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2021

OMB No. 1545-0047

## Return of Private Foundation

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

For calendar year 2021, or tax year beginning 01-01-2021 , and ending 12-31-2021 A Employer identification number FRIENDS OF KANG YUN FOUNDATION 51-0579003 Number and street (or P.O. box number if mail is not delivered to street address) 192 ARMORY STREET B Telephone number (see instructions) (203) 393-6317 City or town, state or province, country, and ZIP or foreign postal code HAMDEN, CT  $\,\,$  06517  $\,$  ${f C}$  If exemption application is pending, check here ☐ Initial return G Check all that apply: ☐ Initial return of a former public charity **D 1.** Foreign organizations, check here...... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return Address change ☐ Name change If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here ......  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col. (c), under section 507(b)(1)(B), check here ...... ☐ Other (specify) line 16) >\$ 186,995 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment Adjusted net (c) for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach 200,000 schedule) Check  $\blacktriangleright$   $\bigsqcup$  if the foundation is **not** required to attach 2 31 3 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 200,031 31 0 Operating and Administrative Expenses 13 Compensation of officers, directors, trustees, etc. 60,000 14 Other employee salaries and wages Pension plans, employee benefits 15 16a Legal fees (attach schedule) . . . Accounting fees (attach schedule) 9 Other professional fees (attach schedule) 1,027 0 0 ارچە 4,616 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 400 Total operating and administrative expenses. 24 Add lines 13 through 23 . . . . 67,283 105,000 105,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 172,283 0 105,000 27 Subtract line 26 from line 12: Excess of revenue over expenses and 27,748 disbursements Net investment income (if negative, enter -0-) 31 Adjusted net income (if negative, enter -0-) . . . For Paperwork Reduction Act Notice, see instructions. Cat. No. 11289X Form **990-PF** (2021) Form 990-PF (2021)

Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	f year
1			should be for end-of-year amounts only. (See instructions.)		(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest	-	68,355	72,937	
	2	<u>-</u>	rary cash investments	90,892	114,058	114,058
	3		<u> </u>			
			doubtful accounts			
	4					
			doubtful accounts ▶			
	5					
	6		m officers, directors, trustees, and other			
		•	s (attach schedule) (see instructions)			
	7		ans receivable (attach schedule)			
			doubtful accounts ▶			
<u>ş</u>	8		or use			
Assets	9		nd deferred charges			
٩	10a		and state government obligations (attach schedule)			
	b	·	orate stock (attach schedule)			
	С	,	prate bonds (attach schedule)			
	11		buildings, and equipment: basis ▶			
			depreciation (attach schedule) ▶			
	12		gage loans			
	13		r (attach schedule)			
	14		d equipment: basis 🕨			
			depreciation (attach schedule)			
	15	•	ibe ▶)			
	16	•	e completed by all filers—see the			
		instructions. Also, s		159,247	186,995	186,995
	17	Accounts payable a	nd accrued expenses			
ا ۸.	18	Grants payable				
tie.	19					
	20		, directors, trustees, and other disqualified persons			
Liabilities	21		er notes payable (attach schedule)			
_	22	`	scribe <b>&gt;</b> )			
	23	Total liabilities(ad	dd lines 17 through 22)	0	0	
Š		Foundations that	follow FASB ASC 958, check here ▶ ☑			
nce			es 24, 25, 29 and 30.			
<u>a</u> [a	24	Net assets without	donor restrictions	159,247	186,995	
Fund Balar	25	Net assets with dor	nor restrictions			
Ĕ		Foundations that	do not follow FASB ASC 958, check here ▶ □			
딘		and complete line				
Assets or	26		principal, or current funds			
es	27		urplus, or land, bldg., and equipment fund			
455	28	•	accumulated income, endowment, or other funds			
	29	•	or fund balances (see instructions)	159,247	186,995	
Net	30		nd net assets/fund balances (see instructions) .	159,247	186,995	
Pa	rt 1111		langes in Net Assets or Fund Balances	,	,	
1		· · · · · · · · · · · · · · · · · · ·	balances at beginning of year—Part II, column (a), line	29 (must agree with end	-	
_			n prior year's return)		1	159,247
2		er amount from Part			2	27,748
3			ded in line 2 (itemize) 🕨		3	0
4			ting 2 (theories)		4	186,995
5			n line 2 (itemize) ► balances at end of vear (line 4 minus line 5)—Part II. c	olumn (h) line 30	6	0 186.995
6	LOTA	ii iiet assets or tund	palances at end of year time 4 minus line 51—Part II. C	olumni (D), line 29 -	1 0 1	100.993

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		rind(s) of property sold (e.g., real ese; or common stock, 200 shs. MLC		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
			T			
	(e)	<b>(f)</b> Depreciation allowed		( <b>g)</b> other basis		<b>h)</b> r (loss)
	Gross sales price	(or allowable)		ense of sale		) minus (g)
а						
b						
С						
d						
e						
	Complete only for assets show	ng gain in column (h) and owned by	y the foundation	on 12/31/69		I)
	(i)	(j)		(k)		h) gain minus less than -0-) <b>or</b>
	F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69		of col. (i) . (j), if any		om col.(h))
a		, ,		(37)	· .	
b						
С						
d						
e						
			n, also enter in P			
2	Capital gain net income or (ne	t capital loss)     { If (los	ss), enter -0- in F	'art I, line 7	2	
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	5) and (6):	,	-	
_		e 8, column (c) (see instructions). I	, , ,	- 1		
	in Part I, line 8			}	3	
				,		

orm	990-PF (2021)			Page <b>4</b>
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ons)		_
.a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter:(attach copy of letter if necessary-see instructions)			
_				
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4%			
2	(0.04) of Part I, line 12, col. (b)  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			
6	Credits/Payments:			
a	2021 estimated tax payments and 2020 overpayment credited to 2021   6a   0			
b	Exempt foreign organizations—tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c 0			
d	Backup withholding erroneously withheld			
	Total credits and payments. Add lines 6a through 6d			0
8				
	Enter any <b>penalty</b> for underpayment of estimated tax. Check field in Form 2220 is attached.			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Particle 10 to be: Credited to 2022 estimated tax Particle 11			
	t VI-A Statements Regarding Activities		1.,	T
a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	-	Yes	No
1.	it participate or intervene in any political campaign?	. 1a	+	No
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions			
	for the definition.	16	<del>'                                     </del>	No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities.			N.
	Did the foundation file <b>Form 1120-POL</b> for this year?	10		No
d	(1) On the foundation. $\triangleright$ \$0 (2) On foundation managers. $\triangleright$ \$0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. • \$ 0			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	. 3		No
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	. 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	. 6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XIV.	. 7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	DE, CT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
-	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	86	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		1	
	or 4942(j)(5) for calendar year 2021 or the taxable year beginning in 2021? See the instructions for Part XIII.			
	If "Yes," complete Part XIII	. 9		No
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses	. 10		No
			90-PF	

14	The books are in care of ►THE FOUNDATION	Telephone no. ▶(203) 393-6317
	Located at ▶192 ARMORY STREET HAMDEN CT	ZIP+4 ▶06517
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check and enter the amount of tax-exempt interest received or accrued during the year	<pre>chere</pre>
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or o	ther authority over
	a bank, assumition, an athen financial assumt in a females assumence.	16

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here	• •		
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			
Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required	•		
Pa	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	, , ,		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1a(1)	Yes	No No

16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	Yes	No No
Pa	rt VI-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
1a	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?	r)	No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?	2)	No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	3)	No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	l) Yes	

Pa	statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1</b> 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?	1a(1)		No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1a(2)		No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Yes	
	(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)?	1a(5)		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.).	1a(6)		No
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	<b>1</b> b	Yes	
C	Organizations relying on a current notice regarding disaster assistance check here			
d	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 2021?	1d		No

	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Yes	
	(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)?	1a(5)		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.)	1a(6)		No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	Yes	
C	Organizations relying on a current notice regarding disaster assistance check here			
d	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 2021?	1d		No
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 $4942(j)(5)$ :			
а	At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d			
	and 6e) for tax year(s) beginning before 2021?	2a		No
	If "Yes," list the years ▶ 20			
h	Are there any years listed in 25 for which the foundation is not applying the provisions of section 4942(a)(2)			

D	If any answer is lifes to Ia(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<b>1</b> b	Yes	
С	Organizations relying on a current notice regarding disaster assistance check here			
d	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 2021?	1d		No
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 $4942(j)(5)$ :			
а	At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d			
	and 6e) for tax year(s) beginning before 2021?	2a		No
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	► 20			

	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d			
	and 6e) for tax year(s) beginning before 2021?	2a		No
	If "Yes," list the years ▶ 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>▶</b> 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?	3a		No
b	If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation			
			l 1	

	to <b>all</b> years listed, answer "No" and attach statement—see instructions.)	2b	
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		
	<b>▶</b> 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at		
	any time during the year?	3a	No
b	If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		

Form **990-PF** 

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?.

Pa						F	
_	rt VI-B Statements Regard	ling Activities for Which	Form 4720 May Be	Required (continued)			
ā	During the year did the foundation	pay or incur any amount to:				Yes	No
	(1) Carry on propaganda, or otherv	ise attempt to influence legisl	ation (section 4945(e))?.		5a(1)		No
	(2) Influence the outcome of any s	pecific public election (see sec	tion 4955); or to carry				
	on, directly or indirectly, any vo	ter registration drive?			5a(2)		No
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?		5a(3)		No
	(4) Provide a grant to an organizati	on other than a charitable, etc	, organization described				
	in section 4945(d)(4)(A)? See in	nstructions			. 5a(4)		No
	(5) Provide for any purpose other t		* **				
	educational purposes, or for the	•			. 5a(5)		No
b	If any answer is "Yes" to $5a(1)-(5)$ ,	=					
	Regulations section 53.4945 or in a			_	. 5b		
С	Organizations relying on a current n			• 📗			
d	'	• • •	•				
	tax because it maintained expenditu	· · · · · · · · · · · · · · · · · · ·			5d		
	If "Yes," attach the statement requi	· -					
6а	Did the foundation, during the year,						
	a personal benefit contract?				6a		No
b	Did the foundation, during the year,	pay premiums, directly or inc	irectly, on a personal be	nefit contract?	6b		No
_	If "Yes" to 6b, file Form 8870.				_		
	At any time during the tax year, wa	, , ,			7a		No
	If "Yes", did the foundation receive				<b>7</b> b		
3	Is the foundation subject to the sec			in remuneration or			
	excess parachute payment during the	ne year?			. 8		No
Pa		Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid Em	iployees,		
	and Contractors						
1	List all officers, directors, truste						
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expen	se acc	
ном	IAS HSU		-0-)	deferred compensation	other al		
		PRESIDENT	- <b>0-)</b>				
AMD	RMORY STREET	·	,				ces
	DEN, CT 06517	PRESIDENT 1.00	0	deferred compensation 0			ces 0
HRIS	DEN, CT 06517 STOPHER HSU	PRESIDENT	,	deferred compensation 0			ces
HRIS 92 A	DEN, CT 06517	PRESIDENT 1.00 EXEC. DIRECTOR AND SECRETA	0	deferred compensation 0			ces 0
HRIS 92 A AMD	DEN, CT 06517 STOPHER HSU RMORY STREET	PRESIDENT 1.00 EXEC. DIRECTOR AND SECRETA 25.00	60,000	deferred compensation 0	other al	lowand	0 0
92 A AMD <b>2</b>	DEN, CT 06517  STOPHER HSU  RMORY STREET DEN, CT 06517	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the secretary of	60,000	deferred compensation 0	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 A AMD <b>2</b>	DEN, CT 06517 STOPHER HSU  REMORY STREET DEN, CT 06517  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRESIDENT 1.00  EXEC. DIRECTOR AND SECRETA 25.00  id employees (other than the paid (b) Title, and average hours per week	60,000	deferred compensation  0  .—see instructions). If non  (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Form 990-PF (2021)		Page <b>7</b>
Part VII  Information About Officers, Directors, Trustees, I and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		<del>-</del>
3		
4		
Part VIII-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0
		Form <b>990-PF</b> (2021)

Page 8

105,000

105.000

Form **990-PF** (2021)

1a

1b

2

3a

3h

4

1d

Form 990-PF (2021)

Part XI

1

2

3

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4.

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

117,957 Reduction claimed for blockage or other factors reported on lines 1a and 1e | 2 2

117,957 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 4

4 1,769 . . Net value of noncharitable-use assets. Subtract line 4 from line 3. 5 5

116,188 5,809 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 1 1 5.809

Part X 2a Tax on investment income for 2021 from Part V, line 5. . . . . . . 2a

Income tax for 2021. (This does not include the tax from Part V.). . . 2b 2c

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . . 3 3 5.809 4 4

5 5 5.809 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . . 7 5.809 a From 2016. . . . .

**b** From 2017. . . . . c From 2018. . . .

d From 2019. . . . .

e From 2020. . . . .

Page 9

5,809

5.809

Form **990-PF** (2021)

Form	990-PF	(202
Pa	rt XII	

)-PF (20	021)		
		45	

a Enter amount for 2020 only. . . . . . Excess distributions carryover, if any, to 2021:

**d** Applied to 2021 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2021. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022 . . . . . . 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 2016 not

applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2022.

Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

indicated below:

10 Analysis of line 9: a Excess from 2017. . .

**b** Excess from 2018. .

c Excess from 2019. . . .

d Excess from 2020. . .

e Excess from 2021. . .

4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ \_\_\_\_ a Applied to 2020, 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). . . . . . . . . .

- (20	J21)	
	Undistributed Income	(see instructions)

		/	:	
Undistributed I	ıncome	(see	instruc	tions

Distributable amount for 2021 from Part X, line 7 Undistributed income, if any, as of the end of 2021:

> 126.482 52,223

> > 51 076

50.326 118,370

> 52.223 51,076

> 50.326

118,370

99.191

(a)

Corpus

398.477

99.191

497,668

126,482

371,186

(b)

Years prior to 2020

(c)

2020

factors:

Part XIV Supplementary Informa 3 Grants and Contributions Paid D		ed for Future	Payment	rage 11
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year				
See Additional Data Table				
				105.000
Total	<u> </u>		▶ 3a	105,000
Total			▶ 3b	0

Part X	V-A Analysis of Income-Producing	Activities				
inter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exemp function income
_	m service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.
	<del></del>					
_	and contracts from government agencies					
<b>3</b> Intere	ership dues and assessments est on savings and temporary cash ments					
	ends and interest from securities			14	31	
	ental income or (loss) from real estate:					
	t-financed property					
	debt-financed property					
	ental income or (loss) from personal property investment income					
	or (loss) from sales of assets other than					
invent						
	come or (loss) from special events:					
<b>0</b> Gross	profit or (loss) from sales of inventory					
	revenue: a					
е						
2 Subto	tal. Add columns (b), (d), and (e)		0		31	1
	. Add line 12, columns (b), (d), and (e)			:	L3	3:
Part X	vorksheet in line 13 instructions to verify calcu V-B Relationship of Activities to the		hment of Exemi	nt Purnoses		
Line No. ▼	Explain below how each activity for which	income is report	ed in column (e) of	Part XV-A contribu		
	1					

Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Part AVI	Exempt Organia	zations							
1	Did the or	rganization directly or in than section 501(c)(3)	directly engage in	n any of the	following with any 527, relating to pol	other organization	n described in sections?	on 501	Yes	No
а		from the reporting foun								
								. 1a(1)		No
	(2) Othe	er assets						. 1a(2)		No
b	Other trai	nsactions:								
	<b>(1)</b> Sale	s of assets to a nonchari	table exempt ord	anization.				. 1b(1)		No
		hases of assets from a n						1b(2)		No
		al of facilities, equipmer						1b(3)		No
		nbursement arrangemen	•					. 1b(4)		No
		s or loan guarantees.						. 1b(5)		No
		rmance of services or m						. 1b(6)		No
С	Sharing o	f facilities, equipment, n	nailing lists, othe	r assets, or	paid employees.			. 1c		No
d	If the ans	wer to any of the above	is "Yes," complet	te the follov	ving schedule. Colu	ımn (b) should alv	ways show the fair m	narket value		
		ods, other assets, or ser								
	in any tra	nsaction or sharing arra	ngement, show II	n column (c	) the value of the	goods, other asse	ts, or services receiv	/ed.		
(a	Line No.	(b) Amount involved	(c) Name of nonc	haritable exe	mpt organization	(d) Description of	transfers, transactions,	and sharing arra	ngemen	ts
		• •								
28	Is the fou	indation directly or indire	ectly affiliated wit	h. or relate	d to, one or more t	ax-exempt organi	izations			
		in section 501(c) (other	•	<i>'</i>	•			s 🔽 No		
h		complete the following so		1(0)(0)) 01 1	Section 327 . I					
	11 163, (	(a) Name of organization		1 (1	Type of organization	n I	(c) Description	of relationship		
		. , , , , , , , , , , , , , , , , , , ,		<u> </u>	,,,		,	•		
		ler penalties of perjury,								
c:		ny knowledge and belief ch preparer has any kno		t, and com	plete. Declaration o	of preparer (other	than taxpayer) is ba	sed on all info	rmatior	n of
	<del></del> ∣	******	wiedge.		2022-02-25	\ *****		May the IRS discuss	this retu	rn
Н	ere				2022-02-25			with the preparer sl		
		Signature of officer or to	rustee		Date	Title		See instructions.	✓ <sub>Yes</sub> [	□ <sub>No</sub>
		Print/Type proparer's	name Dro	parer's Sigr	asture	Data		OTINI		
		Print/Type preparer's	name   Pre	parer 5 Digi	iatule	Date	Check if self-	PTIN		
							employed ▶ □	P00572	2001	
P	aid	PAMELA J MATOCH	Α							
	epare:	Final and the Table	DVVDEE COMPAN	V DC						
	se Only		BYXBEE COMPAN	t PC			F	Firm's EIN ▶06	-13864	156
•	<b>-</b>		D BOX 187169							
				_			-	Phone no. (203	) 281-4	4933
		HA	MDEN, CT 0651	8			ľ		, 201	
		1								

## Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PC. SUPPORT FOR TRAINING NEW 55,000 LEADERSHIP EDUCATION & ATHLETICS HAVEN COLLEGE AND PUBLIC IN PARTNERSHIP HIGH SCHOOL STUDENTS TO 31 JEFFERSON STREET WORK WITH YOUNGER NEW HAVEN, CT 06511 CHILDREN. DC SUPPORT EDUCATIONAL 35,000

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

YOUTH EMPOWERMENT PROJECT 1600 ORTHA CASTLE HALEY BOULEVARD NEW ORLEANS, LA 70113		ENRICHMENT PROGRAMS IN THE CENTRAL CITY NEIGHBORHOOD OF NEW ORLEANS.	33,000
WESLEYAN CENTER FOR PRISON EDUCATIONWESLEYAN UNIVERSITY 1222 CHURCH STREET MIDDLETOWN CT 06459	PC	SUPPORT FOR COURSE ENROLLMENT BY CHESHIRE AND YORK CORRECTIONAL INSTITUTIONAL INCARCERATED TO ATTAIN BACHELORS OR	15,000

NEW ORLEANS, LA 70113		OF NEW ORLEANS.	
WESLEYAN CENTER FOR PRISON EDUCATIONWESLEYAN UNIVERSITY 1222 CHURCH STREET MIDDLETOWN, CT 06459	PC	SUPPORT FOR COURSE ENROLLMENT BY CHESHIRE AND YORK CORRECTIONAL INSTITUTIONAL INCARCERATED TO ATTAIN BACHELORS OR ASSOCIATE DEGREES	15,000

▶ 3a

105,000

Total .

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491059000202								
TY 2021 Accounting Fe	ees Schedule							
Name: FRIENDS OF KANG YUN FOUNDATION								
	<b>EIN:</b> 51-0	579003						
			+	1				
Category	Amount	Net Investment	Adjusted Net	Disbursements				
		Income	Income	for Charitable				
Purposes								

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491059000202			
TY 2021 Other Expenses Sch	edule						
Name	Name: FRIENDS OF KANG YUN FOUNDATION						
EIN	: 51-0579003						
Other Expenses Schedule							
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE- WORKERS COMPENSATION	364	0	0	0

15

PROMOTIONAL EXPENSES

BANK CHARGES

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491059000202
TY 2021 Other Professional Fees Schedule				
Name: FRIENDS OF KANG YUN FOUNDATION				
<b>EIN:</b> 51-0579003				
Category	Amount	Net Investment	Adjusted Net	Disbursements
		Income	Income	for Charitable

<b>EIN:</b> 51-0579003			
Category	Amount	Net Investment Income	Adjusted Net Income

199

828

AGENTS

PAYROLL PROCESSING

Purposes

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	-	DLN	N: 93491059000202	
TY 2021 Taxes Schedule					
N	ame: FRIENDS OF	KANG YUN FOUN	DATION		
<b>EIN:</b> 51-0579003					
Taxes Schedule					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TAXES AND LICENSES	26	0	0	0	
1					

Schedule B	0) ► Attach to Form 990, 990-EZ, or 990-PF. of the Treasury ► Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service			2021
Name of the organization FRIENDS OF KANG YUN F	OUNDATION		Employer identification number 51-0579003
Organization type (che	ck one):		131 03/3003
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organiza	ition	
	4947(a)(1) nonexempt charitable tr	ust <b>not</b> treated as a private founda	ition
	☐ 527 political organization		
Form 990-PF	☑ 501(c)(3) exempt private foundatio	n	
	ation filing Form 990, 990-EZ, or 990-PF that r property) from any one contributor. Complete		
Special Rules			
For an organiza under sections to	ion described in section 501(c)(3) filing Form 09(a)(1) and 170(b)(1)(A)(vi), that checked Soly one contributor, during the year, total contribe 1h, or (ii) Form 990-EZ, line 1. Complete Page 1.	chedule A (Form 990 or 990-EZ), P butions of the greater of <b>(1)</b> \$5,000	art II, line 13, 16a, or 16b, and that
during the year,	ion described in section 501(c)(7), (8), or (10) total contributions of more than \$1,000 <i>exclus</i> the prevention of cruelty to children or animals	sively for religious, charitable, scient	
during the year, If this box is che purpose. Don't o	ion described in section 501(c)(7), (8), or (10) contributions <i>exclusively</i> for religious, charitak cked, enter here the total contributions that we omplete any of the parts unless the <b>General I</b> ble, etc., contributions totaling \$5,000 or more	ole, etc., purposes, but no such con ere received during the year for an Rule applies to this organization be	ntributions totaled more than \$1,000. exclusively religious, charitable, etc. ecause it received nonexclusively
990-EZ, or 990-PF), but	on that isn't covered by the General Rule and/o it <b>must</b> answer "No" on Part IV, line 2, of its F art I, line 2, to certify that it doesn't meet the fi	Form 990; or check the box on line	H of its Form 990-EZ
For Paperwork Reduction of for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 0-PF.	Cat. No. 30613X	Schedule B (Form 990) (2021)

Employer identification number 51-0579003

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERKELEY PHILANTHROPIES LTD C/O OCORIAN SVS LTD 31 VICTORIA ST  HAMILTON HM, BD	\$ 200,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)