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Form 990-PF

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

2014

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| For cal | endar year 2014, or tax year beginning | , 2014, | and ending | | , | |
|------------------|--|---|---|----------|---|-------------------------------|
| тиом | AC C MICANO WIEN FAMILY FORM | DAMTON | | Α | Employer identification num | iber |
| 10 S | AS & MISAKO YUEN FAMILY FOUN KYRIDGE | DATION | | В | 20-0512529 Telephone number (see inst | ructions) |
| NEWP | ORT COAST, CA 92657-1814 | | | <u> </u> | | |
| | | | | С | If exemption application is | pending, check here. > |
| G Ch | eck all that apply: Initial return | Initial return of a form | ner public charity | Ь | 1 Foreign organizations, chec | k here |
| | Final return | Amended return | | | | |
| - | Address change | Name change | · · · · · · · - · · · · · · · · · · | | 2 Foreign organizations meets here and attach computatio | |
| H Che | | (c)(3) exempt private for | | l_ | • | |
| | Section 4947(a)(1) nonexempt charitable tri | | | E | If private foundation status under section 507(b)(1)(A), | |
| | | ounting method: $X \subset \mathcal{X}$ | ash Accrual | _ | | |
| ⊳ s | | column (d) must be on | cash basis.) | F | If the foundation is in a 60- under section 507(b)(1)(B) | |
| Part | Analysis of Revenue and | (a) Revenue and | (b) Net investmen | nt | (c) Adjusted net | (d) Disbursements |
| | Expenses (The total of amounts in | expenses per books | income | | income | for charitable |
| | columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a) | | | | | purposes (cash basis only) |
| | (see instructions).) | | | | | (Casil basis offy) |
| | 1 Contributions, pifts, grants, etc, received (attach schedule) | 234,200. | | | | |
| | 2 Ck ►if the foundn is not required to attach Sch B | | | | | |
| | 3 Interest on savings and temporary cash investments | | | | | |
| | 4 Dividends and interest from securities | 5. | | 5. | 5. | |
| | 5 a Gross rents | | | | | |
| P | or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 | -1,059. | - | | · | |
| R E V | b Gross sales price for all assets on line 6a | 1,035. | - | | <u>-</u> | |
| V E | 7 Capital gain net income (from Part IV, line 2) | <u>.</u> | | | | |
| E N | 8 Net short-term capital gain | | | | | |
| U | 9 Income modifications | | | | | |
| _ | returns and allowances | | | | ı | |
| | b Less Cost of goods sold . | | | • | | 373 |
| | C Gross profit or (loss) (attach schedule). | | | | CED 1 4 2015 | ŀ |
| | 11 Other income (attach schedule) | | | m | | |
| | 10 | | | <u> </u> | | |
| | 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. | 233,146. 0. | | 5. | ()(15.) | |
| | 14 Other employee salaries and wages | | | | | |
| | 15 Pension plans, employee benefits | | | | | |
| A D | 16 a Legal fees (attach schedule) | - | | | | |
| Ņ. | b Accounting fees (attach sch). | | | | | |
| o Ņ | c Other prof fees (attach sch) | | | | | |
| PS | 17 Interest 18 Taxes (attach schedule Xsee Instrs) SEE . STM . 1 | 402. | | | . <u>-</u> | _ |
| OPERAT | 19 Depreciation (attach | 402. | | | | |
| ÎÎ | sch) and depletion | | | | | |
| Ņ V | 20 Occupancy | | | | | |
| | 21 Travel, conferences, and meetings | | | | | |
| A E X P | 23 Other expenses (attach schedule) | | | | | |
| Ë | SEE STATEMENT 2 | 50. | | | | |
| N S E S | 24 Total operating and administrative expenses. Add lines 13 through 23 | AEO | - | | | |
| S | 25 Contributions, grits, grants paid PART XV. | 452. 38,000. | | | | 38,000. |
| | 26 Total expenses and disbursements. | | | | | |
| | Add lines 24 and 25 | 38,452. | | 0. | 0. | 38,000. |
| | 27 Subtract line 26 from line 12: a Excess of revenue over expenses | | | | | |
| | and disbursements | 194,694. | | | | |
| | b Net investment income (if negative, enter -0-) | | | 5. | | |
| | C Adjusted net income (if negative, enter -0-) | | | | 5. | |

MODERN CED CA POR



Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part I, line 27b). Add lines 5 and 6 7 0. Enter qualifying distributions from Part XII, line 4 38,000. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

| Part | VI Excise Tax Based on Investment Income (Section 4940(a), 494 | 40(b), 4 | 1940(e), or 4948 — see | instru | ctions) | | | |
|------|--|----------------|---|---------------------|--------------|------------------|---------|------------|
| | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N | | | | 20 | | A CAS | BCA. |
| | Date of ruling or determination letter: (attach copy of letter if necessary | / - see | e instrs) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 1 | | | | 0. |
| | check here ▶ X and enter 1% of Part I, line 27b | | | 1,40 | -77.03 | Service Services | | <u>इंद</u> |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, Iir | ne 12, co | olumn (b) | ·· | فأف سنتحد | 1 | 54.44° | 1 |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | | | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation | s only. | Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter | -0 | | 5 | | | | 0. |
| 6 | Credits/Payments: | | | | | | | |
| а | 2014 estimated tax pmts and 2013 overpayment credited to 2014 | 6 a | | 1 | | | | |
| b | Exempt foreign organizations — tax withheld at source | 6 b | | 100 mg | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) | 6 c | |] (7.7. | | | | |
| d | Backup withholding erroneously withheld | 6 d | | | | | 183 | |
| | Total credits and payments. Add lines 6a through 6d | | | 7 | | | | 0. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 22 | | | 8 | | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 9 | | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 10 | | | | |
| | Enter the amount of line 10 to be: Credited to 2015 estimated tax | | Refunded | 11 | | | | |
| Parl | 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 | | 1 | | Yes | No |
| | | | | | | 1 a | | <u>X</u> |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for politic (see Instructions for the definition)? | al pur | poses | | | 1 b | | Х |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and or distributed by the foundation in connection with the activities. | d copie | es of any materials pub | lished | , , | | | |
| | Did the foundation file Form 1120-POL for this year? | | | | | 1 c | | Χ_ |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed of | during | the year: | | | 键 | | |
| _ | (1) On the foundation >\$ 0. (2) On foundation man. Enter the reimbursement (if any) paid by the foundation during the year for political | agers. | anditure tay imposed o | n | 0. | | | |
| | foundation managers >\$ 0. | ui CAPC | chalare tax imposed o | •• | 2 | | | |
| | Has the foundation engaged in any activities that have not previously been reporte | ed to ti | he IRS? | . , | | 2 | | X |
| | If 'Yes,' attach a detailed description of the activities. | | | | - | | | |
| | | | na instrument artislas | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its g of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conform | ned co | ppy of the changes . | | | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more durin | | | | | 4 a | | X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | | | [| 4 b | N | / <u>A</u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | [| 5 | age was | X |
| | If 'Yes,' attach the statement required by General Instruction T. | | | |]; | | | |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa | atisfied | either: | | [5 | | 灩 | 30 |
| | By language in the governing instrument, or | | | | [| 100 | 鑩 | |
| | By state legislation that effectively amends the governing instrument so that no with the state law remain in the governing instrument? | | | | | 6 | X | |
| | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, of | | | | | 7 | X | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see | ınstru | ctions) ▶ _ | | _ | 選 | | |
| | CA | | | | _ | | ** | 23 |
| b | If the answer is Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener | ral | | | } | 8 b | X | 7.4 |
| | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | | | | * 2° à | | |
| 9 | is the foundation claiming status as a private operating foundation within the mea for calendar year 2014 or the taxable year beginning in 2014 (see instructions for | ning of Part X | f section 4942(j)(3) or [,] (IV)? <i>If 'Yes,' complete</i> | 4942(j) Part |)(5) X/V: | 9 | X | |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' att | | | | ľ | | | |
| | and addresses | | | | | 10 | 0.05 | X (2014) |
| BAA | | | | | For | m 99 | U-PF (| (2014) |

| | 990-PF (2014) THOMAS & MISAKO YUEN FAMILY FOUNDATION | 20-051252 | 9 | Page 5 |
|-----|--|---------------|------------------|----------------|
| Par | 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 | х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifie advisory privileges? If 'Yes,' attach statement (see instructions) | | 12 | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption a | pplication? | 13 | Х |
| 14 | The books are in care of THOMAS YUEN Telephone | | | |
| 1-4 | Website address | 92657-1817 | <u></u> - | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | 22037_1011 | N/A | |
| | and enter the amount of tax-exempt interest received or accrued during the year | ► 15 | | N/A |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority, securities, or other financial account in a foreign country? | nority over a | 16 Y | es No X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) enter the name of the foreign country |). If 'Yes,' | | |
| Par | 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. | | Y | es 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? | Yes X No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes X No | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes X No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes X 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 X 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 X No | | |
| t | b If any answer is 'Yes' to 1a(1)-(6), did any 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)? | | 1 b | N/A |
| | Organizations relying on a current notice regarding disaster assistance check here | ▶ 🗍 | | |
| (| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? | | 1 c | 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)): | | | |
| á | a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? | Yes X No | | |
| | If 'Yes,' list the years ► 20 _ , 20 _ , 20 | Lies Vigo | | |
| l | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (if applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions.) | (2) to | 2 b | N/A |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years her | | | |
| | ▶ 20 , 20 , 20 , 20 . | | | |
| 3 a | a Did the foundation hold more than a 2% direct or indirect interest in any business | Yes X No | | |
| ı | b If 'Yes,' did it have excess business holdings in 2014 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 2014.) | | 3 b | N/A |
| 4 : | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4 a | X |
| 1 | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could be proposed that had not been removed from leopardy before the first day of | | | |
| | the tax year beginning in 2014? | | 4 b | X PF (2014) |
| BAA | A Company of the Comp | FC | 7111 330- | rr (2014) |

| Form 990-PF (2014) THOMAS & MISAKO YU | EN FAMILY FOUN | DATION | 20-051 | .2529 Page 6 | | | | |
|---|---|---|--|--|--|--|--|--|
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) | | | | | | | | |
| 5a During the year did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt | | (section 4945(e))? | Yes X | No B | | | | |
| (2) Influence the outcome of any specific publi on, directly or indirectly, any voter registrat | c election (see section | 4955); or to carry | Yes 🗓 | No Page 1 | | | | |
| (3) Provide a grant to an individual for travel, s | | | | 100000 T000000 T0000000 | | | | |
| (4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions) | an a charitable, etc, org | janization described | Yes X | No l | | | | |
| (5) Provide for any purpose other than religiou educational purposes, or for the prevention | s, charitable, scientific, of cruelty to children o | literary, or r animals? | Yes X | No Page 1 | | | | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? | | | | | | | | |
| Organizations relying on a current notice regard | | | | | | | | |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure respons If 'Yes,' attach the statement required by Regu | ibility for the grant? | | N/A Yes | No S | | | | |
| 6 a Did the foundation, during the year, receive an on a personal benefit contract? | | | Yes 🔀 | No III | | | | |
| b Did the foundation, during the year, pay premit | ums, directly or indirectl | ly, on a personal benefit | t contract? | 6 b X | | | | |
| If 'Yes' to 6b, file Form 8870. | | I I I a selection Assessment | | | | | | |
| 7 a At any time during the tax year, was the foundable b if 'Yes,' did the foundation receive any proceed | ation a party to a prohib | oited tax shelter transac | tion? Yes X | No 200 Constitution of the | | | | |
| Part VIII & Information About Officers, Dire | | | | | | | | |
| and Contractors | ,, | | , | , | | | | |
| 1 List all officers, directors, trustees, foundation | managers and their co | mpensation (see instru | ctions). | | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances | | | | |
| THOMAS YUEN 10 SKYRIDGE | PRESIDENT 0 | 0. | 0. | 0. | | | | |
| NEWPORT COAST, CA 92657-1814 | | | | | | | | |
| MISAKO YUEN | DIRECTOR | 0. | 0. | 0. | | | | |
| 10 SKYRIDGE | 0 | | | | | | | |
| NEWPORT COAST, CA 92657-1814 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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 hours per week devoted to position | (c) Compensation | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances | | | | |
| NONE | | | | | | | | |
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| | | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | | | | |
| BAA | TEEA0306L 0 | 06/17/14 | | Form 990-PF (2014) | | | | |

| Par | t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued) | yees, |
|---------|---|------------------|
| 3 | Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.' | |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NON | E | |
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| | | |
| Total | number of others receiving over \$50,000 for professional services | 0 |
| | | |
| Par | Summary of Direct Charitable Activities | |
| List th | e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of cations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 | CONTRIBUTION TO SUPPORT IN PROVIDING SERVICES TO THE SPEECH AND | |
| | HEARING IMPAIRED | |
| | | |
| 2 | CONTRIBUTION TO SUPPORT IN MEETING THE NEEDS OF ASIAN AND AMERICAN | <u> </u> |
| | ELDERLY, ASSISTING IN THE ACCESS TO ESSENTIAL HEALTH CARE AND SOCIAL | |
| | SERVICES | . = |
| 3 | CONTRIBUTION TO SUPPORT THE EDUCATION, DIAGNOSIS, TREATMENT AND | |
| | RESEARCH IN PRIMARY IMMUNODEFICIENCY DISEASES. | |
| | | |
| 4 | CONTRIBUTION TO SUPPORT TO AID IN THE REHABILITATION OF HOMELESS | |
| | PEOPLE IN NEED. | |
| | | |
| Par | TIX-B Summary of Program-Related Investments (see instructions) | |
| Desc | cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 | | |
| - | N/A | |
| | | |
| 2 | | |
| | | |
| | | |
| All c | ther program-related investments. See instructions. | |
| 3 | | |
| | | |
| | | |
| Total | . Add lines 1 through 3 | 0. |

20-0512529

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Form 990-PF (2014) THOMAS & MISAKO YUEN FAMILY FOUNDATION

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| | see instructions.) | | |
|--------|--|--|-------------------|
| 1 a | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities | 1 a | |
| b | Average of monthly cash balances | 1 b | |
| | Fair market value of all other assets (see instructions). | 1 c | |
| | Total (add lines 1a, b, and c) | 1 d | 0. |
| | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | · |
| | (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | 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 | 5 | 0. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0. |
| Par | t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ■ X and do not complete this part.) | ating fou | ndations |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2 a | Tax on investment income for 2014 from Part VI, line 5 | | |
| t | Income tax for 2014. (This does not include the tax from Part VI.) | . 54 - 10 \$ 500 | |
| | Add lines 2a and 2b | 2 c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | 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 | 7 | |
| | TXII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 38,000. |
| | Program-related investments — total from Part IX-B | 1 ь | |
| | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) | | |
| | Suitability test (prior IRS approval required) | 3 a | |
| | | | 38,000. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | | 36,000. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 38,000. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years. | | |
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| T | (a) | N/A (b) | (c) | (d) |
|--|---------------------------------------|---------------------|--------------------|--------------------|
| , | Corpus | Years prior to 2013 | (c) 2013 | (d) 2014 |
| Distributable amount for 2014 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2014: | · · · · · · · · · · · · · · · · · · · | | | |
| a Enter amount for 2013 only | | | | |
| b Total for prior years: 20, 20, 20 | | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | | |
| a From 2009 . | | | | |
| b From 2010 | | | | |
| c From 2011 | | | | |
| d From 2012 . | | | | |
| e From 2013 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2014 from Part | | | | |
| XII, line 4: • \$ | | | | |
| a Applied to 2013, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | | | ···· |
| c Treated as distributions out of corpus (Election required – see instructions) | | | | |
| d Applied to 2014 distributable amount | | | | |
| e Remaining amount distributed out of corpus. | - | | | |
| 5 Excess distributions carryover applied to 2014 . | | | | |
| (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: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | - | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | . 4 |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount — see instructions | | | | |
| e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions | | | | |
| f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) | | | : | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2010 | | | | |
| b Excess from 2011 | | 1 | | |
| c Excess from 2012 | | | | |
| d Excess from 2013 . | | 1 | | |
| e Excess from 2014 | | 1 | | |

| Form 990-PF (2014) THOMAS & MISAKO | | | | 20-0512529 | Page 10 |
|---|--|---|----------------------|------------------------|----------------|
| Private Operating Foundate 1 a If the foundation has received a ruling or discovery the foundation has received a rule of the rule of the foundation has received a rule of the rule of | | | | | _ |
| is effective for 2014, enter the date of the r | uling | | | | |
| b Check box to indicate whether the foundati | on is a private operat | ing foundation desc | cribed in section | X 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | |
| Investment return from Part X for | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| each year listed | 0. | | | 10. | 10. |
| © Qualifying distributions from Part XII, | | | | | 9. |
| line 4 for each year listed | 38,000. | 140,500. | 95,500. | 6,500. | 280,500. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | 0. |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 38,000. | 140,500. | 95,500. | 6,500. | 280,500. |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a 'Assets' alternative test — enter: | | | 446 707 | | 505 404 |
| (1) Value of all assets | 196,187. | 1,493. | 116,795. | 213,016. | 527,491. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | 196,187. | 1,493. | 116,795. | 213,016. | 527,491. |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | <u> </u> | |
| c 'Support' alternative test - enter: | | İ | | İ | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | į | | |
| (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 an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Supplementary Information assets at any time during the | (Complete this place year — see ins | oart only if the tructions.) | foundation had | d \$5,000 or more | e in |
| Information Regarding Foundation Manage a List any managers of the foundation who h close of any tax year (but only if they have SEE STATEMENT 3 | ave contributed more contributed more that | | | | |
| b List any managers of the foundation who o a partnership or other entity) of which the f NONE | wn 10% or more of the foundation has a 10% | ne stock of a corpoi or greater interest | ration (or an equall | y large portion of the | ownership of |
| 2 Information Regarding Contribution, Gran Check here X if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d. | nakes contributions to | preselected charita | able organizations | | |
| a The name, address, and telephone numbe | r or e-mail address o | f the person to who | om applications sho | uld be addressed: | |
| b The form in which applications should be s | ubmitted and informa | ition and materials | they should include |): : | |
| c Any submission deadlines: | | | · | | <u></u> |
| | | | | | |

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

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution **Amount** status of recipient Name and address (home or business) a Paid during the year SEE STATEMENT 4 38,000. Total....... b Approved for future payment

Part XVI-A Analysis of Income-Producing Activities

| nter gross amounts unless otherwise indicated. | Unrelated | d business income | Excluded b | y section 512, 513, or 514 | (e) |
|--|---|---|---|---|---|
| • | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions.) |
| 1 Program service revenue: | | | code | · | (555 111511451151151) |
| a NONE | | | | | |
| b | | | | | ļ |
| <u> </u> | | | | | |
| d | ļ | · | | | <u> </u> |
| e | | | | | |
| g Fees and contracts from government agencies. | | | ++ | | · · · · · · · · · · · · · · · · · · · |
| 2 Membership dues and assessments | - | | | | |
| 3 Interest on savings and temporary cash investments | | | ++ | | |
| 4 Dividends and interest from securities | | | + | | 5 |
| 5 Net rental income or (loss) from real estate: | | | | · · · · | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | <u> </u> |
| 6 Net rental income or (loss) from personal property | | | 1 1 | · · · · · · · · · · · · · · · · · · · | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | -1,059 |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | ļ | | \bot | | ļ |
| C | ļ | | + | | <u> </u> |
| d | | | | | |
| e | | · ···· | | | -1,054 |
| CO. C. Indiadal Add and Instrument (b) (d) and (a) | | | | | -1.054 |
| 2 Subtotal. Add columns (b), (d), and (e) | | | | 12 | |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | -1,054 |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculation | s.) | | | | |
| 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation | s.) | | | | |
| 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation and XVI-B Relationship of Activities to the | Accompli | shment of Exem | pt Purpos | ses | -1,054 |
| at Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Relationship of Activities to the line No. Explain below how each activity for which incomposition accomplishment of the foundation's exempt in the second seco | e Accompliation is report ourposes (oth | shment of Exem ed in column (e) of P er than by providing fi | pt Purpos art XVI-A co | ses ontributed importantly th purposes). (See ins | -1,054 to the tructions.) |
| and No. Explain below how each activity for which inc accomplishment of the foundation's exempt accomplishment of the FOUNDATION IS EARNINGS FROM INVESTMENTS A | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | to the tructions.) TIONS. THE |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation The No. Explain below how each activity for which included accomplishment of the foundation's exempt of the foundation is exempt of the foundation in the foundation is exempt of the foundation in the foundation is exempt of the foundation in the foundation is exempt of the foundation in the foundation is exempt of the foundation in the foundation in the foundation is exempt of the foundation in the foundation in the foundation is exempt of the foundation in th | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | to the tructions.) TIONS. THE |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation The No. Explain below how each activity for which included accomplishment of the foundation's exempt of the strength of the foundation. The 4 Line 4 - The Foundation is | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | -1,054 to the tructions.) TIONS. THE THAT HAVE |
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| and XVI-B Relationship of Activities to the Relationship of Herman Section Sec | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | -1,054 to the tructions.) TIONS. THE THAT HAVE |
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| and XVI-B Relationship of Activities to the Relationship of Herman Section Sec | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | -1,054 to the tructions.) TIONS. THE THAT HAVE |
| and XVI-B Relationship of Activities to the Relationship of Herman Section Sec | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | -1,054 to the tructions.) TIONS. THE THAT HAVE |
| and XVI-B Relationship of Activities to the Relationship of Herman Section Sec | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | to the tructions.) TIONS. THE |
| and XVI-B Relationship of Activities to the Relationship of Herman Section Sec | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | -1,054 to the tructions.) TIONS. THE THAT HAVE |
| and XVI-B Relationship of Activities to the Relationship of Herman Section Sec | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | -1,054 to the tructions.) TIONS. THE THAT HAVE |
| and XVI-B Relationship of Activities to the Relationship of Herman Section Sec | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | to the tructions.) TIONS. THE |
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| 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation ant XVIFB Relationship of Activities to the Line No. Explain below how each activity for which incomplishment of the foundation's exempt in the foundation is the foundation is exempt in the foundation in the foundation in the foundation is exempt in the foundation in the foundation in the foundation is exempt in the foundation in the foundation in the foundation in the foundation in the foundation is exempt in the foundation in th | e Accompliance is report ourposes (oth PRIMARIL RE USED | shment of Exem ed in column (e) of P er than by providing for Y SUPPORTED B TO FUND CHARI | pt Purpos art XVI-A counds for suc Y GIFTS TABLE C | ontributed importantly the purposes). (See ins AND CONTRIBU | to the tructions.) TIONS. THE |
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Form 990-PF (2014) THOMAS & MISAKO YUEN FAMILY FOUNDATION 20-051252 | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | 1 | Yes No |
|------------------|---|--|---|------------------------------|---------------------------------------|--|---|
| descr | he organization directly ribed in section 501(c) on ng to political organizat | of the Code (oth | gage in any of the following er than section 501(c)(3) o | y with any oth rganizations) | er organization or in section 527, | | |
| | | | noncharitable exempt org | anızation of: | | | |
| (1) C | Cash | | | | | 1 a (1) | X |
| (2) C | Other assets | | | | | [1 a (2)] | X |
| | r transactions: | | | | | | |
| (1) S | Sales of assets to a non | icharitable exen | npt organization | • | | 1 b (1) | X |
| (2) F | Purchases of assets from | m a noncharitat | le exempt organization | | | 1 b (2) | X |
| | | | assets | | | | X |
| | | | | | | | X |
| | | | | | | | X |
| | | | or fundraising solicitation | | | | X |
| c Shari | ing of facilities, equipm | ent, mailing lists | s, other assets, or paid em | ployees | | <u>1c</u> | X |
| any t | ransaction or sharing a | rrangement, sh | omplete the following sche by the reporting foundation by in column (d) the value | of the goods, | other assets, or services | s received. | |
| (a) Line no. | (b) Amount involved | (c) Name of | noncharitable exempt organizatio | n (d) | Description of transfers, transa | ictions, and sharing arran | igements |
| N/A | | | | \longrightarrow | | | |
| · · · · · · · | | | | | | | |
| | | <u> </u> | · · · - · · · · · · · · · · · · · · · · | | | | |
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| | | | | | | | |
| 2 a is the descr | e foundation directly or ribed in section 501(c) | indirectly affiliat of the Code (oth | ed with, or related to, one er than section 501(c)(3)) | or more tax-e | exempt organizations | Yes | s XNo |
| b if 'Ye | es,' complete the follow | | | | | | |
| | (a) Name of organization | ion | (b) Type of organiz | ation | (c) Descrip | tion of relationship | |
| N/A | | | | | | | |
| | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> | |
| | | | | | | | |
| 7., | 'ar appaires of papers. I declare | that I have examined | this return, including assembly | chadules and state | ments, and to the hest of my knowle | edne and helief it is trie | |
| Sign | rect, and complete. Declaration | n of preparer (other | this return, including accompanying shan taxpayer) is based on all infor | /_ \ | PRESIDENT | May the this retuing preparer | IRS discuss rn with the shown below tructions)? |
| s | Signature of officer or trustee | 0 | Date | | itle | | Yes No |
| | Print/Type preparer's na | ame | Preparer a Si hadre | | Date / Check | DTIN | |
| Paid | STEVEN M. C | ORBIN _ | A VIV | | 8/24/15 self-en | nployed P0002 | 7220 |
| Preparei | | CORBIN, LL | P | | Firm's EIN | 33-0971213 | |
| Use Onl | | 2201 DUPON | | - | | | |
| | | | 92612 | | Phone no. | (949) 752- | 2090 |
| BAA | | | | | | Form 99 | 90-PF (2014) |

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
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

| | Employer identification number |
|--|---|
| ON | 20-0512529 |
| | |
| | |
|) (enter number) organization | |
| (1) nonexempt charitable trust not treated as a p | rivate foundation |
| itical organization | |
| 3) exempt private foundation | |
| | to foundation |
| • | le louridation |
| 3) taxable private foundation | |
| r a Special Rule | |
| check boxes for both the General Rule and a Spe | ecial Rule. See instructions. |
| | |
| that received, during the year, contributions totali d II. See instructions for determining a contributo | ng \$5,000 or more (in money or r's total contributions. |
| | |
| Form 990 or 990-EZ that met the 33-1/3% suppor ked Schedule A (Form 990 or 990-EZ), Part II, lind I contributions of the greater of (1) \$5,000 or (2) 2 Complete Parts I and II. | e 13. 16a. or 16b. and that |
| or (10) filing Form 990 or 990-EZ that received fro exclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. | m any one contributor, rary, or educational |
| or (10) filing Form 990 or 990-EZ that received fro haritable, etc., purposes, but no such contribution ibutions that were received during the year for an arts unless the General Rule applies to this organi- tributions totaling \$5,000 or more during the year | ns totaled more than exclusively religious, ization because |
| Rule and/or the Special Rules does not file Sche | edule B (Form 990, 990-EZ, or 10-EZ or on its Form 990-PF. |
| | Form 990, 990-EZ, or 990-PF) (2014) |
| | of the complete parts of the contributions of the greater of (1) \$5,000 or (2) 2 Complete Parts I and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that received froexclusively for religious, charitable, scientific, lite animals. Complete Parts I, II, and III. |

| | B (Form 990, 990-EZ, or 990-PF) (2014) | Page | 1 of 1 of Part 1 |
|---------------|--|-------------------------------|--|
| Name of org | anization S & MISAKO YUEN FAMILY FOUNDATION | | r identification number 512529 |
| | Contributors (see instructions). Use duplicate copies of Part I if additional sp | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | THOMAS & MISAKO YUEN | | Person X Payroll |
| | 10 SKYRIDGE | \$234,200. | Noncash X |
| | NEWPORT COAST, CA 92657 | _ | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | _ _\$ | Person |
| | | - | noncash contributions.) |
| RΔΔ | TEFA0702L 07/17/14 | Scredule B (Form 99 | 90. 990-EZ, or 990-PF) (2014) |

1 to

1 of Part II

Employer identification number

THOMAS & MISAKO YUEN FAMILY FOUNDATION

20-0512529

| Pari II | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | ace is needed. | |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1 | 10,000 SHARES OF DTS INC STOCK | | |
| | | \$230,600. | 9/25/14 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - | ; |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - | |
| | |]\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| BAA | Sche | edule B (Form 990, 990-EZ | , or 990-PF) (2014) |

1 to

1 of Part III

Employer identification number

| THOMAS & MISAKO YUEN FAMILY FOUNDATION | |
|--|--|
|--|--|

20-0512529

| | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) | | | | | |
|---------------------------|---|--------------------------------------|------|--|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) (d) Use of gift Description of h | | | | |
| | N/A | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | 45 | (2) | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | · | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | | Relationship of transferor to transferee | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | | ationship of transferor to transferee | | |
| C | | | Coho | dule B (Form 990, 990-F7, or 990-PF) (2014) | | |

| • | FEDERAL STA | TEMENT: | S | PAGE 1 |
|---|---------------------------------------|---------------------------|--|--------------------------------|
| тно | MAS & MISAKO YUEN | FAMILY FOU | NDATION | 20-0512529 |
| STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES | | | | |
| DELAWARE FRANCHISE | (A) EXPENSES PER BOOK TOTAL \$ 40 | | MENT ADJUSTED | (D) CHARITABLE PURPOSES \$ 0. |
| STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES | | | | |
| BANK FEES | (A) EXPENSE PER BOOK \$ 5 TOTAL \$ 5 | S INVEST | MENT ADJUSTED | (D) CHARITABLE PURPOSES \$ 0. |
| STATEMENT 3 FORM 990-PF, PART XV, LINE 1/FOUNDATION MANAGERS - 2% THOMAS YUEN MISAKO YUEN | A OR MORE CONTRIBUT | 'ORS | | |
| STATEMENT 4 FORM 990-PF, PART XV, LINE 3/ RECIPIENT PAID DURING THE Y | A ŒAR | | | |
| | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | |
| NAME AND ADDRESS | | | | AMOUNT |
| NAME AND ADDRESS FOUNDATION FOR PRIMARY IMMUNEDEFICIENCY 2 GENEVE NEWPORT BEACH, CA 92660 | NONE | PUBLIC | TO SUPPORT THE EDUCATION, DIAGNOSIS, TREATMENT AND RESEARCH IN PRIMARY IMMUNODEFICIENCY DISEASES | \$ 10,500. |

. .

2014

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 RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | | AMOUNT |
|--|-----------------------|---------------------------|--|-------|---------|
| PROVIDENCE SPEECH AND LEARNING CENTER 1301 PROVIDENCE AVENUE ORANGE, CA 92868 | NONE | PUBLIC | SUPPORT IN PROVIDING SERVICES TO THE SPEECH AND HEARING IMPAIRED. | \$ | 12,500. |
| ASIAN AMERICAN SENIOR CITIZENS SERVICE 850 NORTH BIRCH STREET SANTA ANA, CA 92701 | NONE | PUBLIC | SUPPORT IN MEETING THE NEEDS OF THE ASIAN AND AMERICAN ELDERLY, ASSISTING IN THEIR ACCESS TO ESSENTIAL HEALTI CARE AND SOCIAL SERVICES | ł | 10,000. |
| | | | TOT | AL \$ | 38,000. |

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545 1709

| If you a | re filing for an Automatic 3-Month Extension, co | mplete only F | art I and check this box | | • X | |
|--|--|--------------------------------|--|--|---|--|
| If you a | re filing for an Additional (Not Automatic) 3-Mon | th Extension, | complete only Part II (on page 2 of this | form). | _ | |
| | plete Part II unless you have already been grant | | | | | |
| ASSOCIATED | iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which reling of this form, visit www.irs.gov/efile and click | nust be sent | to the IRS in paper format (see instruction | to file (6 months for etronically file Form ormation Return for ons). For more deta | r a 18868 to r Transfers alls on the | |
| Part I | Automatic 3-Month Extension of Time. | Only subm | nit original (no copies needed). | | | |
| A corporation | on required to file Form 990-T and requesting an | automatic 6- | month extension - check this box and c | omplete Part I only | ▶ □ | |
| All other co ncome tax | rporations (including 1120-C filers), partnerships, returns. | REMICs, an | · | an extension of tim | | |
| | Name of exempt organization or other filer, see instructions | ···· | Enter mer S juenu | Employer identificatio | | |
| Type or print | | | | | | |
| , , , , , , , , , , , , , , , , , , , | THOMAS & MISAKO YUEN FAMILY | | ON | 20-0512529 | | |
| ile by the | Number, street, and room or suite number. If a PO box, se | e instructions | | Social security number | er (SSN) | |
| due date for iling your | 10 SKYRIDGE | .,. | | <u>.L</u> | | |
| eturn See nstructions | City, town or post office, state, and ZIP code. For a foreign | eddress, see instr | ructions. | | | |
| | NEWPORT COAST, CA 92657-1814 | | | | | |
| Enter the R | eturn code for the return that this application is f | or (file a sepa | arate application for each return) | | 04 | |
| Application s For | | Return Code | Application Is For | | Return Code | |
| Form 990 o | r Form 990-EZ | 01 | Form 990-T (corporation) | | 07 | |
| orm 990-B | L | 02 | Form 1041-A | · · · · · · · · · · · · · · · · · · · | 08 | |
| orm 4720 | (individual) | 03 | Form 4720 (other than individual) | | 09 | |
| orm 990-P | F | 04 | Form 5227 | | | |
| orm 990-T | (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | |
| orm 990-T | (trust other than above) | 06 | Form 8870 | | 12 | |
| Telepho If the or If this is check the | nsion is for | r digit Group check this bo | United States, check this box Exemption Number (GEN) | If this is for the who | | |
| | est an automatic 3-month (6 months for a corpor | | | | | |
| | 8/15 , 20 15 , to file the exempt on | ganization ret | urn for the organization named above. | | | |
| | xtension is for the organization's return for | | | | | |
| | calendar year 20 14 or | | | | | |
| P [| tax year beginning, 20 | | | | | |
| | tax year entered in line 1 is for less than 12 mor nange in accounting period | ths, check re | ason: Initial return Fi | nal return | | |
| 3 a If this nonre | application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions | 4720, or 6069 | | За\$ | 0. | |
| | application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpayments | | | 3 b \$ | 0. | |
| c Balan EFTP | ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). Se | ur payment w e instructions | ith this form, if required, by using | 3с\$ | 0. | |
| Caution. If | you are going to make an electronic funds withdi | awal (direct o | debit) with this Form 8868, see Form 845 | 33-EO and Form 88 | 79-EO for | |

| | (Rev 1-2014) | | | | Page 2 |
|---|--|----------------------------------|---|------------------------|------------------------|
| • If you a | re filing for an Additional (Not Automatic) 3-Monti | h Extension, o | complete only Part II and check this | box | ····· X |
| Note.`Only | complete Part II if you have already been granted | d an automati | c 3-month extension on a previously | filed Form 88 | |
| • If you a | re filing for an Automatic 3-Month Extension, com | iplete only Pa | rt I (on page 1). | | |
| Rain? | Additional (Not Automatic) 3-Month Ex | tension of | Time. Only file the original (no | copies ne | eded). |
| | | | | | nber, see Instructions |
| | Name of exempt organization or other filer, see instructions. | | | Employer identific | ation number (EIN) or |
| Type or | | | | | |
| print | THOMAS & MISAKO YUEN FAMILY FOUNDATION 2 | | | 20-05125 | 29 |
| | | | | Social security nu | imber (SSN) |
| File by the due date for CORBIN, LLP | | | | | |
| filing your return. See Instructions. | 2201 DUPONT DRIVE, STE 450 | | | | |
| Instructions. | City, town or post office, state, and ZIP code. For a foreign add | dress, see instruct | lions. | | |
| | IRVINE, CA 92612 | | | | |
| | | | | | |
| Enter the F | Return code for the return that this application is f | or (file a sepa | arate application for each return) | | |
| | ······································ | | | | |
| Application is For | n | Return | Application | | Return |
| | - 000 FFF | Code | Is For | ON THE REPORT OF | Code |
| | or Form 990-EZ | 01 | 51041 | | |
| Form 990- | (individual) | 02 | Form 1041-A | | 08 |
| Form 990- | | 03 | Form 4720 (other than individual) Form 5227 | | 10 |
| | T (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 |
| | T (trust other than above) | 06 | Form 8870 | | 12 |
| | , (date to the date | | | |
| • If this whole grou | organization does not have an office or place of builds for a Group Return, enter the organization's foup, check this box ▶ ☐ . If it is for part of the extension is for. | ır digit Group | Exemption Number (GEN) | | If this is for the |
| 5 For 6 If the 7 State | uest an additional 3-month extension of time unticalendar year 2014, or other tax year beginn a tax year entered in line 5 is for less than 12 mor Change in accounting period a in detail why you need the extension TAX | nths, check re | , 20, and ending eason: | Final retu DITIONAL | rn TIME TO |
| noni | is application is for Forms 990-BL, 990-PF, 990-T, refundable credits. See instructions | | | | 0. |
| b if the tax prev | is application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpaym riously with Form 8868 | r 6069, enter ent allowed a | any refundable credits and estimate s a credit and any amount paid | d 8b\$ | 0. |
| c Bala EFT | i nce due. Subtract line 8b from line 8a. Include yo PS (Electronic Federal Tax Payment System). Se | our payment we e instructions | vith this form, if required, by using | 8c | 0. |
| | Signature and Verif | fication mu | ist be completed for Part II o | only. | |
| Under penaltic correct, and | es of perjury, I declare that Library examined this form, including acconding another than the property of the prepare this form. | npanying schedules | and statements, and to the best of my knowledge | and belief, it is true |), / 1 |
| Signature | Title | | CIPA | | × 7/23/15 |
| BAA | | | | F | orm 8868 (Rev 1-2014) |
| | 1 | | | • | |