing   | above is 'Yes,' ir services given | complete the following the reporting   | lowing schedule. foundation. If the      | Column<br>e founda                               | (b) should alwa                        | ays show the fast than fair many services reco | aır market value<br>arket value ın<br>eyved | of        |             |
| (a) Line          |                                | (b) Amount involved   |                                   | of noncharitable exer                  | <u> </u>                                 | <del>,                                    </del> | <u>`</u>                               |  | s, and sharing arran                        | gements   | <del></del> |
| N/A               |                                | (-)   | (-)                               |  | - <b>-</b>                               | \ <u>-</u>                                       | -                                      |  |   |           | <u> </u>    |
| ,                 |                                |   |                                   |  | <u></u>                                  |  |  |  |   | •         |             |
|                   |                                |   |                                   |  | <del></del>                              |  |  |  |   |           |             |
|                   |                                | B 6, B 2  |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
| -                 |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
| d€                | escribe                        | undation directly of in section 501(c                             | ) of the Code (ot                 | ated with, or rela<br>her than section | ited to, one or mo<br>501(c)(3)) or in s | ore tax-e<br>section 5                           | xempt organiza<br>27?                  | itions   | Yes   | X         | No          |
|                   | (a)                            | Name of organiz   | ation                             | <b>(b)</b> Type                        | e of organization                        |  | (c                                     | ) Description o                                | of relationship                             |           |             |
| N/A               |                                |   |                                   |  | -  |  |  | <u> </u>                                       | •   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  |  |  |  |  |   |           |             |
|                   |                                |   |                                   |  | <del>-</del>                             |  |  | ,  |   |           |             |
|                   | Under pe                       | naities of perjury, I declarated and complete. Declarate          | ire that I have examined          | d this return, including :             | accompanying schedule                    | s and stater                                     | nents, and to the best                 | of my knowledge ar                             | nd belief, it is true,                      |           |             |
| Sign              | Correct,                       | and complete becara   | non or preparer (other            | man taxpayery is ba                    | sea on an information                    | or writeri pi                                    | eparer has any know                    | Medge  | May the I                                   | RS disci  | uss         |
| Here              |                                | 7/1.  |                                   |  | 1  | ▶,   | DECTDENM                               |  | this return                                 | n with th | ne          |
| Here              | Signat                         | ure of officer or trustee   | mac                               |  | Date                                     |  | PRESIDENT                              |  | (see instr                                  | uctions)  | 스 ]         |
|                   | Signat                         | Print/Type preparers  |                                   | Preparers                              | SIL                                      |  | Date /                                 | Oha -i   | I IDTIN                                     | Yes       | No          |
| n - ' - '         |                                |   | CORBIN                            |  |  |  | 9/9/13                                 | Check  | <b>」"</b> │                                 | 220       |             |
| Paid              |                                |   |                                   |  |  |  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Sell elliploye                                 |   | 220       |             |
| Prepa             |                                | Firm's name   | CORBIN, LI                        |  | CTE AEO                                  |  | · · · · · · · · · · · · · · · · · · ·  | Firm's EIN - 3                                 | 3-0971213                                   |           |             |
| Use O             | עוחי                           | Firm's address  |                                   | NT DRIVE, :<br>A 92612                 | STE 450                                  |  |  | Dhans /  | 040) 750 1                                  | 2000      |             |
| D A A             |                                |   | INVINE, CA                        | 7 74014                                |  |  |  | Phone no (                                     | 949) 752-2                                  |           |             |
| BAA               |                                |   |                                   |  |  |  |  |  | Form 990                                    | )-PF (2   | 2012)       |

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545 0047

2012

| Name of the organization  |  | Employer identification number  |
|---|--|---|
| THOMAS & MISAKO YUEN FAMILY   | Y FOUNDATION   | 20-0512529  |
| Organization type (check one).  |  |   |
| Filers of:  | Section:   |   |
| Form 990 or 990-EZ  | 501(c)() (enter number) org  | ganization  |
|   | 4947(a)(1) nonexempt charitable to   | rust <b>not</b> treated as a private foundation   |
|   | 527 political organization   |   |
| Form 990-PF   | X 501(c)(3) exempt private foundation  | on  |
|   | 4947(a)(1) nonexempt charitable to   | rust treated as a private foundation  |
|   | 501(c)(3) taxable private foundation   | on  |
| Check if your organization is covered by the  | e General Rule or a Special Rule   |   |
| Note. Only a section 501(c)(7), (8), or (10) or   | organization can check boxes for both the G  | General Rule and a Special Rule See instructions.   |
| General Rule  | Š  | ·   |
|   | )-EZ, or 990-PF that received, during the ye   | ear, \$5,000 or more (in money or property) from any one  |
| Special Rules   |  |   |
| 509(a)(1) and 170(b)(1)(A)(vi) and received   | ng Form 990 or 990-EZ that met the 33-1/3%<br>ved from any one contributor, during the ye<br>Part VIII, line 1h or (ii) Form 990-EZ, line 1. | 6 support test of the regulations under sections<br>ear, a contribution of the greater of (1) \$5,000 or<br>Complete Parts I and II   |
| For a section 501(c)(7), (8), or (10) orgational contributions of more than \$1,000 the prevention of cruelty to children or a                                | for use exclusively for religious, charitable,   | eived from any one contributor, during the year, scientific, literary, or educational purposes, or  |
| contributions for use exclusively for religions of this box is checked, enter here the to   | gious, charitable, etc, purposes, but these c<br>tal contributions that were received during t   | eived from any one contributor, during the year,<br>contributions did not total to more than \$1,000.<br>he year for an <i>exclusively</i> religious, charitable, etc,<br>organization because it received nonexclusively |
| religious, charitable, etc, contributions of  | of \$5,000 or more during the year   | <b>▶</b> \$   |
| Caution: An organization that is not covered by the General answer 'No' on Part IV, line 2, of its Form 990; or clareet the filing requirements of Schedule B | heck the box on line H of its Form 990-EZ or on Par  | le B (Form 990, 990·EZ, or 990·PF) but it <b>must</b><br>rt I, line 2, of its Form 990·PF, to certify that it does not  |
| BAA For Paperwork Reduction Act Notice, or 990-PF.  | , see the Instructions for Form 990, 990EZ,  | Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)  |

| Schedule      | <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)  | Page                          | 1 of 1 of Part   |
|---------------|--|-------------------------------|--|
| -             | & MISAKO YUEN FAMILY FOUNDATION  |                               | 512529   |
| Part I        | Contributors (see instructions). Use duplicate copies of Part I if additional space is nee | ded.                          |  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| 1             | THOMAS & MISAKO YUEN  10 SKYRIDGE  NEWPORT COAST, CA 92657                                 | <br><br>\$50,000.             | Person X Payroll Noncash Complete Part II if there is a noncash contribution.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | <br>\$                        | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
| <del></del>   | <br>   | <br> \$                       | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | <br> \$                       | Person Payroll Complete Part II if there is a noncash contribution.)           |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | \$                            | Person Payroll Oncash Complete Part II if there is a noncash contribution.)    |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|               |  | <br><br>\$                    | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |

Page

1 t

of Part II

Name of organization

THOMAC C MICARO VIEW FAMILY FOUNDATION

Employer identification number

1

THOMAS & MISAKO YUEN FAMILY FOUNDATION

20-0512529

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | ace is needed.                                 |                      |
|---------------------------|---|--|----------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           | N/A   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | -  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   |  |                      |
|                           |   | \$   |                      |
| BAA                       | Sch   | <br>edule <b>B</b> (Form 990, 990-E            |                      |

| Schedule B                | (Form 990, 990-EZ, or 990-PF) (2012)  |   | _              | Page          | 1 to                  | 1 of         | Part III                              |
|---------------------------|---|---|----------------|---------------|-----------------------|--------------|---------------------------------------|
| Name of organ<br>TUへMカワ   | uzation<br>& MISAKO YUEN FAMILY FOUNDAT   | TTON                                      |                |               | Employer idea 20-0512 |              | ber                                   |
|                           | Exclusively religious, charitable, etc,   |   | o section 5    | 01(c)(7), (8  |                       | .525         | <del></del>                           |
|                           | organizations that total more than  | \$1,000 for the year. Compl               | ete columns (a | ) through (e) | and the follow        | wing line en | try.                                  |
|                           | For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (I | otal of <i>exclusively</i> religious, cha | ritable, etc,  | `             | ►Ś                    |              | N/A                                   |
|                           | Use duplicate copies of Part III if additional s  | pace is needed.                           | z manucnona.   | ,             | <b>Y</b>              |              | N/A                                   |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift                        |                | Desc          | (d)<br>cription of ho | w gift is he | ld                                    |
|                           | N/A   |   |                |               |                       |              |                                       |
|                           |   |   |                |               |                       | <del></del>  |                                       |
|                           |   |   |                |               |                       |              |                                       |
|                           |   | (e)<br>Transfer of gift                   |                |               |                       |              | <del> </del>                          |
|                           | Transferee's name, address  | s, and ZIP + 4                            | Rela           | tionship of   | transferor to         | transferee   |                                       |
|                           |   |   |                |               | . <u> </u>            |              |                                       |
|                           | -   |   |                | -             |                       |              |                                       |
|                           |   |   |                |               |                       |              |                                       |
| (a)<br>No. from<br>Part l | (b)<br>Purpose of gift  | (c)<br>Use of gift                        |                | Desc          | (d)<br>cription of ho | w gift is he | eld                                   |
|                           |   |   |                |               |                       |              |                                       |
|                           |   |   |                |               |                       | <del></del>  |                                       |
|                           |   |   |                |               |                       |              |                                       |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>s, and ZIP + 4 | Rela           | tionship of   | transferor to         | transferee   |                                       |
|                           |   |   |                |               |                       |              |                                       |
|                           |   |   |                |               | <u></u>               |              |                                       |
|                           |   |   |                |               |                       |              | · · · · · · · · · · · · · · · · · · · |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift                        |                | Desc          | (d)<br>cription of ho | w gift is he | eld                                   |
|                           |   |   |                |               |                       |              |                                       |
|                           |   |   |                | =-            |                       |              | (                                     |
|                           |   |   |                |               | <del></del>           |              | <del></del>                           |
|                           |   | (e)<br>Transfer of gift                   |                |               |                       |              |                                       |
|                           | Transferee's name, addres   |   | Rela           | tionship of   | transferor to         | transferee   | ·                                     |
|                           |   |   |                |               |                       |              |                                       |
|                           |   |   |                |               |                       |              |                                       |

| (b)<br>Purpose of gift | (c)<br>Use of gift | (d) Description of how gift is held |
|------------------------|--------------------|-------------------------------------|
|                        |                    |                                     |
|                        | -                  |                                     |
| -                      | rurpose or girt    | ruipose oi giit ose oi giit         |

| (e)<br>Transfer of gif                  | t  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| 012   | FEDERAL STA                             | TEMENTS                   |                     | PAGE 1                              |
|---|---|---------------------------|---------------------|-------------------------------------|
| THO   | MAS & MISAKO YUEN F                     | AMILY FOUND               | ATION               | 20-051252                           |
| STATEMENT 1<br>FORM 990-PF, PART I, LINE 18<br>TAXES                                      |   |                           |                     |                                     |
| CA TAX  | (A) EXPENSES PER BOOKS  TOTAL \$ 1      | INCOME  O.                |                     | (D)<br>CHARITABLE<br>PURPOSES<br>0. |
| STATEMENT 2<br>FORM 990-PF, PART I, LINE 23<br>OTHER EXPENSES                             |   |                           |                     |                                     |
| LICENSE & FEES  | (A) EXPENSES PER BOOK \$ 72 TOTAL \$ 72 | S INVESTMEN<br>S INCOME   | T ADJUSTED          | (D)<br>CHARITABLE<br>PURPOSES       |
| STATEMENT 3 FORM 990-PF, PART XV, LINE 1 FOUNDATION MANAGERS - 2% THOMAS YUEN MISAKO YUEN | A<br>OR MORE CONTRIBUTO                 | DRS                       |                     |                                     |
| STATEMENT 4 FORM 990-PF, PART XV, LINE 3 RECIPIENT PAID DURING THE Y                      | A<br>⁄EAR                               |                           |                     |                                     |
|   | DONEE<br>RELATIONSHIP                   | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT |                                     |

FOUNDATION FOR PRIMARY

NEWPORT BEACH, CA 92660

IMMUNEDEFICIENCY

2 GENEVE

NONE

TO SUPPORT THE EDUCATION,

DIAGNOSIS, TREATMENT AND RESEARCH IN

**IMMUNODEFICIENCY** 

PRIMARY

DISEASES

10,500.

**PUBLIC** 

| 20 | 11  | • |
|----|-----|---|
| Zι | , , | 4 |

### **FEDERAL STATEMENTS**

PAGE 2

**THOMAS & MISAKO YUEN FAMILY FOUNDATION** 

20-0512529

#### STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS   | DONEE<br>RELATIONSHIP | FOUND-<br>ATION<br>STATUS | PURPOSE OF<br>GRANT  | AMOUNT     |
|--|-----------------------|---------------------------|--|------------|
| UCI FOUNDATION<br>4199 CAMPUS DRIVE<br>IRVINE, CA 92697                                    | NONE                  | PUBLIC                    | SUPPORT IN PROMOTING THE UNIVERSITY; INCREASE PHILANTHROPHY; AND GROW THE ENDOWMENT; ENSURE THE APPROPRIATE USE OF ALL FUNDS; AND PURSUE BEST GOVERNANCE PRACTICES | \$ 50,000. |
| SPIN<br>151 KALMUS DRIVE<br>COSTA MESA, CA 92626   | NONE                  | PUBLIC                    | SUPPORT TO AID<br>IN THE<br>REHABILITATION<br>OF HOMELESS<br>PEOPLE IN NEED  | 3,000.     |
| PROVIDENCE SPEECH AND<br>LEARNING CENTER<br>1301 PROVIDENCE AVENUE<br>ORANGE, CA 92868     | NONE                  | PUBLIC                    | SUPPORT IN PROVIDING SERVICES TO THE SPEECH AND HEARING IMPAIRED.  | 6,000.     |
| ASIAN AMERICAN SENIOR<br>CITIZENS SERVICE<br>850 NORTH BIRCH STREET<br>SANTA ANA, CA 92701 | NONE                  | PUBLIC                    | SUPPORT IN MEETING THE NEEDS OF THE ASIAN AND AMERICAN ELDERLY, ASSISTING IN THEIR ACCESS TO ESSENTIAL HEALTH CARE AND SOCIAL SERVICES                             | 26,000.    |
|  |                       |                           | TOTAL  | \$ 95,500. |

#### Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box...... If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unlessyou have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/eflle and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.... All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer Identification number (EIN) or Type or print THOMAS & MISAKO YUEN FAMILY FOUNDATION 20-0512529 Number, street, and room or suite number. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 10 SKYRIDGE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions NEWPORT COAST, CA 92657-1814 Enter the Return code for the return that this application is for (file a separate application for each return)..... Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► THOMAS YUEN Telephone No. ▶ FAX No. ► If the organization does not have an office or place of business in the United States, check this box...... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box..... | . If it is for part of the group, check this box.... | and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 12 or \_ \_ \_, and ending tax year beginning \_\_\_\_. 20 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3 a 0. 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 ...... 3 b S 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

payment instructions

|   |  |  |   | 1 0gc m         |
|---|--|--|---|-----------------|
| If you are filing for an Additional (Not Autor)   |  |  |   | <b>-</b> X      |
| Note. Only complete Part II if you have already   | -  | ·  | ly filea Form 8868.   |                 |
| • If you are filing for an Automatic 3-Month Ex   |  |  |   |                 |
| Part II. Additional (Not Automatic) 3   | -Month Extension of  | Time. Only file the original (r  | no copies needed)   |                 |
|   |  | Enter filer's  | identifying number, s   | ee instructions |
| Name of exampt organization or other filer, se  | - instructions   |  | Employer identification nur   | nter (EIN) or   |
| Type or   |  |  |   |                 |
| print THOMAS & MISAKO YUEN F  |  | N  | 20-0512529  | ·               |
| Number, street, and room or suite number. If a  | a P O bilk isee mistructions   |  | Social security number (SS  | N)              |
| CORBIN, LLP   |  |  |   |                 |
| 2201 DUPONT DRIVE, STE  |  |  | <u> </u>  | ····            |
| restructions City town or post office, state and ZiP code   | For a foreign address, see instru  | DORS   |   |                 |
| IRVINE, CA 92612  |  |  |   |                 |
|   |  |  |   |                 |
| Enter the Return code for the return that this ap   | plication is for (file a sep   | arate application for each return)   | * *   | 04              |
|   |  |  |   |                 |
| Application   | Return   | Application  |   | Return          |
| Is For  | Code   | Is For   |   | Code            |
| <u>Form 990 or Form 990-FZ</u>  | 01   |  | <u>/</u>  | 77,50           |
| Form 990-BL   | 02   | Form 1041-A  |   | 08              |
| Form 4720 (individual)  | 03   | Form 4720  |   | 09              |
| Form 990-PF   | 04   | Form 5227  |   | 10              |
| Farm 990 T (section 401(a) or 408(a) trust)   | 05   | Form 6069  |   | 11              |
| Form 990-T (trust other than above)   | l 06   | Form 8870  | · · · · · · · · · · · · · · · · · · ·                                       | 12              |
| STOP! Do not complete Part II if you were not a  • The books are in care of ► THOMAS YUE  | lready granted an automa   |  | rsly filed Form 8868.   |                 |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of this is for a Group Return, enter the organization group, check this box . ► ☐ If it is the state of the sta | Iready granted an automatic  FAX No. FAX No. FAX no. Fax no the nization's four digit Group  | : United States, check this box<br>Exemption Number (GEN)  | -<br>If   | this is for the |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of at this is for a Group Return, enter the organization.  | Iready granted an automatic  FAX No. FAX No. FAX no. Fax no the nization's four digit Group  | : United States, check this box<br>Exemption Number (GEN)  | -<br>If   |                 |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of it this is for a Group Return lenter the organization group, check this box . ► If it is to the members the extension is for  | FAX No. FAX No. FAX no. Fax no in the inization's four digit Group or part of the group iched  | E United States, check this box Exemption Number (GEN) Sk this box ► and attach a list wi  | -<br>If   |                 |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization does not have an office of it this is for a Group Return lenter the organization does not have an office of this group, check this box . ► If it is to the interest the extension is for   | FAX No. FAX No | E United States, check this box Exemption Number (GEN)  k this box • and attach a list wi  | If the names and EIN  | s of all        |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of it this is for a Group Return lenter the organization group, check this box . ► If it is to the members the extension is for  | FAX No. FAX No | E United States, check this box Exemption Number (GEN)  k this box  and attach a list with the control of the c | If the names and EIN  | s of all        |
| • The books are in care of ► THOMAS YUE Telephione No ► • If the organization does not have an office of • If this is for a Group Return enter the organization group, check this box . ► ☐ If it is to the members the extension is for  4 I request an additional 3-month extension 5 For calendar year 2012, or other tax  | FAX No. FAX No | E United States, check this box Exemption Number (GEN)  k this box  and attach a list with the control of the c | If<br>ith the names and EIN   | s of all        |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of this is for a Group Return, enter the organization group, check this box . ► If it is to the extension is for  4. I request an additional 3-month extension is For calendar year 2012, or other tax 6. If the tax year entered in line 5 is for less  | FAX No. FAX No | e United States, check this box Exemption Number (GEN)  k this box  and attach a list with the state of the s | If<br>ith the names and EIN<br>. 20<br>Final return                         | s of all        |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of this is for a Group Return enter the organization group, check this box . ► If it is to members the extension is for  4. I request an additional 3-month extension 5. For calendar year 2012, or other tax 6. If the tax year entered in line 5 is for less Change in accounting period   | FAX No. FAX No | E United States, check this box Exemption Number (GEN)  k this box  and attach a list with the control of the c | If the names and EIN  , 20  Final return  DDITIONAL TIME                    | s of all        |
| The books are in care of ► THOMAS YUE Telephone No ►  • If the organization does not have an office of it this is for a Group Return enter the organization group, check this box . ► If it is to members the extension is for  4. I request an additional 3-month extension 5. For calendar year 2012, or other tax 6. If the tax year entered in line 5 is for tess.  Change in accounting period.  7. State in detail why you need the extension.  | FAX No. FAX No | e United States, check this box Exemption Number (GEN)  k this box  and attach a list with the state of the s | If the names and EIN  , 20  Final return  DDITIONAL TIME                    | s of all        |
| The books are in care of ► THOMAS YUE Telephone No ►  • If the organization does not have an office of it this is for a Group Return enter the organization group, check this box . ► If it is to members the extension is for  4. I request an additional 3-month extension 5. For calendar year 2012, or other tax 6. If the tax year entered in line 5 is for tess.  Change in accounting period.  7. State in detail why you need the extension.  | FAX No. FAX No | e United States, check this box Exemption Number (GEN) ck this box ► and attach a list with the company of the  | If the names and EIN  , 20  Final return  DDITIONAL TIME                    | TO              |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of it this is for a Group Return enter the organization group, check this box . ► If it is to members the extension is for  4 I request an additional 3-month extension 5 For calendar year 2012 , or other tax 6 if the tax year entered in line 5 is for less Change in accounting period 7 State in detail why you need the extension GATHER INFORMATION NECESS.  8 a if this application is for Form 990-BL, 990 nonrefundable credits. See instructions bit this application is for Form 990-PE, 99 | FAX No. For place of business in the dization's four digit Group or part of the group checon part of the group checon part of the group checon function of time until 11/15 year beginning than 12 months, check remains a TAXPAYER REARY TO FILE A COMPE. 990-T. 4720, or 6069  | e United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with the state of the | If the names and EIN  Final return  DITIONAL TIME  AX RETURN.  8a\$         | TO              |
| The books are in care of ► THOMAS YUE Telephone No ►  It the organization goes not have an office of this is for a Group Return enter the organization group, check this box . ► If it is to the extension is for  I request an additional 3-month extension for the tax year entered in line 5 is for less Change in accounting period  The tax year entered in line 5 is for less Change in accounting period  The tax year entered in line 5 is for less GATHER INFORMATION NECESS.  | FAX No. For place of business in the dization's four digit Group or part of the group checon part of the group checon part of the group checon function of time until 11/15 year beginning than 12 months, check remains a TAXPAYER REARY TO FILE A COMPE. 990-T. 4720, or 6069  | e United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with the state of the | If the names and EIN  Final return  DITIONAL TIME  AX RETURN.  8a\$         | TO              |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization goes not have an office of it this is for a Group Return enter the organization group, check this box . ► If it is to members the extension is for  4 I request an additional 3-month extension 5 For calendar year 2012 , or other tax 6 if the tax year entered in line 5 is for less Change in accounting period 7 State in detail why you need the extension GATHER INFORMATION NECESS.  8 a if this application is for Form 990-BL, 990 nonrefundable credits. See instructions b if this application is for Form 990-PF, 990 payments mage, include any prior year or  | FAX No. For place of business in the inization's four digit Group or part of the group checon part of the group checon films until 11/15 year beginning than 12 months, check remarks TAXPAYER REARY TO FILE A CO. PF. 990-T. 4720, or 6069 enter a verpayment allowed as a linclude your payment with the control of the cont | e United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with this box  and ending  asson.  Initial return  CSPECTFULLY REQUESTS AD  MPLETE AND ACCURATE TA  my refundable credits and estimated credit and any amount paid previous with this form, if required, by using  | If the names and EIN  A Print Polition AL TIME  AX RETURN.  8 a \$          | TO              |
| • The books are in care of ► THOMAS YUE Telephone No ► • If the organization does not have an office of this is for a Group Return enter the organization group, check this box . ► If it is to members the extension is for  4 I request an additional 3-month extension 5 For calendar year 2012, or other tax 6 If the tax year entered in line 5 is for tess Change in accounting period 7 State in detail why you need the extension GATHER INFORMATION NECESS.  8 a if this application is for Form 990-BL, 990 nonrefundable credits. See instructions b if this application is for Form 990-PF, 990 payments image, include any prior year or with Form 8868.  c Balance due. Subtract line 8b from tine 8a EF IPS (Electronic Federal Tax Payment)   | FAX No. FAX No | e United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with this box  and ending  asson.  Initial return  CSPECTFULLY REQUESTS AD  MPLETE AND ACCURATE TA  my refundable credits and estimated credit and any amount paid previous with this form, if required, by using  | Final return  DDITIONAL TIME  AX RETURN.  8a \$  1 tax  sly  8b \$  8c \$   | TO              |
| The books are in care of ► THOMAS YUE Telephone No ►  'If the organization goes not have an office of it this is for a Group Return enter the organ whole group, check this box . ► If it is to members the extension is for  4. I request an additional 3-month extension 5. For calendar year 2012, or other tax 6. If the tax year entered in line 5 is for less Change in accounting period 7. State in detail why you need the extension GATHER INFORMATION NECESS.  8 a if this application is for Form 990-BL, 990 nonrefundable credits. See instructions b if this application is for Form 990-PF, 990 payments image, Include any prior year or with Form 8868 c Balance due. Subtract line 8b from I ne 8a EF IPS (Electronic Federal Tax Payment)  Signature is   | FAX No. FAX No | e United States, check this box Exemption Number (GEN)  k this box  and attach a list with this box  and attach a list with this form, if required, by using test be completed for Part II construction.   | Final return  DDITIONAL TIME AX RETURN.  8a \$ 1 tax sly 8b \$ 8c \$  only. | TO              |
| The books are in care of ► THOMAS YUE Telephone No ►  It the organization does not have an office of this is for a Group Return enter the organization group, check this box . ► If it is to members the extension is for  I request an additional 3-month extension for the tax year entered in line 5 is for less.  Change in accounting period  The tax year entered in line 5 is for less.  Change in accounting period  The tax year entered in line 5 is for less.  Gather Information Necess.  8 a if this application is for Form 990-BL, 990 nonrefundable credits. See instructions.  b if this application is for Form 990-PF, 990 payments image. Include any prior year of with Form 8868.  c Balance due. Subtract line 8b from tine 8a EF IPS (Electronic Federal Tax Payment).  | FAX No. FAX No | e United States, check this box Exemption Number (GEN)  k this box  and attach a list with this box  and attach a list with this form, if required, by using test be completed for Part II construction.   | Final return  DDITIONAL TIME AX RETURN.  8a \$ 1 tax sly 8b \$ 8c \$  only. | TO              |
| The books are in care of ► THOMAS YUE Telephone No ►  1 the organization does not have an office of this is for a Group Return enter the organization group, check this box . ► If it is to the extension is for  4 I request an additional 3-month extension 5 For calendar year 2012 , or other tax 6 if the tax year entered in line 5 is for less Change in accounting period 7 State in detail why you need the extension GATHER INFORMATION NECESS.  8 a if this application is for Form 990-BL, 990 nonrefundable credits. See instructions b if this application is for Form 990-PF, 990 payments image. Include any prior year or with Form 8868 c Balance due. Subtract line 8b from I ne 8a EF IPS (Electronic Federal Tax Payment).   | FAX No. FAX No | e United States, check this box Exemption Number (GEN)  k this box  and attach a list with this box  and attach a list with this form, if required, by using test be completed for Part II construction.   | Final return  DDITIONAL TIME AX RETURN.  8a \$ 1 tax sly 8b \$ 8c \$  only. | TO              |