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Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2012

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

7	A	For the 2012 c	alendar year, or tax year beginning , 2012, and ending		<u></u>
1	₿	Check if applicable	C Name of organization	D Employer	identification number
	Н	Address change	TSAI HSING SCHOOL FOUNDATION	27-18	325871
	Н	Name change Initial return	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone	
	\vdash	Terminated	250 FIRST ST. 1201 806	/2131	568-1515
	\vdash	Amended return	City or town, state or country, and ZIP + 4		
	H		LOS ANGELES CA 90012	F Group E Number	
7		Accounting Me			organization is not
ì	_	· .			Schedule B
	j				Z, or 990-PF)
-					
'	K	normally not r	the organization is not a section 509(a)(3) supporting organization or a section 527 organization or a section 527 organization or the storm 990-EZ or Form 990 return is not required though Form 990-N (e-p	ion and its (gross receipts are
		instructions).	But if the organization chooses to file a return, be sure to file a complete return	ostcard) ilia	ay be required (see
1		Add lines 5b, 6	6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total	
,.			, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	33,700.
Ĺ	Pa		iue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	for Part I)
<u> </u>			f the organization used Schedule O to respond to any question in this Part I	· · · · · · · · · · · · · · · · · · ·	. <u>X</u>
2615			tions, gifts, grants, and similar amounts received	1	33,700.
€9		_	service revenue including government fees and contracts	. 2	
Ö		3 Member	ship dues and assessments	3	
			ent income	4	
JAis		i	mount from sale of assets other than inventory 5a	201	
			st or other basis and sales expenses		
			ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
-		_	and fundraising events	ار يسيد بالمراجعة بالمراجعة	
4.6	CZM <m< td=""><td></td><td>come from gaming (attach Schedule G if greater than \$15,000)</td><td></td><td></td></m<>		come from gaming (attach Schedule G if greater than \$15,000)		
S	Ē	i e	come from fundraising events (not including \$ of contributions		
(F)	Ü		draising events reported on line 1) (attach Schedule G if the sum gross income and contributions exceeds \$15,000) 6 b	1 mg 15	
	-	``	rect expenses from gaming and fundraising events		
		d Net inco	me or (loss) from gaming and fundraising events (add lines 6a and		
		6b and s	subtract line 6c)	6 d	
		7 a Gross sa	ales of inventory, less returns and allowances		
		b Less: co	st of goods sold		
		c Gross pr	rofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
			venue (describe in Schedule O)	. 8	
_			venue. Add lines 1, 2, 3, 4, 5c, 6d, 7ct and 8 1 2 3 1 4 2 5 1 4 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	33,700.
			ınd sımılar amounts paid (list in Schedule O) ட ச மிர் ம்	10	
			paid to or for members	11	
	E		, other compensation, and employee benefits 3DSM. UT.	12	
	Đ		onal fees and other payments to independent contractors	. 13	1,336.
	一大中国の日の		ncy, rent, utilities, and maintenance	14	<u> </u>
	E S		publications, postage, and shipping	15	
			penses (describe in Schedule O)		54,488.
_			penses. Add lines 10 through 16	▶ 17	55,824.
	A	18 Excess of	or (deficit) for the year (Subtract line 17 from line 9)	18	-22,124.
Ž	S	19 Net asse	ets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y		
7	ASSET		ported on prior year's return)	. 19	44,775.
	\$	i	ranges in net assets or fund balances (explain in Schedule O)	20	
-) 		ets or fund balances at end of year. Combine lines 18 through 20	. ► 21	22,651.
		- rorraperwo	ork Reduction Act Notice, see the separate instructions.		Form 990-EZ (20:2)

Form 990-EZ (2012) TSAI HSING SCHO	OOL FOUNDATION		27	-182	5871 Page 2
Partill Balance Sheets. (see the ins	structions for Part II.)	stron in this Bort II			П
Check if the organization used Sche	dule O to respond to any que		A) Beginning of year	ar	(B) End of year
22 Cash, savings, and investments				. 22	14,688.
23 Land and buildings			0		0.
24 Other assets (describe in Schedule O) .			0	-	0.
25 Total assets			44,775	. 25	14,688.
26 Total liabilities (describe in Schedule O)			0	. 26	-7,963.
27 Net assets or fund balances (line 27 of o			44,775	. 27	22,651.
Rand III Statement of Program Service Ac	ccomplishments (see the inst	trs for Part III.)		_	Expenses
Check if the organization used Sch	redule O to respond to any qu	uestion in this Part III			ured for section 501 and 501(c)(4)
What is the organization's primary exempt purpose?	OFFER EXCELLENT ACADEMIC PROG	RAMS AND COMMUNITY SERV	ICES AND INCREASE	organ	zations and section
What is the organization's primary exempt purpose? To Describe the organization's program service at measured by expenses, in a clear and concise the state of the service	manner, describe the service	es provided, the numbe	r of persons		a)(1) trusts, optional
beliefted, and other relevant information for ea	acii program title.			for ot	
28 SCHOLARSHIP 52488.0	2				
(Grants \$ 0_) If th	is amount includes foreign gr			00	
				28 a	52,488.
29 COMMUNITY SERVICES 2,00	50.00				
(Grants \$ 0.) If th	is amount includes foreign gr	ants check here		29 a	
30 LEGAL EXPENSES 1 336 (no arrivant includes loreign gr	ants, check here	•• • • • • • • • • • • • • • • • • • • •	254	2,000.
30 LEGAL EXPENSES 1,336.	20				
(Grants S	is amount includes foreign or	ants check here		30 a	1 226
(Grants \$ 0.) If the 31 Other program services (describe in Scho	edule (1)	arito, cricon nore	· · · · · · · · · · · · · · · · · · ·	300	1,336.
	is amount includes foreign gr			31 a	
32 Total program service expenses (add lin				32	55,824.
Randiw List of Officers, Directors,					
Check if the organization used Sch	nedule O to respond to any qu	lestion in this Part IV	en in not compensated	(zee ale	
	(b) Average hours per	(c) Reportable compensation	(d) Health benefits contributions to emplo	s,	(A) Fate-at-d
(a) Name and Title	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe	erred	(e) Estimated amount of other compensation
DAVITUTA AUDITA			compensation	-	
DOMINIC CHANG					0
PRESIDENT AND SECRETARY		0.	 	_0.	0.
JIMMY HSU VICE PRESIDENT		٥.		0.	0.
CHARLES CHIEN	· · · · · · · · · · · · · · · · · · ·	<u> </u>		- ' 	<u> </u>
CFO		0.		0.	0.
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NOA.	16670012 0	Ųr. 1-17 (Ų			1 UHB 330°EA (2012)

Par	tW Other Information (Note the Schedule A and personal benefit contract statement requ	irements in	<u>, </u>		age c
	the instructions for Part V) Check if the organization used Schedule O to respond to any qu	estion in this Part V .			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'			Yes	No
34	provide a detailed description of each activity in Schedule O		33		x
5 4	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	mended documents if they reflect	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year f	rom business activities			<u> </u>
	(such as those reported on lines 2, 6a, and 7a, among others)?	• • • • • • • • • • • • • • • • • • • •	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an exp		35 b	<u> </u>	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	1 6033(e) notice,	35 c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant				
27 -	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .		36	# 180	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37a 0	. 37 b		ŒŒ X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key em	ployee or were		e e	****
	any such loans made in a prior year and still outstanding at the end of the tax year covered by	this return?	38 a		Х
t	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38Ь			
39	Section 501(c)(7) organizations. Enter:				
	·	39 a		-	
		39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the ye				7
L	section 4911 ► ; section 4912 ► ; section 4955 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958				
	transaction during the year or did it engage in an excess benefit transaction in a prior year that	has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b	600	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	>			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	•			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited t shelter transaction? If 'Yes,' complete Form 8886-T	ax	40 e	believe.	X
41	List the states with which a copy of this return is filed	•	1400		
	The organization's books are in care of TSAI HSING SCHOOL FOUNDATION Located at 250 FIRST AVE SUITE 1201 LOS ANGELES At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other final if 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.	ncial account)?		Yes	5 NoX
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.		42 c		Х
	If 'Yes,' enter the name of the foreign country: ►				
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chec and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mus	the completed instead		Yes	No
	of Form 990-EZ		44 a		X
	Instead of Form 990-EZ		44 b		X
			1000		X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		44 d	THE PARTY OF	2200727
	Did the organization have a controlled entity of the organization within the meaning of section 5		45 a	# 2 a a a	ا مشور کا دیا
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	of section 512(b)(13)? If 'Yes,'	45 b		Х
	TEEA0812 103/14/13	F	orm 99	0-EZ (2012)

46 Did	the organization engage, directly or indirectly didates for public office? If 'Yes,' complete	tly, in political campaig Schedule C, Part I	n activities o	on behalf of	or in opposition to	. 46	X
	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only				he tables	
	Check if the organization used Schedule	e O to respond to any q	uestion in th	ıs Part VI			
47 Did	the organization engage in lobbying activiti	es or have a section 50)1(h) election	n in effect d	uring the tax year? If 'Yes,	Yes	No X
	ne organization a school as described in se					48	X
	the organization make any transfers to an		_			49 a	X
50 Con	es,' was the related organization a section nplete this table for the organization's five holoyees) who each received more than \$100	nighest compensated er	nployees (ot	ther than off			<u> </u>
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2/		(d) Health benefits,	e) Estimated amount other compensations	
NONE						<u>.</u>	
						<u> </u>	
	al number of other employees paid over \$10						
51 Con	nplete this table for the organization's five happensation from the organization. If there is	nighest compensated in none, enter 'None.'	dependent c	ontractors v	vho each received more tha	an \$100,000 c	of
(a)	Name and address of each independent contractor paid	more than \$100,000		(b) Type	of service	(c) Compensat	ion
NONE							
		· · · · · · · · · · · · · · · · · · ·					
				,			
			-				
		· <i></i>					
d Tota	al number of other independent contractors	each receiving over \$1	00,000				
cha	the organization complete Schedule A? No ritable trusts must attach a completed Schedule Action of the school of t	edule A			· · · · · · · · · · · · · · · · · · ·	Yes	No
true, correct	ties of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	ry's based on all information of	of which prepare	r has any know	ledge	77 -1	
Sign	ISignature of officer)		<u></u> ;	Date 17 (V3/	14	
Here	DOMINIC CHANG Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check If PTIN		
Paid	ZHUANG-MU LIU Firm's name ► ZHUANG-MU LIU	ZHUANG-MU (XIV		110/23/	14 self-employed PO	1271250	
Preparer Use Only	211011110 110 114	r AVE. #4/FI			Firm's EIN ► 3	2-0038372	2
	FLOSHING		NY	11354	Phone no (718)	321-205	51
May the I	RS discuss this return with the preparer she	own above? See instruc	ctions			►	No
						Form 990-EZ	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Part \times Reason for Public Charity Status (All organizations must complete this part.) See instructions.				FOUNDATI								32587			
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A corganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). A community trust described in section 170(b)(1)(A)(iii). A companization organization organized and operated exclusively for the benefit of to perform the functions of, or carry out the purposes of one or more publicity supported organization and complete free section 509(a)(i) or section 509(a)(i). An organization organization and complete free heenflet of, to perform the functions of, or carry out the purposes of one or more publicity supported organizations described in section 509(a)(i) or section 509(a)(i). A companization organization and complete free heenflet of, to perform the functions of, or carry out the purposes of one or more publicity supported organizations described in section 509(a)(i) or section 509(a)(i). A companization organization and complete free heenflet of, to perform the functions of, or carry out the purpo	Part 1	Reas	on for Pub	lic Charity	Status	(All organizations	must o	comple	te this	part.)	See i	nstruct	ions.		
A school described in section 170(b)(1)A(A)(ii), (Altach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). Complete Part II.) A community frust described in section 170(b)(1)(A)(v). Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust	The orga	_	· ·			-	-		•	•					
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from one than 33-1/3% of its support from governmental unit or from the general public described in section 170(b)(1)(A)(v). An organization that normally receives: (1) more than 33-1/3% of its support from properties of the section 170(b)(1)(A)(v). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organization and complete the certain exclusively for the benefit of to perform the functions of, or carry out the purposes of one or more publicity supported organizations and complete lines 1 te through 11h. a Type I b Type II c Type III c Type III or Type III o	1	A chur	ch, convention	n of churches	or associ	ation of churches desc	ribed in :	section	170(b)(1)(A)(i).					
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A commandation that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A complete Part III.) A complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A complete Part	2	A scho	ol described i	n section 170	(b)(1)(A)((ii). (Attach Schedule E)								
name, city, and state: A region (NA)(NA). (Complete Part II)	3	A hosp	ital or a coop	erative hospita	al service	organization describe	d in sect	ion 170((b)(1)(A)	(iii).					
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(A)(v). (Complete Part III.) A community trust described in section 170(b)(A)(v). (Complete Part III.) A community trust described in section 170(b)(A)(v). (Complete Part III.) A community trust described in section 170(b)(A)(v) in section 50(a)(a)(a). See section 170(a)(a)(a). A community and a section 170(a)(a)(a) and a section 170(a)(a)(a). A community and a section 170(a)(a)(a) and a section 170(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(4	A med	cal research	organization o	perated i	in conjunction with a h	ospital de	scribed	ın secti	ion 170(b)(1)(A)	(iii) Ente	er the hosp	tal's	
170(b)(1)(A)(w). (Complete Part II.)	_	name,	city, and state	e:											
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(w). (Complete Part II.) A community trust described in section 170(b)(1)(A)(w). (Complete Part III.) An organization inter formally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11ed intrough 11h. An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supported organization and complete lines 11ed intrough 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated of the organization and complete lines 11ed intrough 11h. a Type II b Type III - Non-functionally integrated d Type III - Non-functionally integrated other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization. G A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) and (iii) A family member of a person described in (i) above? G No Person who directly or indirectly controls, either alone or rogether with persons described in (ii) and (iii) and (iiii)	5	An org 170(b)	anızatıon ope 1)(A)(iv). (Co	rated for the bomplete Part II	enefit of .)	a college or university	owned o	r operat	ed by a	governr	nental u	nıt desci	ribed in sec	tion	
in section 170(b)(1)(A)(Vi). (Complete Part II.) An organization distant normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain executions, and (2) no more than 33-1/3% of its support from gross investment income and (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III Functionally integrated Type III - Non-functionally integrated By checking this box, Lectrify that the organization is not controlled directly or indirectly by one or more disqualified persons of the first organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) and (iii) and (iii) here or supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iv) Since we supported entity or indirectly controls, either alone or together with persons described in (iii) and (i															
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 599(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines. The through 11h. a Type II b Type III c Type III - Functionally integrated d Type III - Non-functionally integrated organization and other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). f If the organization received a written determination from the IRS that is a Type II or Type III or Type III supporting organization. Greek this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) lig (ii) a 15 gift organization in column (i) and (iii) her organization in column (iii) and (iii) and (iii) lig (iii) a 35% controlled entity of a person described in (i) above? (ii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (iv) organization (iv) organization in organization in organization in (iv) and (iv) an	7 🗵	¦ın sect	ion 1 70(b)(1)((A)(vi). (Comp	lete Part	: II.)		_	ernment	tal unit d	or from t	he gene	ral public d	escribe	ed
related to its exempt functions — subject to certain exceptions, and (2) no more than 33.1/3% of its support from gross investment income and unrelated business taxable income (less section 599(a)(2). (Complete Part III.) In graphication organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated e III. e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons often than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box. g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) and (iii) and (iii) A 35% controlled entity of a person described in (i) above? (ii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? (iv) Namer of supported organization in column (i) issed in your governing organization in column (i) issed in your governing organization in column (ii) or your column (ii) or your column (ii) or your column (iii) or your governing organization in the column (iii) of your column (iii) or your governing organization in the column (iii) organization in the column (iiii) organization in the col	8 [_	=	-					-							
An organization organizate and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h. a	9 _	related unrelat	to its exempt ed business ta	ormally receive functions — sul xable income (l	es: (1) mor bject to co ess section	re than 33-1/3% of its supertain exceptions, and (on 511 tax) from busines	port from 2) no mor ses acqui	contribute than 3 red by th	itions, m 3-1/3% d e organiz	embersh of its sup zation af	np fees, a port fron ter June	and gross n gross II 30, 1975.	receipts fro nvestment i See sectio	m activ ncome n 509(a	rities and i)(2).
supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines. It is through 11th. a	10	An org	anızatıon orga	anized and ope	erated ex	clusively to test for pul	blic safet	y. See s	ection 5	509(a)(4).				
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons of other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iii) A 35% controlled entity of a person described or (i) or (ii) above? (iii) A 35% controlled entity of a person described or (i) or (ii) above? (iii) A individual entity of a person described in (i) or (ii) above? (iv) Is the organization or column (i) organization in column (i) organization in column (i) organization in column (ii) organization in column (iii) and (iii) A individual entity organization in column (iii) and (iii) A individual entity organization in column (iii) and (iii) A individual entity organization in column (iii) and (iii) A individual entity organization in column (iii) organization in co	11 _	J suppor	ed organizati	ons described i	ın sectior	n 509(a)(1) or section 5	to perforn 09(a)(2).	n the fund See sec	ctions of tion 509	, or carry (a)(3). C	out the pheck the	ourposes box tha	of one or mo t describes	ore put the typ	olicly be of
cher than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f		a T	ype! i	Type II	C	Type III — Function	nally inte	grated	C	1 ∐ 1	Гуре III -	– Non-fu	nctionally i	ntegra	ted
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or Ric acide on line	e [J other tl	nan foundatio	r, I certify that n managers a	the orga nd other	nization is not controlle than one or more publi	ed directly icly supp	y or indi orted org	rectly by ganization	y one or	more de cribed in	squalifie section	ed persons 509(a)(1) o	or	
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (ii) EIN (iii) Tipe of organization in column (i) of your support? (iv) Is the organization in column (i) organization in column (ii) organization in column (iii) organization in column (iiii) organization in column (iiii) organization in column (iiiii) organization in column (iiiiii) orga	f	If the c	rganization re	eceived a writte	en deterr	nination from the IRS t	that is a	Гуре I, Т	ype II o	r Type I	II suppo	rting org	anızatıon,		
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) and (iii) and (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or R6 section (described on lines 1-9 above or R6 section (see instructions)) (ii) Name of supported organization in organization in organization in (described on lines 1-9 above or R6 section (see instructions)) (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iv) Is the organization in organization in column (i) organization in organization in organization in column (i) organization in organization in column (i) organization in organizat	g	Since /	August 17, 20	06, has the or	ganızatıo	n accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?			
below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (i) Name of supported														Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		(i) A	person who elow, the gov	directly or indi erning body of	rectly co the sup	ntrols, either alone or t ported organization?	together v	with pers	sons des	scribed	ın (ii) an	id (III)	`		
h Provide the following information about the supported organization(s) (i) Name of supported organization organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (Ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (D) (E) (Ii) EIN (Iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (Iv) Is the organization in column (i) organization in column (i) organization in the U.S.? Yes No Yes No Yes No (Vi) Is the organization in column (i) organization in column (i) organization in the U.S.? (Vii) Amount of monetary support organization in column (i) organization in column (i) organization in the U.S.? (Vii) Amount of monetary support organization in column (i) organization (ii) organization (ii) organization (ii)		(ii) A	family memb	per of a persor	n describ	ed in (i) above?							11 g (ii)		
(i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) of your support? (vii) Amount of monetary support (viii) Amount of monetar		(iii) A	35% controll	ed entity of a	person d	escribed in (i) or (ii) at	oove?						11 g (iii)		
(A) (B) (C) (D) (E)	h	Provide	the following	ınformation a	bout the	supported organization	n(s)						<u> </u>		
(A) (B) (C) (D) (E)		(i) Name org	of supported anization	(ii) EIN		(described on lines 1-9 above or IRC section	organiza column (i)	ation in Histed in	(v) Did yo the organi column (i) supp	u notify zation in of your ort?	organiza colum organize	ation in in (i) d in the			etary
(B) (C) (D) (E)				1			Yes	No	Yes	No	Yes	No			
(B) (C) (D) (E)														-	
(C) (D) (E)	(A)														
(C) (D) (E)					,		1				[
(D) (E)	(B)								1						
(D) (E)				1											
(E)	(C)			 			 		<u> </u>						
	(D)						ļ								
	(E)														
	Total														

Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		Wen a				
6	Public support. Subtract line 5 from line 4	ta .					
Sec	tion B. Total Support	-		<u> </u>			
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4 .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		:				
11	Total support. Add lines 7 through 10			gying there's use it			
12	Gross receipts from related activity	ties, etc (see insti	ructions)		•	12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is organization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, or t	fifth tax year as a	section 501(c)(3)	▶ 🛭
	tion C. Computation of Pul						
	Public support percentage for 201	•	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14	<u>%</u>
15	Public support percentage from 2	011 Schedule A, f	Part II, line 14			15	<u>%</u>
16 a	33-1/3% support test – 2012. If t and stop here. The organization of	he organization d qualifies as a publ	id not check the b licly supported org	ox on line 13, and janization	the line 14 is 33-	1/3% or more, ch	
	33-1/3% support test 2011. If the and stop here. The organization of	qualifies as a publ	licly supported org	ganization			. •
17 a	a 10%-facts-and-circumstances test or more, and if the organization in the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this be	ox and stop here.	Explain in Part IV	10% / how . ► []
	o 10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar -circumstances' te	nd-circumstances' est. The organizat	test, check this be ion qualifies as a	ox and stop here. publicly supported	Explain in Part IV organization	/ how the ► _
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, c	r 17b, check this i	oox and see instru	uctions -

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions						
	and membership fees received. (Do not include any 'unusual grants.')					ļ	
2					<u> </u>		
2	Gross receipts from admis- sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose					ļ	
3	Gross receipts from activities			1			
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and						
	either paid to or expended on						
5	Its behalf				ļ		
,	facilities furnished by a						
	governmental unit to the						
	organization without charge				ļ		
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from			ļ			
	disqualified persons						
ь	Amounts included on lines 2						
_	and 3 received from other than				}		
	disqualified persons that exceed the greater of \$5,000 or				İ		
	1% of the amount on line 13		•				
	for the year						
c	Add lines 7a and 7b			<u></u>			
8	Public support (Subtract line						\$ '9 'd*
	7c from line 6.)	[\$60.0 To the [500]	Like watte cases a sect	Alberta S., Halles, Jak. 2	1 3 6 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	[35] [5]	
	tion B. Total Support	4 > 0000	4 > 0000	() 0010	(-D-0011	(-) 0010	(O T-4-1
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from						
	sımılar sources					·	
L	income (less section 511				,		
	taxes) from businesses						
	acquired after June 30, 1975 .						
	: Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on		<u></u>		<u> </u>		
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in	1					
12	Part IV.)			 	 		-
	Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990		tion's first socon	d third fourth or	fifth tay year ac a	section 501/a)	(3)
14	organization, check this box and	stop here		a, umra, tourut, or			· · · · · · · · · · · · · · · · · · ·
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20	12 (line 8, column	(f) divided by lin	e 13, column (f))			5 %
16	Public support percentage from 2	2011 Schedule A, I	Part III, line 15 .			1	6 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е			
17	Investment income percentage for				nn (f))	1	7 8
18	Investment income percentage fr			•		1	8 %
19 a	33-1/3% support tests - 2012. If	the organization of	did not check the	box on line 14, ar	nd line 15 is more	ـــــ than 33-1/3%. ،	and line 17
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppor	ted organizatio	n▶ 📙
Ŀ	33-1/3% support tests - 2011. If	the organization of	did not check a bo	ox on line 14 or lin	ne 19a, and line 16	is more than 3	33-1/3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organization		•				IIIIZALIOTI .
ZU	r mate roundadon, it the organi.	Lation and Hot Chet	on a box on line i	7, 13a, UL 130, CI	icon ulia dux alla s	see misuluctions	[_]

Scriedule A	(FORTH 990 OF 990-EZ) 2012	TSAL HSING S	CHOOL FO	OUNDATION		27-1825871	Page 4
Part IV	Supplemental Informati Part II, line 17a or 17b; (See instructions).	on. Complete th and Part III, line	is part to 12. Also o	provide the excomplete this	xplanations requ part for any ad	uired by Part II, line ditional information.	10;
			·				
							
			· -				
		<u></u>					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer Identification number
	27-1825871

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule Q)

COMMUNITY SERVICES 2,000.

SCHOLARSHIPS 52,488.

Total <u>54,488.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
LOAN PAYABLE - BANYAN TREE CAPITAL CAPITAL		12,950.
SOVEREIGN BANK CHARGE ERROR		-15,000.
LOAN & EXCHANGE - STOCKHOLDER		-5,913.