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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2016

Open to Public Inspection

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-F7 and its instructions is at www.irs.gov/form990.

٠.	Interr	nal Revei	nue Service	► Information about Form	n 990-EZ and its instruction	ons is at w	ww.irs.gov/1	form990.		
Ē	A F	or the	2016 calend	lar year, or tax year beginning	MAY 1	, 2016,	and ending	APR	RIL 30	, 20 17
\ 1	B c	heck if ap	oplicable	C Name of organization	•			D Employe	er identification	number
==		Address c	change	MING HUI SCHOOL INC					55-0880543	,
-1		Vame che	ange	Number and street (or P O box, if mail i	s not delivered to street addres	ss)	Room/suite	E Telepho	ne number	
_	=	nıtlal retu		1921 STATE ROUTE 27					(732) 476-438	38
3	$\overline{}$	-ınal retur Amended	n/terminated	City or town, state or province, country,	and ZIP or foreign postal code)	1	F Group	Exemption	
_	=		n pending	EDISON, NJ 08817				Numbe		
ī			ting Method:		pecify) >		1	H Check ▶	if the organ	ization is no f
艺		Vebsite	•	. minghuischool.us	· · · · · · · · · · · · · · · · · · ·				attach Sched	
23	J Ta	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501	(c) () ◀ (insert no.) ☐ 4	4947(a)(1) o	r	•	, 990-EZ, or 99	
Į.				: 🗹 Corporation 🔲 Trust		Other	<u></u>			
				7b to line 9 to determine gross rece			more, or if to	tal assets		
90	(Par	t II, col	umn (B) belov	w) are \$500,000 or more, file Form 99	90 instead of Form 990-EZ			🕨	\$	191,607
	Pa	art I	Revenu	ie, Expenses, and Changes	in Net Assets or Fun	d Balanc	es (see th	ne instruction	ons for Part	
				f the organization used Schedu			•			•
		1		ons, gifts, grants, and similar am					1	45,500
		2		ervice revenue including governi				<u> </u>	2	146,107
		3	-	nip dues and assessments				⊢	<u>-</u> 3	140,101
		4	Investment	•					4	
		5a		ount from sale of assets other that	an inventory	. 5a	1	2		
		b		or other basis and sales expens	•				3	
		c		ss) from sale of assets other than			ine 5a)		ic .	
		6	•	nd fundraising events	, milestory (Subtract mile			125		
		a	-	come from gaming (attach Sc	hedule G if greater th	nan				
	e					. 6a	1			
	Revenue	Ь	Gross inco	ome from fundraising events (not	ıncludina \$		f contributi	ons		
	ě									
	ш.		sum of suc	raising events reported con line in the gross income and contribution	ns exceeds \$15,000) .	. 6b				
		c		ct expenses from gaming and fur						
		d	Net incom	ne or (loss) from gaming and fur	draising events (add lir	nes 6a an	d 6b and s	ubtract		
			line 6c)		. ၂%]			ļ 	id	
		7a	Gross sale		llowances	. 7a	1	92		
		ь	Less: cost	es of inventory, less returns and a		. 7b				
		ြင		fit or (loss) from sales of inventor	v (Subtract line 7b from	line 7a) .		7	'c	
		8	-		, , , , , , , , , , , , , , , , , , ,	-			8	
		9		enue. Add lines 1, 2, 3, 4, 5c, 6d,					9	191,607
		10		d similar amounts paid (list in Sch					10	
		11	Benefits pa	aid to or for members				<u> </u>	11	
	တ္က	12	Salaries, o	other compensation, and employe				1	12	70,774
	Expenses	13		nal fees and other payments to in					3	5,702
	be	14		y, rent, utilities, and maintenance	=			—	14	82,950
	ŭ	15		ublications, postage, and shippir					15	42
		16		enses (describe in Schedule O)					16	62,429
		17		enses. Add lines 10 through 16					7	221,898
	s	18	Excess or	(deficit) for the year (Subtract line	e 17 from line 9)			1	18	-30,290
	set	19		s or fund balances at beginning						
	Ast			ar figure reported on prior year's				- 12	9	-133,241
	Net Assets	20	Other char	nges in net assets or fund baland	es (explain in Schedule	O)		-	20	
	Z	21		s or fund balances at end of year.		•			21	-163,532

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form 990-EZ (2016)



D٥	rt II	Balance Sheets (see the instruc	tions	for Part II\					<u></u>
	اللحف	Check if the organization used Sch			invallection in this	Part II			
		Check if the organization used Sci	icadic	o to respond to a	ary question in this	(A) Beginnir			(B) End of year
22	Cash	n, savings, and investments				, , _ · · · · · · · · · · · · · · · · ·	11,103	٠.	
23		l and buildings					11,103	23	7,35
24		r assets (describe in Schedule O) .					12,378		10,285
25		l assets					22,434		17,64
26		I liabilities (describe in Schedule O)					155,676		181,172
27		assets or fund balances (line 27 of c					-133,241		-16,353
	t III	Statement of Program Service A				Part III\	-133,241	2,	- 10,333
ı aı		Check if the organization used Sch					🗆		Expenses
Wha	t is the	organization's primary exempt purpo		EDUCATION	ary question in the	T CIT III	<u>· · L</u>		quired for section
							•		l(c)(3) and 501(c)(4) anizations, optional for
as n	neasure	e organization's program service aco d by expenses. In a clear and con- lefited, and other relevant information	cise m	nanner, describe th	e services provide	d, the nun	nber of		ers)
28	WEEK	ND SCHOOL, AFTER SCHOOL & SUM	MER C	AMP TEACHING CHI	NESE LANGUAGE, (ULTURE			
	AND O	THER SUBJECTS.							
	(Grant	s\$) If this a	mount	includes foreign gra	ants, check here .		▶ □	288	a 221,898
29									
								ĺ	
	(Grant	s\$) If this a	mount	includes foreign gra	ants, check here .		▶ □	298	a
30					-				1
		***************************************		**************************************					
	(Grant	s\$) If this a	mount	includes foreign gra	ants, check here .		▶ □	30a	a
31	Other	orogram services (describe in Schedu							
	(Grant	s\$) If this a	mount	includes foreign gra	ants, check here .		▶ □	318	a
32	Total	program service expenses (add line	s 28a	through 31a)			. •	32	
_	t IV	List of Officers, Directors, Trustees, a						nstru	ctions for Part IV)
		Check if the organization used Sch							
				(b) Average	(c) Reportable	(d) Healt	h benefits,		
		(a) Name and title		hours per week	compensation (Forms W-2/1099-MIS)		s to employ clans, and) Estimated amount of other compensation
				devoted to position	(if not paid, enter -0-		ompensatio		out of the outer
GAN	G ZHAN	G						\top	
⊉ CA	LADIUN	CT, PISCATAWAY, NJ 08854		20		o		0	c
	GZHI SU		•		<u> </u>			┪	
		REET, PHILLPSBURG, NJ 08865		1 1		0		0	c
	WANG			•				┪	
		OAD, BRIDGEWATER, NJ 08807		40	15,73	2		0	c
	HUANG			10	10,75	-		┪	
		E LANE, LEDGEWOOD, NJ 07852		1 1		o		0	O
	ING SUN			<u> </u>				┪	
		AIN AVENUE, SPRINGFIELD, NJ 07801		1 1		ام		0	O
3312	MOOITI	AN AVEROE, SI KINGI IEED, NS 07001			<u> </u>	'		╩	
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a	237	\
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		₩
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
ı.	Located at ► ZIP + 4 ►			
Б	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No.
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

		•						Tes	5 NO
							tion 🖺		
				, raiti			<u>· </u>	46	
rart				estions 47–49h an	d 52 and	complete th	e table	es for li	nes
			o must answer que	300015 47 405 an	ia oz, ana	complete in	C table	JO 101 III	100
			nedule O to respond	l to anv guestion in	n this Part	VI			. 🗆
		<u> </u>		7.3		 		Yes	No.
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ct during the	tax		
	year?	If "Yes," complete Schedule C, Par	tll				.	47	✓
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ı	ı)? If "Yes," complet	te Schedule	Ε	. [48 ✓	
					nization? .		. 4	19a	✓
	empi	byees) who each received more than	\$100,000 of compe	nsation from the org	 		e, ente	r "None.	· <u> </u>
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit pla	ons to employee ans, and deferred			
to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, ar 50 and 51. Check if the organization used Schedule O to respond to any question in this Pa Did the organization engage in lobbying activities or have a section 501(h) election in eyear? If "Yes," complete Schedule C, Part II Steep the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule Did the organization as consolated in section 52 organization? Steep the stable for the organization as section 52 organization?									
		Additional for public office? If "Yes," complete Schedule C, Part I 46							
Ves Ves									
					İ				
	T-4-1		\$100,000	<u> </u>					
					nt contract	- ore who each	, rocoli	ed mor	a than
					ni comiaci	OIS WIIO EACI	1 Tecen	rea moi	e triari
			<u></u> ,	I	onuco	(0	Compar	neation.	
	(a)	Name and business address of each independ	ient contractor	(b) Type of s	ei vice	(c	Compe	isation	
		<u></u> .							
				1		i			
			_	 					
				1					
									
				1					
								_	
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶				
			ile A? Note: All se	ection 501(c)(3) or	ganizations	must attack	h a		
	comp	oleted Schedule A	<u> </u>	<u> </u>	<u> </u>	<u> </u>	.▶☑ \	Yes 🔲	No
							nowledge	and belie	f, it is
	CCI, an	d complete. Decial ation of preparer (other than	Torricer) is based on all line		er nas any kno	A /	- \		
Sign		Signature of officer	8			Date C	- <i>u</i>	<u>'</u> /	
							4. 2017	,	
			<u> </u>				., 2017		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	r PT	1N	
Prepa	aror						-		_
Use (Firm's name ▶				Firm's EIN ▶			
			· · . ·			Phone no			
May th	e iRS	discuss this return with the prepare	r snown above? See	instructions			▶ [*] *	Yes 🗂	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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Haille	OI UIO O	rganization					Limployer Identification	, maniber
		CHOOL INC				4 - 4h:		80543
	t I	Reason for Public Char						ons.
1 ne c		ation is not a private founda church, convention of churcl		,		-	•	
2		school described in section						
3		nospital or a cooperative hos		•				
4	□Aı	medical research organization	on operated in co					(iii). Enter the
_		spital's name, city, and state						
5	_	organization operated for t ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6		ederal, state, or local govern						
7	de	organization that normally scribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		a gover	nmental unit or fron	the general public
8		community trust described in						
9	or un	agricultural research organi university or a non-land-gra iversity:	nt college of agr	culture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
10	red Su	organization that normally recipts from activities related pport from gross investment quired by the organization a	to its exempt full income and uni	nctions—subject to co related business taxal	ertaın exc ole incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	☐ An	organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12		organization organized and						
		one or more publicly supported the box in lines 12a thro						
а		Type I. A supporting organithe supported organization supporting organization. Yes	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally it that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a dıstribı	ution requirement an	
е		Check this box if the organ functionally integrated, or 1						e II, Type III
f	Ente	r the number of supported of	• •		-	_		[
g	Prov	ride the following information	about the supp	orted organization(s).				
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
(A)				-				
(B)								··· -
(C)								
(D)								
(E)								
			l		ŀ	l	L	

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	(i)
	(Complete only if you checked the				_	•	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	T		1		T	1
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			T			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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		į				
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 VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the support of the Form 990 is for the support of the Form 990 is for the Form 990 is for the support of the Form 990 is for the support of the Form 990 is for the support of the		ons)			12	
13	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor				· · · · ·		
14	Public support percentage for 2016 (line			1, column (f))		14	%
15 16a	Public support percentage from 2015 Sci 331/3% support test—2016. If the organibox and stop here. The organization qua	zation did not	check the box	k on line 13, ar	nd line 14 is 33		
b	331/3% support test — 2015. If the organithis box and stop here. The organization	ization did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the forganization	eets the "facts- 'facts-and-circ	-and-circumsta umstances" te	ances" test, chest. The organi	neck this box a zation qualifies	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the meets the	e "facts-and-d ts-and-circums	circumstances' stances" test.	'test, check The organizati	this box and on qualifies as	stop here. s a publicly
18	Private foundation. If the organization di						

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

(Complete only if you checked the box on line 10 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.)

	II the organization falls to quality	under the te	sta liated bei	ow, piease co	implete Fart	ii. <i>)</i>	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	İ					
	furnished in any activity that is related to the			ĺ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an]				
	unrelated trade or business under section 513						
4	Tax revenues levied for the	1	1				
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	-						
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 				
7a	received from disqualified persons .						
я	, ,						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		1				
8	Public support. (Subtract line 7c from	\$500 miles					
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			·			
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less				ļ		
	section 511 taxes) from businesses				İ		
	acquired after June 30, 1975		l'				
C	Add lines 10a and 10b		ļ				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets					ŀ	
	(Explain in Part VI.)				 		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sch				<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (17	%
18	Investment income percentage from 2015					18	<u>%</u>
19a	331/3% support tests – 2016. If the organ						
	17 is not more than 33½%, check this box						
Ь	331/3% support tests—2015. If the organiz	ation did not c	neck a box on	line 14 or line 1	ya, and line 16	is more than 3	31/3%, and
00	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	u not check a	DOX ON LINE 14.	. 19a. or 19b. d	neck this boy :	and see instru	ctions 🖚 i l

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedu	ile A (Form 990 or 990-EZ) 2016	Page 5
Part	V Supporting Organizations (continued)	1 1
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b
	ion B. Type I Supporting Organizations	11161
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			A POST MARKET
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		·
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	蠹		
factors (explain in detail in Part VI):		The state of the s	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		4
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	ng organization (see

Part		Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	•		
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			1.
3	Excess distributions carryover, if any, to 2016:			
а	ARTHUR DE LA CREMENTA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA D			
b				
<u> </u>	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
a	Applied to underdistributions of prior years		-	
<u> </u>	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.		1.2	
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			70
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:	Samuel Samuel		
a				
<u> </u>	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			THE SAME DAY OF THE SAME DAY O
<u>e</u>	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.
 Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

MING HUI SCHOOL INC 55-0880543 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Copies of all material used by the organization or on its behalf to solicit contributions? . . . 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a Admissions policies? . 5_b Employment of faculty or administrative staff? . 5c Scholarships or other financial assistance? . 5d Educational policies? . Use of facilities? 5f Athletic programs?. 5g Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? . 6a Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**16**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

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