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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

			1, 2011	, and ending	APR 30, 201	2	
		foundation	A Employer identification	number			
		Y. C HO/HELEN & MICHAE					
F	'OU	NDATION C/O O'CONNOR DA	VIES, LLP		05-061383	5	
		nd street (or P.O. box number if mail is not delivered to street	Room/suite	B Telephone number			
6	65	FIFTH AVENUE	 		212-286-2	600	
		own, state, and ZIP code			C if exemption application is	pending, check here	
		YORK, NY 10022				. —	
G	Check	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here	
		Final return	Amended return		Foreign organizations n 2. check here and attach	neeting the 85% test,	
	Shool.	type of organization X Section 501(c)(3) ex	Name change		1		
Ϊ,	_		Other taxable private founda	tion	E If private foundation si		
_ 		rket value of all assets at end of year J Accounti		Accrual	under section 507(b)(
			her (specify) MODIFI		F If the foundation is in a under section 507(b)(
	\$	65,780,596. (Part I, colu			ander section 507(b)(T/(D/, CHECK Here	
	art I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received			N/A		
	2	Check X if the foundation is not required to attach Sch. B				······································	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	3,820,640.	3,820,640.		STATEMENT 1	
		Gross rents					
	_	Net rental income or (loss)	0.			 	
9	pa	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7,664,999.	0.	·			
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		Harry Harrison Harr	
æ	8	Net short-term capital gain		<u> </u>			
	g	Income modifications		· · · · · · · · · · · · · · · · · · ·		\http:///	
	10a	Gross sales less returns and allowances					
	1 -	Less Cost of goods sold		**************************************	- · · · · · · · · · · · · · · · · · · ·	**************************************	
	C	Gross profit or (loss)		4-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
	11	Other income					
	12	Total. Add lines 1 through 11	3,820,640.	3,820,640.			
	13	Compensation of officers, directors, trustees, etc	152,400.	0.		152,400.	
	14	Other employee salaries and wages	9,552.	0.	<u> </u>	0 552	
တ္တ	15	Pension plans, employee benefits	9,332.	<u> </u>		9,552.	
ŠUŠ	10a	Legal fees Accounting fees STMT 2	28,439.	0.		28,439.	
Ž	ي	Other professional fees STMT 3	125.	125.		0.	
Administrative Expenses	17	Interest					
rati	18	Taxes RECEIVED.					
nist	19	Depreciation and depletion					
Ē	20	Edupance B 2 2 2013 9					
	21	Havel, conferences, and meeting	2,243.	0.		2,243.	
ZUI3	22	Printing and publications Commun.	0.047			<u> </u>	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	23	Unner expenses . 51 111 4	8,047.	0.		8,047.	
<u> </u>	24	Total operating and administrative	200 006	125		200 601	
8 % 6 ZU Operating 6	25	expenses. Add lines 13 through 23	200,806. 2,795,880.	125.		200,681.	
	20	Contributions, gifts, grants paid Total expenses and disbursements	2,755,000.			2,133,000.	
	1	Add lines 24 and 25	2,996,686.	125.		2,996,561.	
W 1236	27	Subtract line 26 from line 12					
ž	a	Excess of revenue over expenses and disbursements	823,954.				
8	b	Net investment income (if negative, enter -0-)		3,820,515.			
(<u>S</u>		Adjusted net income (if negative, enter -0-)			N/A		
(J123)2-11	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2011)	

Part III	Analysis of	Changes in	Net Assets	or Fund	Balances
----------	-------------	------------	-------------------	---------	-----------------

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	62,614,098.
2	Enter amount from Part I, line 27a	2	823,954.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	2,342,544.
4	Add lines 1, 2, and 3	4	65,780,596.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	65,780,596.
			- 000 55

Assets or Fund Balances

31 Total liabilities and net assets/fund balances

Page 3

Part IV Capital Gains a	nd Losses for Tax on I	nvestmen	t Income						
	2 start bright wearbourse at a small 200 about 141 C.Co.					quired hase ation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
	PITAL XIV TRUST	PFD SE	C PERP						
b DEP				_		P	08/1	9/08	10/03/11
<u> </u>				-					
<u>d</u>									
<u>e</u>	(6) Depresenting allowed	(a) Ca		<u>!</u>			(5) 0:	//	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(0)	st or other basis expense of sale					ain or (loss (f) minus	
a 7,664,999.			7,664,99	ā					0.
			7,004,33	.					
d			·						
e									
	gain in column (h) and owned by	the foundation	on 12/31/69) Gains (C	ol (h) gain	minus
	(i) Adjusted basis	T	cess of col (i)				í (k), but n	ot less tha	n -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any				Losses	(from col (h))
a							•		
b									0.
C									
d									
8								-	-
	∫ if gain, also ente	er in Part I, line	7	J					
2 Capital gain net income or (net cap	oital loss) 👤 If (loss), enter 🗗	0- in Part I, line	7	ľ	2				0.
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) a	nd (6)		\	-				
If gain, also enter in Part I, line 8, o	olumn (c)							/-	
Part V Qualification Ur	nder Section 4940(e) fo		Tan an Mai		3			N/A	·
Was the foundation liable for the secting the section of the secti	y under section 4940(e). Do not c	omplete this pa	<u>.</u>				······		Yes X No
(a)	(b)		, ,	(c)	•				(d)
Base periód years Calendar year (or tax year beginnin	A A CONTRACTOR OF THE CONTRACT	stributions	Net value of no			use assets			putión ratio rided by col. (c))
2010	2,65	52,172.		61	, 15	4,365	•	· · · · · · · · · · · · · · · · · · ·	.043368
2009		54,661.				6,636		-	.043169
2008	2,68	36,202.		48	,52	8,290			.055353
2007		57,207.				6,863			.038531
2006	1,91	18,345.		<u>42</u>	<u>, 67</u>	9,027	<u> </u>		.044948
2 Total of line 1, column (d)							2		.225369
3 Average distribution ratio for the 5 the foundation has been in existen		on line 2 by 5,	or by the number	of ye	ars		3		.045074
4 Enter the net value of noncharitable	e-use assets for 2011 from Part X,	, line 5					4	6	3,376,815.
5 Multiply line 4 by line 3							5		2,856,647.
	- (40) - (40) - (40)								
6 Enter 1% of net investment income	e (1% 01 Mart I, line 27b)						6		38,205.
7 Add lines 5 and 6							7		2,894,852.
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions		e 1b, and comp	olete that part usin	g a 1'	% tax r	ate	8		2,996,561.
122521 12 02 11						····			orm 000 DE (2011)

THE Y. C HO/HELEN & MICHAEL CHIANG FOUNDATION C/O O'CONNOR DAVIES, LLP 05-0613835 Form 990-PF (2011) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a 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) 38,205. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigvere \bigvere X \) and enter 1% 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 3 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 -0-5 6 Credits/Payments 132,585. a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c Ьð d Backup withholding erroneously withheld 132,585. 7 Total credits and payments Add lines 6a through 6d 7 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 94,380. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 94,380 - Refunded > 11 Enter the amount of line 10 to be Credited to 2012 estimated tax Part VII-A Statements Regarding Activities Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? Х 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0. (2) On foundation managers ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes." has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 X remain in the governing instrument? X 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 XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) DE,NY 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)

Form **990-PF** (2011)

8b

10

of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

 $\overline{\mathbf{X}}$

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2011 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2011)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

THE Y. C HO/HELEN & MICI					
orm 990-PF (2011) FOUNDATION C/O O'CONNOR		·····	05-06138	35	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Y ₁	es X No		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire	· · · · · · · · · · · · · · · · · · ·			
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Yı	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizati	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or f				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify us		in Regulations	NT / D		
section 53 4945 or in a current notice regarding disaster assistance (see insti	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant?		. /	🗀 🗓		
If "Yes," attach the statement required by Regulations section 53.494		'/A1	BS No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay prannums on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal benefit contract?	٠ .		6b	X
If "Yes" to 6b, file Form 8870	porconar contract		<u> </u>	-	+
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			· · · · · · · · · · · · · · · · · · ·	7b	- 1
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highly			
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	r compensation.	T		,	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	allo	wances
BESSIE CHIANG, MD	_PRESIDENT/TRE	ASURER			
C/O OD 665 FIFTH AVENUE					_
NEW YORK, NY 10022	5.00	0.	0.	ļ	0.
MICHAEL CHIANG C/O OD 665 FIFTH AVENUE	VICE PRESIDEN	l,T.			
NEW YORK, NY 10022	5.00				^
HELEN CHIANG	SECRETARY	0.	0.	-	<u>0.</u>
C/O OD 665 FIFTH AVENUE	BECKETAKI		ļ		
NEW YORK, NY 10022	5.00	0.	0.		0.
PATRICIA J. DIAZ	EXECUTIVE DIR		0.	-	
C/O OD 665 FIFTH AVENUE		Berok			
NEW YORK, NY 10022	25.00	152,400.	0.		0.
Compensation of five highest-paid employees (other than those in		enter "NONE."		1	
(a) Name and address of each ample on a draw that 000 000	(b) Title, and average		(d) Contributions to		xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		int, other wances
NONE					
· · · · · · · · · · · · · · · · · · ·	_				
	_				
	4				
otal number of other employees part over \$50,000	<u> </u>	L	l	<u> </u>	
SECONDARIOUS OF CORES CHOROVERS DAID OVER SOFFICIAL					, , ,

Page 7

3 Five highest-paid independent contractors for professional services. If none, enti-	er "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 tX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state	stical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pre		Expenses
1 N/A		
		1
2		
3		
		-
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1 N/A		
2		
- <u> </u>	<u> </u>	
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		··· = ···
а	Average monthly fair market value of securities	1a	59,749,671.
	Average of monthly cash balances	16	4,592,273.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	64,341,944.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	64,341,944.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	965,129.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	63,376,815.
6	Minimum investment return. Enter 5% of line 5	6	3,168,841.
P	part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	3,168,841.
2a	00.005		
b		1	
C	Add lines 2a and 2b	7 2c	38,205.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,130,636.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,130,636.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	3,130,636.
P	art X祖 Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,996,561.
b	Program-related investments - total from Part IX-B	1b	0.
2	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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,996,561.
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	5	38,205. 2,958,356.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies fo	or the section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
1 Distributable amount for 2011 from Part XI.	Corpus	Years prior to 2010	2010	2011
line 7		,		3,130,636.
2 Undistributed income, if any, as of the end of 2011				3,130,030.
a Enter amount for 2010 only			2,939,606.	
b Total for prior years	······································		2,505,0001	······································
		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
¢ From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ▶\$ 2,996,561.				
a Applied to 2010, but not more than line 2a			2,939,606.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				, , , , , , , , , , , , , , , , , , , ,
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				56,955.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	***************************************	Assistant		
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				······································
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable				**************************************
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr	•		0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				3,073,681.
7 Amounts treated as distributions out of	, .			
corpus to satisfy requirements imposed by			į	
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008			1	
c Excess from 2009				
d Excess from 2010			1	
e Excess from 2011				

the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Form **990-PF** (2011)

FOUNDATION C/O O'CONNOR DAVIES, LLP

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	**	
a Paid during the year				
ANGEL ON A LEASH	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
330 NINTH AVENUE #1009				15 000
NEW YORK, NY 10036				15,000
BARNARD COLLEGE	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
3009 BROADWAY				
NEW YORK, NY 10027				50,000
BETH ISRAEL MEDICAL CENTER	N/A	PUBLIC CHARITY	ONE PHYSICIAN	
FIRST AVENUE AT 16TH STREET			FELLOWSHIP AND ONE	
NEW YORK, NY 10003			NURSE FELLOWSHIP IN PALLIATIVE MEDICINE	200,000
			PALLIATIVE MEDICINE	200,000
CALVARY HOSPITAL	N/A	PUBLIC CHARITY	SUPPORT FOR CALVARY'S	
1740 EASTCHESTER ROAD			PALLIATIVE CARE INSTITUTE AND FOR	
BRONX, NY 10461			BEREAVEMENT SERVICES	50,000
CHILDREN'S HOSPITAL CORPORATION	N/A	PUBLIC CHARITY	TO SUPPORT A	
320 LONGWOOD AVENUE FLOOR 8			PALLIATIVE CARE	
BOSTON, MA 02115			RESEARCH PROJECT AT	
			CHILDREN'S HOSPITAL	EQ. 000
Total SEE CO	NTINUATION SHE	ET(S)	BOSTON 3a	59,000 2,795,880
b Approved for future payment				
CHILDREN'S HOSPITAL OF PHILADELPHIA	N/A	PUBLIC CHARITY	TO SUPPORT PEDIATRIC	
FOUNDATION			FELLOWSHIP IN HOSPICE	
34TH STREET AND CIVIC CENTER BLVD.			AND PALLIATIVE	
PHILADELPHIA, PA 19104			MEDICINE	200,000
JOHNS HOPKINS UNIVERSITY	N/A	PUBLIC CHARITY	RESEARCH PROJECT ON	
3400 N CHARLES STREET			PALLIATIVE CARE FOR	
BALTIMORE, MD 21218			PANCREAS CANCER PATIENTS	44,000
JOHNS HOPKINS UNIVERSITY	N/A	PUBLIC CHARITY	PALLIATIVE CARE	
3400 N CHARLES STREET			RESEARCH FELLOWSHIP	
BALTIMORE, MD 21218			FOR PHYSICIANS OR ADVANCED PRACTICE	
			NURSES	100,000
Total			▶ 3b	344,000

Form **990-PF** (2011)

Part XVI-A	Analysis o	f Income-	Producina	Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		ed by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	-				
b	_		+		 _
C					
d	-		1		
e	_				
	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1		1 1		
investments			 		· · · · · · · · · · · · · · · · · · ·
4 Dividends and interest from securities			14	3,820,640.	11 11 11 11 11 11 11 11 11 11 11 11 11
5 Net rental income or (loss) from real estate					
a Debt-financed property			1		
b Not debt-financed property			4		
6 Net rental income or (loss) from personal			1 1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			1		
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a	_		1		
b	_				
C	_				
d	_				
e	_				
2 Subtotal Add columns (b), (d), and (e)	<u> </u>	0	•	3,820,640.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	3,820,640.
See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt	Purposes	
Explain below how each activity for which in the foundation's exempt purposes (other than			A contribu	ted importantly to the accom	plishment of
					-
					= = =
	······································				
			<u> </u>		
			-		
		· · · · · ·	<u> </u>		
					
					

123621 12-02-11

Form 990	0-PF (2	on FOUND	ATION C/	O O'CON	NOR DAVIES,	LLP	05-0	613835	, P:	age 1 3
Part 1					and Transactions a					ige ie
		Exempt Organ					•		_	
1 Did	the org			y of the following	ng with any other organizatio	n described in sect	ion 501(c) of	1	Yes	No
					27, relating to political organi		, ,			
		from the reporting found			• .			İ		
(1)	Cash	. •		·	•			1a(1)	[X
(2)	Other	assets						1a(2)		Х
		sactions		•						
(1)	Sales	of assets to a noncharita	ible exempt organiz	ation	-			1b(1)		X
		ases of assets from a no						1b(2)		X
		of facilities, equipment,						1b(3)		X
(4)		oursement arrangements			·			1b(4)	 	X
		or loan guarantees						1b(5)		X
		mance of services or me	embership or fundr	aising solicitatio	ons			1b(6)		X
		facilities, equipment, ma		=				16	 	X
					edule: Column (b) should alw	vavs show the fair r	narket value of the god		sets	1
					ed less than fair market valu	=	•		3013,	
) the value of the goods,			od 1000 than law market valu	o iii uiiy tiuliouotioii	or snamy arrangem	one, 3000 m		
(a) Line n		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions	and sharing a	mangem	ents
		<u>`</u>		N/A		(4) 2 2 2 2 3 2 3 2		,		
						-				
	+				· · · · · · · · · · · · · · · · · · ·					
	 									
		•								
-			<u> </u>			 				
-										
		 								
			· · · · · · · · · · · · · · · · · · ·							
	-		-							
			 							
2a ls t	he four	dation directly or indirec	the affiliated with o	r related to one	or more tax-exempt organiz	vations described				
		501(c) of the Code (othe	•		, ,	allolis described		Yes	Гх	No.
		mplete the following sch	-	(C)(3)) Of III 38C	uon 327 ·			163	L <u>A</u>	۱۹U ت
	163, 60	(a) Name of org			(b) Type of organization		(c) Description of relat	tionshin		
		N/A	<u></u>		(b) type of organization		(e) bosonption or relat	tionsinp		
					· · · · · · · · · · · · · · · · · · ·					
									· ·	
	Under	penalties of penury I declare	that I have examined t	this return includir	ng accompanying schedules and s	statements and to the	hest of my knowledge			
Cian.					in taxpayer) is loased on all informa			May the IRS return with the		
Sign Here		15xx15	MIR	0	11/22/12	Presid	losat	shown below	/ (see ins	str)?
11010	Sing	ature of officer or trustee	5000-		1/23/13			X Yes	• ∟	_l No
	Jugn	Print/Type preparer's na	. <u> </u>	Preparer's s	unature '	Title Date	Check If P	TIN		
		r into typo preparer 5 th	ume	1 ichaigi 2 2) A	Date	self- employed	1 114		
Paid		THOMAS F.	BLANEY	MAL	- 10I	11/21/11		DUU 2 2 4	იაა	i
Prepa	arar			VIEC MI	NNS & DOBBIN	1110	Firm's EIN ► 13	P00234		
i ieb	41 0 1	rining marine	CHAIRON DA	A THO MIC	THE & DODDING	C, TITE	FILLUS FIN - T2.	-33030	エフ	

212-286-2600

Phone no

Use Only

Firm's address ► 665 FIFTH AVENUE

NEW YORK, NY 10022

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor THE CHILDREN'S HOSPITAL OF N/A PUBLIC CHARITY PEDIATRIC FELLOWSHIP PHILADELPHIA FOUNDATION IN HOSPICE AND 34TH STREET AND CIVIC CENTER BLVD. PALLIATIVE MEDICINE PHILADELPHIA, PA 19104 188,000. COMFORT ZONE CAMP, INC. N/A PUBLIC CHARITY TO SUPPORT NEW JERSEY 4906 CUTSHAW AVE BEREAVEMENT CAMP RICHMOND, VA 23230 PROGRAM 25,000. CONNOR'S HOUSE, INC. N/A PUBLIC CHARITY GENERAL SUPPORT CONNOR'S HOUSE P.O. BOX 42 LANDING NJ 07850 10,000. PUBLIC CHARITY GENERAL SUPPORT COUNCIL ON FOUNDATIONS N/A 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202 3,880. DANA-FARBER CANCER INSTITUTE N/A PUBLIC CHARITY PALLIATIVE CARE 450 BROOKLINE AVE NURSING FELLOWSHIP BOSTON, MA 02215 108,000. DARTMOUTH COLLEGE PUBLIC CHARITY GENERAL SUPPORT N/A 6016 MCNUTT HALL DARTMOUTH COLLEGE HANOVER, NH 03755 35,000. DOUBLE H RANCH N/A PUBLIC CHARITY SUPPORT FOR MEDICAL 97 HIDDEN VALLEY ROAD FACILITY AT CAMP FOR LAKE LUZERNE, NY 12846 SERIOUSLY ILL CHILDREN 50,000. ELIZABETH SETON PEDIATRIC CENTER N/A PUBLIC CHARITY GENERAL SUPPORT 300 CORPORATE BLVD. SOUTH YONKERS, NY 10701 10,000. ENGLEWOOD HOSPITAL AND MEDICAL CENTER PUBLIC CHARITY SUPPORT OF PALLIATIVE FOUNDATION, INC. CARE SERVICES 350 ENGLE STREET ENGLEWOOD, NJ 07631 100,000. PUBLIC CHARITY EMERGENCY CENTER ENGLEWOOD HOSPITAL AND MEDICAL CENTER N/A FOUNDATION, INC. 350 ENGLE STREET ENGLEWOOD, NJ 07631 200,000. Total from continuation sheets 2,421,880.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
FIDELITY CHARITABLE GIFT FUND	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
100 CROSBY PARKWAY MAIL ZONE KCID-FCS				
COVINGTON, KY 41015				250,000.
FLAWLESS FOUNDATION	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
P.O. BOX 5183				
PORTLAND, OR 97208		<u></u>		50,000.
-				
FLYING HORSE FARMS	N/A	PUBLIC CHARITY	GENERAL SUPPORT OF	
3 EASTON OVAL SUITE 330			CAMP FOR SERIOUSLY ILL	
COLUMBUS OH 43219			CHILDREN	25,000.
				23,000.
POUNDAMION CRUMPD	7/2	DVIDV TG GW3 D T MW		
FOUNDATION CENTER 79 FIFTH AVENUE/16TH STREET	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
NEW YORK, NY 10003				E 000
23. 10.01, 3.1 10003				5,000.
HAPPINESS IS CAMPING, INC.	N/A	PUBLIC CHARITY	GENERAL FUNDING FOR	
2169 GRAND CONCOURSE			CAMP FOR CHILDREN WITH	
BRONX, NY 10453			CANCER	30,000.
HAROLD P. FREEMAN PATIENT NAVIGATION	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
INSTITUTE .				
55 EXCHANGE PLACE SUITE 405				
NEW YORK, NY 10005		 		25,000.
HARVARD UNIVERSITY	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
MASSACHUSETTS HALL				
CAMBRIDGE MA 02138				35,000.
THE JEWISH BOARD OF FAMILY AND	N/A	PUBLIC CHARITY	TO SUPPORT THE DOULA	
CHILDREN'S SERVICES 135 WEST 50TH STREET			TO ACCOMPANY AND	
NEW YORK, NY 10020			COMFORT PROGRAM IN VOLUNTEER RECRUITING	
101111, 111 10020			AND TRAINING	33,000.
				33,000.
JOHNS HOPKINS UNIVERSITY	N/A	PUBLIC CHARITY	RESEARCH PROJECT ON	
3400 N CHARLES STREET			PALLIATIVE CARE FOR	
BALTIMORE, MD 21218			PANCREAS CANCER	
JOHNS HOPKINS UNIVERSITY	N/A	PUBLIC CHARITY	PATIENTS PALLIATIVE CARE	44,000.
3400 N CHARLES STREET			RESEARCH FELLOWSHIP	
BALTIMORE, MD 21218			FOR PHYSICIANS OR	
			ADVANCED PRACTICE	
			NURSES	100,000.
Total from continuation sheets				

3 Grants and Contributions Paid During th	e Year (Continuation)		[
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
MEMORIAL SLOAN-KETTERING CANCER	N/A	PUBLIC CHARITY	TO SUPPORT PAIN AND	
CENTER			PALLIATIVE CARE	
1275 YORK AVENUE			NURSING FELLOWSHIP AND	
NEW YORK, NY 10065			SYMPOSIUM ON	
	-	 	PALLIATIVE CARE	150,00
MOUNT HOLYOKE COLLEGE	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
50 COLLEGE STREET			1	
SOUTH HADLEY, MA 01075		-		25,00
MOUNT SINAI SCHOOL OF MEDICINE	N/A	PUBLIC CHARITY	TO SUPPORT THE	
1425 MADISON AVENUE	1		VISITING DOCTORS	
NEW YORK, NY 10029			PROGRAM'S NURSE	
			PRACTITIONER CASE	
			MANAGEMENT PROJECT	150,00
MOUNT SINAI SCHOOL OF MEDICINE	N/A	PUBLIC CHARITY	FOR THE CENTER TO	
1425 MADISON AVENUE			ADVANCE PALLIATIVE	
NEW YORK, NY 10029			CARE FOR SUPPORT OF	
			MEDIA OUTREACH	
			CAMPAIGN AND GENERAL	200,00
MOUNT SINAI SCHOOL OF MEDICINE	N/A	PUBLIC CHARITY	GENERAL SUPPORT OF THE	
1425 MADISON AVENUE			NATIONAL PALLIATIVE	
NEW YORK, NY 10029			CARE RESEARCH CENTER	75,00
NEW YORK LEGAL ASSISTANCE GROUP	N/A	PUBLIC CHARITY	TO SUPPORT THE	
7 HANOVER SQUARE, 18TH FLOOR		<u> </u>	LEGALHEALTH DIVISION	
NEW YORK, NY 10004			IN PROVIDING LEGAL	
,			SERVICES TO PALLIATIVE	
			CARE PATIENTS	25,0
NEM NUDE DESCRAMANTAN BIND INC	N/A	DITRILIC CUARTRY	SUPPORT OF PALLIATIVE	
NEW YORK-PRESBYTERIAN FUND, INC. 425 EAST 61ST STREET	F/A	PUBLIC CHARITI		
			CARE SERVICES IN NEW	
NEW YORK, NY 10065			YORK-PRESBYTERIAN/WEIL	50.04
		-	CORNELL MEDICAL CENTER	50,00
NEW YORK-PRESBYTERIAN FUND, INC.	N/A	DIIDI.TC CUADIMY	SUPPORT OF PALLIATIVE	
425 EAST 61ST STREET		JUDIC CHARITI	CARE SERVICES THROUGH	
NEW YORK, NY 10065			!	75 04
NEW TORK, NI 10005			HOUSE CALL PROGRAM	75,00
RIVERDALE COUNTRY SCHOOL	N/A	DIIDI.IC CUADIMY	GENERAL SUPPORT	
5250 FIELDSTON ROAD	['	TODDIC CHARITI	Surann Soffort	
RIVERDALE, NY 10471	1			25 24
RIVERUNDS, RI IVE/I				25,00
RIVERTOWNS ARTS COUNCIL, INC.	N/A	DIIDI IC CUADTOV	TO SUPPORT MUSIC	
•	N/ A	POBLIC CHARITY		
P.O. BOX 60	1		PROGRAM	
HASTINGS-ON-HUDSON, NY 10706		1	<u> </u>	15,00

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	rear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
RUDOLF STEINER SCHOOL	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
15 EAST 78TH STREET				
NEW YORK, NY 10075				10,000.
ST. LUKE'S SCHOOL	N/A	DUDITO CHARITTY	GENERAL SUPPORT	
	" "	FOBBIC CHARITI	SENERAL SUFFORT	
377 NORTH WILTON ROAD				10.000
NEW CANAAN, CT 06840		 		40,000.
THIRD STREET MUSIC SCHOOL SETTLEMENT	N/A	PUBLIC CHARITY	GENERAL SUPPORT	
235 EAST 11TH STREET				
NEW YORK NY 10003				40,000.
TRUSTEES OF COLUMBIA UNIVERSITY IN	N/A	PUBLIC CHARITY	SUPPORT FOR FELLOWSHIP	=0,000,
THE CITY OF NEW YORK		TODDIC CIMACITI	IN HOSPICE AND	
630 WEST 168TH STREET			PALLIATIVE MEDICINE	
	{			
NEW YORK, NY 10032			AND FOR THE PEDIATRIC	100 000
			ADVANCED CARE TEAM	180,000,
VISITING NURSE SERVICE OF NEW YORK	N/A	PUBLIC CHARITY	HOSPICE AND PALLIATIVE	
107 EAST 70TH STREET	Ì		CARE PHYSICIAN	
NEW YORK, NY 10021			TRAINING PROGRAM	25,000.
VISITING NURSE SERVICE OF NEW YORK	N/A	PUBLIC CHARITY	VIGIL VOLUNTEER	
107 EAST 70TH STREET			PROGRAM	
NEW YORK, NY 10021		 		10,000.
			,	
Total from continuation sheets				

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUR	ITIES	STATEMENT	1
. SOURCE		GROSS	AMOUNT		TAL GAINS VIDENDS	COLUMN (A AMOUNT)
DIVIDENDS INTEREST			159,340. 661,300.		0.	2,159,3 1,661,3	
TOTAL TO FM 990-PF, PART I, I	LN 4	3,	820,640.		0.	3,820,6	40.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	2	8,439.		0.		28,4	39.
TO FORM 990-PF, PG 1, LN 16B	2	8,439.		0.		28,4	39.
FORM 990-PF (OTHER	PROFES	SIONAL F	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
INVESTMENT FEE		125.		125.			0.
TO FORM 990-PF, PG 1, LN 16C		125.		125.			0.
FORM 990-PF	0	THER E	XPENSES			STATEMENT	4
FORM 990-PF DESCRIPTION	(EXPE	THER E. A) NSES BOOKS	XPENSES (B) NET INVI		(C) ADJUSTED NET INCOM	(D) CHARITA	BLE
	EXPE PER	A) NSES	(B) NET INV		ADJUSTED	(D) CHARITA E PURPOS: 1,5 1,4 1,3 1,8 1,8	BLE ES 00. 98.

19 STATEMENT(S) 1, 2, 3, 4 10451119 756359 620615.0 2011.05000 THE Y. C HO/HELEN & MICHAEL 62061501 19

FORM 990-PF U.S. AND STATE/CITY	GOVERNMENT	OBLIGATIONS	STATEMENT 5
DESCRIPTION GOV		BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHMENT C PAGES 1-3	X	19,614,725.	19,614,725
TOTAL U.S. GOVERNMENT OBLIGATIONS			
TOTAL STATE AND MUNICIPAL GOVERNMENT OB	LIGATIONS	19,614,725.	19,614,725
TOTAL TO FORM 990-PF, PART II, LINE 10A		19,614,725.	19,614,725
FORM 990-PF CORPORA	TE STOCK		STATEMENT (
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHMENT A PAGES 1-2		35,176,221.	35,176,221
TOTAL TO FORM 990-PF, PART II, LINE 10B		35,176,221.	35,176,221
FORM 990-PF CORPORA	TE BONDS		STATEMENT
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHMENT B		10,289,188.	10,289,188
TOTAL TO FORM 990-PF, PART II, LINE 10C		10,289,188.	10,289,188
FORM 990-PF EXPLANATION CONCERNING P	ART VII-A,	LINE 12	STATEMENT

EXPLANATION

THE FOUNDATION TREATED ALL DISTRIBUTIONS TO THE FIDELITY CHARITABLE GIFT FUND, DONOR ADVISED FUND, AS QUALIFYING DISTRIBUTIONS. THE DONOR ADVISED FUND IS A PUBLIC CHARITY. THE FOUNDATION HAS MADE AND WILL, FROM TIME TO TIME, CONTINUE TO MAKE REQUESTS TO THE GIFT FUND TO MAKE DISTRIBUTIONS FROM THE DONOR ADVISED FUND IN FURTHERANCE OF THE FOUNDATION'S CHARITABLE PURPOSES, WHICH ARE DESCRIBED IN CODE SECTION 170(C)(2)(B).

Merrill Lynch

Methy Wealth Management

Bart of smeater Construction

THE Y.C. HO / HELEN AND

Account Number 176-04085

March 31, 2012 - April 30, 2012

YOUR CMA ASSETS

Unrealized Estimated Estimated Current Gain/(Loss) Accrued Interest Annual Income Yield% 711,618 7.92 478,040.02 Estimated Market Value 8,978,040.00 Estimated Market Price 26.4060 Adjusted/Total Cost Basis 8,499,999.98 Quantity 340,000 JANZ SE 06/03/08
8 375% UNDATED SUBORDINA CALLABLE BONDS
MODDY'S A3 S&P A+ CUSIP 018805200 Acquired PREFERRED STOCKS Description ALLIANZ SE

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Account Number: 176-04085

March 31, 2012 - April 30, 2012

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PREFERRED STOCKS (continued) Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss) Accru	Unrealized Estimated Estimated Current Gain/(Loss) Accrued Interest Annual Income Yield%	Estimated Current Annual Income Yield%	urrent rield%
AYS E	04/08/08 1125% NON CUM ISIP 06739H362	165,000 PERP	4,124,999.99	25.5400	4,214,100.00	89,100.01		335,114 795	7 95
HSBC HOLDINGS PLC SUB CAP SECS 8 125% PERP MOODY'S, A3 5&P BBB+ CUSIP 404280703	04/02/08 IP 404280703	320,000	8,000,000 01	26.3400	8,428,800.00	428,799.99		649,920	7.71
TOTAL		825,000	20,624,999.98		21,620,940.00 (A) 995,940.02	4) 995,940.02		1,696,652 7.85	7.85

PLEASE REFER TO NOTES BELOW FOR INFORMATION REGARDING CREDIT RATINGS.

Unit Total Cost Basis Cost Basis 333.1235 333,123.50
Unit Basis 1235
65.2400 652,400.00 64.3000 643,000.00 1,295,400.00
28.8400 288,400.00
83.3400 416,700.00 98.6500 3,973,000.00
25.8300 258,300.00
28.1500 281,500.00
28.1900 281,900.00
28.1925 281,925.00
28.9600 579,200.00
1,682,825.00
11.951.648.50

561,198 545

71,299.94

689,188.00

10,289,188.00

9,600,000.00

9,600,000

TOTAL

Account Number: 176-04085

March 31, 2012 - April 30, 2012

Estimated Current all Income Yield%		
Estimated Current Annual Income Yield%	273,700	
Unrealized Estimated Gain/(Loss) Accrued Interest 77 188 00 11 404 14	11,404.14	
Unrealized Gain/(Loss)	612,000.00	
Estimated Market Value	4,677,188.00 5,612,000.00	
Estimated Market Price	101.6780	
Adjusted/Total Cost Basis	4,500,000.00 5,000,000.00	
Quantity 4 600 000	4,600,000	
Acquired	04/21/08 2014 USIP 45974EXE1 08/11/08	5 2016 SIP 36966R2B1
CORPORATE BONDS Description INTI 1 FASE FINANCE CORP	INIL LEASE FINANCE CORP 04/21/08 SER ILFC 05 950% APR 15 2014 MOODY'S B1 S&P BBB CUSIP 45974EXE1 GENERAL ELEC CAP CORP 08/11/08	SER NOTZ 05 750% AUG 15 2016 MOODY'S: A1 S&P. AA+ CUSIP 36966R2B1

Merrill Lynch	Wealth Managemer
E S	** **********************************

Bank of America Corporation

THE Y.C. HO / HELEN AND

Account Number, 176-04085

March 31, 2012 - April 30, 2012

YOUR CMA ASSETS

MUNICIPAL BONDS Description Acquired Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Unrealized Estimated Gain/(Loss) Accrued Interest	Estimated Current Annual Income Yield%	urrent Yield%
FLORIDA ST DEPT ENV 01/08/10 1,000,000 PROIN REV SER JAXABLE JAN1O 07 045%JULO1 29 MOODY'S A1 S&P AA CUSIP 34160WUD4 PAR CALL DATE 07/01/19 PAR CALL PRICE 100 00	1,000,000.00	112,4420	1,124,420.00	124,420.00	23,287 63	70,450	6.26
MARYLAND ST TRANSN AT 12/10/09 145,000 FCS P.IRV BUILD B TAXABLE DECO9 05 788%JULO1 29 MOODY'S AA3 S&P AA. CUSIP 574300HY8	145,000.00	125.9560	182,636.20	37,636 20	2,774.22	8,393	4.59
FLORIDA ST DEPT MGMT 10/29/09 450,000 SVCS COP BUILD C TAXABLE NOVO9 06 825%AUG01 29 MOODY'S AA2 S&P AA+ CUSIP 34160PDF3 PAR CALL DATE 08/01/19 PAR CALL PRICE. 100 00	450.000 00	114.3090	514,390.50	64,390.50	7,592.81	30,713	5 97
CONNECTICUT ST BUILD 12/15/09 400,000 AMER BDS SER B JAXABI.E DECO9 05 632%DECO1 29 MOODY'S AA3 S&P AA CUSIP 207726428	400,000.00	121.3180	485,272.00	85,272.00	9,324,09	22,528	4.64
SCAGO PFC GEORGETWN SC 12/04/09 900,000 INST RV B OID TAXABI.F. DECO9 06 750%DECO1 29 MOOUN'S AA3 S&P A+ CUSIP 8058GAAQ4 PAR CALL DATE 12/01/19 PAR CALL PRICE 100 00	885,438.00	113.7010	1,023,309.00	137,871.00	25,143.75	60,750	5.93
UNIVERSITY MICH UNIV 01/13/10 1,000,000 REVS SER A TAXABLE IAN10 05 513%APR01 30 MOODY'S AAA S&P AAA CUSIP 914455)Z4	1,000,000.00	121.0900	1,210,900.00	210,900.00	4,441 02	55,130	4 55
MASS ST CLG BLDG AUTH PJ 12/09/09 500,000 REV BUILD C GUAR TAXABLE DFCO9 05.832%MAY01 30 MOUDY'S AA2 S&P, AA CUSIP 5758321W0	500,000.00	120.6360	603,180.00	103,180.00	14,499 00	29,160	4.83
AMARILLÒ TEX EDC SLS TAX 11/18/09 500,000 REV JAXABI F JAXABLE DECO9 06 529%AUG15 30 MOODY'S AA3 SRP AA. CUSIP 023026CE5 PAR CALI DATE 08/15/19 PAR CALL PRICE 100 00	500.000.00	112.7500	563,750.00	63,750.00	6.801.04	32,645	5.79

March 31, 2012 - April 30, 2012	Estimated Current Annual Income Yield%	94,019 5.33	78,125 5.76	70,000 5.93	67,000 5.82	138,080 6.10	26,352 4.56	6,304 519	59,011 5 23
March 31, 2012	Estimated Accrued Interest Annu	15,408.83	32,335.06	34,805.55	22,147.22	28,766 66	13,102.80	2,083 82	27,047.07
	Unrealized Gain/(Loss) A	262,095.00	104,137.50	198,770.00	152,050.00	262,260.00	127,440.00	21,341 00	241,481.10
	Estimated Market Value	1,762,095.00	1,354,137.50	1,179,720.00	1,149,680.00	2,262,260.00	577,440.00	121,341.00	1,126,481.10
	Estimated Market Price	117.4730	108.3310	117.9720	114,9680	113.1130	128.3200	121.3410	127.2860
	Adjusted/Total Cost Basis	1,500,000 00	1,250,000,00	980,950 00	997,630.00	2,000,000.00	450,000.00	100,000 00	885,000.00
YOUR CMA ASSETS	MUNICIPAL BONDS (continued) Description Acquired Quantity	NEW YORK N Y SUSER BUILD 03/19/10 1,500,000 AMER SLR G 1 TAXABLE MAR10 06 268%MAR01 31 MODDY'S AA2 S&P AA CUSIP 64966!IYNA PAR CALL DATE 03/01/20 PAR CALL PRICE 100 00	FINDLAY OHIO CITY SCH 01/22/10 1.250.000 DIS1 SCH FACS B TAXABLE. FEB10 06 250%DEC01 37 MOODY'S AA2 S&P *** CUSIP-317747DQ3 PAR CALL DATE 12/01/19 PAR CALL PRICE 100 00	SOUTH JERSEY TRANSN AUTH 07/24/09 1,000,000 NJ RV A-5 OID TAXABLE AUGO9 07 000%NOV01 38 MOODY'S BAA1 S&P. A. CUSIP 838536ER7	NC TPK AT TRIANGLE EXPWY 07/15/09 1,000,000 SYS BUILD B OID TAXABLE JULO9 06 700%JANO1 39 MOOLYYS AAZ S&P AA CUSIP-658301AGO PAR CALL DATE 01/01/19 PAR CALL PRICE 100.00	BEXAR CNTY TEX HOSP DIST 08/05/09 2,000,000 CIT-S LI SER B TAXABLE AUGO9 06 904%FEB15 39 MOODY'S AA1 S&P-AA+ CUSIP-0883650UZ PAR CALL DATE: 02/15/19 PAR CALL PRICE 100 00	MET ST LOUIS MO SWR DT 01/15/10 450,000 WWKS RV BUILD B TAXABLE JAN10 05 856%MAY01 39 MOODY'S AA1 S&P AAA CUSIP 592481CA1	ARIZONA BRD REGENTS AZ 03/31/10 100.000 UNV REV BUILD A TAXABLE APR10 OG 304%JULO1 39 MOODY'S AA3 S&P AA CUSIP-04048RDT0	METROPOLITAN TRANSN AUTH 01/06/10 885,000 N Y REV SER A TAXABLE JAN1O 06 668%NOV15 39' MOODY'S A2 S&P A CUSIP 59259YBYA

Account Number, 176-04085

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Account Number 176-04085

YOUR CMA ASSETS						March 31,	March 31, 2012 · April 30, 2012	2012
MUNICIPAL BONDS (continued) Description Acquired	d Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss) /	Unrealized Estimated Gain/(Loss) Accrued Interest	Estimated Current Annual Income Yield%	urrent Yield%
ANCHORAGE AK ELEC UTIL 11/20/09 5 REV SR SI'R B TAXABLE DECO9 06 558%DECO1 39 MOODY'S *** S&P A+ CUSIP 033177XV3 PAR CALL DATE 12/01/19 PAR CALL PRICE 100 00	500,000 501.39	500,000.00	108.8750	544,375.00	44,375.00	13,571.42	32,790	6.02
POLK CNTY FL UTIL SYS REV BUILD AMER B TAXABI.E. SEP10 05 935%OCT01 40 MOODY'S. AA3 S&P A+ CUSIP 731167EA6 PAR CALL DATE 10/01/20 PAR CALL PRICE: 100 00	750,000 5%0CT01 40	750,000.00	104.5050	783,787.50	33,787.50	3,585.73	44,513	5.67
△ FRANKLIN CO OH CNVNTN 03/04/10 1.000 FACS AT TAXABLE FEB10 06.640%DECO1 42 MOODY'S: AA2 S&P AA CUSIP 353174FX8 ORIGINAL UNIT/TOTAL COST. 100 9520/1,009,520 00	1.000,000 12 09,520 00	1,009,325.64	117.4450	1,174,450.00	165,124.36	27,482.22	66,400	5 65
△ FRANKLIN CO OH CNVNTN 03/04/10 1,000 ORIGINAL UNIT/TOTAL COST 100 9520/1,009,520 00	1 1,000,000 09,520 00 2 000 000	1,009,325.64	117.4450	1,174,450.00	165,124.36	27,482.22	66,400 132.800	5.65
AMERICAN MUN PWR OHIO 11/19/09 50C INC REV B RI LOC 1AXABLE DECO9 06 449%FEB15 44 MOODY'S, A3 S&P A CUSIP 02765UCY8 PAR CALL DA1E 02/15/20 PAR CALL PRICE, 100 00	\$60,000 %FEB15 44 1.100 00	500,000.00	116.8320	584,160.00	84,160.00	6,717.71	32,245	5 51
MUNICIPAL ELEC AUTH GA 03/05/10 100 PLANT BABS A RF TAXABLE MAR10 06 655%APR01 57 MOODY'S. A2 S&P. A+ CUSIP. 626207YM0	100,000 %APR01 57	100,000.00	112.4900	112,490.00	12,490.00	536.10	9'99'9	5 91
TOTAL	16,930,000	16,912,669.28		19,614,724.80	2,702,055.52	348,935.97	1,097,663	2 60

Form **8868**

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			▶ <u>X</u>	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
Do not d	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	orm 8868		
Electron	ic filing (e-file) You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a	corporation	
equired	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	lle Form 8	868 to request	an extension	
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers.	Associated With	n Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the ele	ctronic filing of t	his form,	
risit www	virs.gov/efile and click on e-file for Chanties & Nonprofits		·		<u>.</u>		
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).	-		
	ation required to file Form 990-T and requesting an autor						
art I on	· · · · · · · · · · · · · · · · · · ·					>	
All other	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reques	it an exter	nsion of time		
Type or	Name of exempt organization or other filer, see instru	ctions.	· · · · · · · · · · · · · · · · · · ·	Employe	r identification r	number (EIN) or	
print THE Y. C HO/HELEN & MICHAEL CHIANG							
	FOUNDATION	X	05-0613	3835			
ile by the tue date fo	About the stand and an arrange on Ma DO have	ecurity number (
iling your	60 EAST 42ND STREET						
return See nstructions							
	NEW YORK, NY 10165				-		
	Datum and for the vature that this application is for /file		to application for each return)			0 4	
nter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
!! 4		Determ	Ta1:1:		 	Return	
Form 990 01 Form 990-T (corporation)							
Form 99		02	Form 1041-A			08	
Form 99		04	Form 5227			10	
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
-orm 99	O. CONNOR DAYLES	06 MI INTI	Form 8870 NS & DOBBINS, LL			12	
- -	ooks are in the care of > 60 EAST 42ND S		•	165 2	600		
		IREEI		103-3	090		
	hone No. ► 212-286-2600	AL - II.	FAX No. ▶		·		
	organization does not have an office or place of business				- 41 1 1-		
_	is for a Group Return, enter the organization's four digit	1			-	•	
<u>> xoc</u>	If it is for part of the group, check this box				ers the extensi	on is for	
1 Ire	equest an automatic 3-month (6 months for a corporation						
_	DECEMBER 15, 2012, to file the exemp	t organiza	tion return for the organization name	ed above	The extension		
IS 1	or the organization's return for:						
	calendar year or or NAY 1 2011						
-	X tax year beginning MAY 1, 2011	, an	d ending APR 30, 2012		<u> </u>		
	hadaaa ahaadaa hadaa da	h a a l		.			
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retui	rn		
L.	Change in accounting period						
		0000		<u> </u>	1		
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		1	20 205	
_	nrefundable credits. See instructions.			3a	\$	38,205.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	•				122 525	
	timated tax payments made. Include any prior year overp			3b	\$	132,585.	
	lance due. Subtract line 3b from line 3a. Include your pa	•	•			•	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	. If you are going to make an electronic fund withdrawal v			orm 8879	EO for payment	Instructions	
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 886	8 (Rev. 1-2012)	

123841 01-04-12

Form 8868 (Rev. 1-2012) Page 2								
• If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box								
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).								
Part Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
Enter filer's identifying number, see instructions								
refor Name of exempt organization or other filer, see instructions THE Y C HO/HELEN & MTCHAEL CHIANG								
print THE Y. C HO/HELEN & MICHAEL CHIANG Flie by the FOUNDATION C/O O'CONNOR DAVIES, LLP X 05-061								
turn See 665 FIFTH AVENUE								
City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10022	Oity, town of post office, state, and zir code. For a foreign address, see instructions.							
Enter the Return code for the return that this application is for (file a separate application for each return)								
Application	Return	Application	·· · · · · ·		Return			
Is For	Code	Is For			Code			
Form 990	01							
Form 990-BL 02 Form 1041-A 08								
Form 990·EZ 01 Form 4720 09								
Form 990-PF	Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069								
Form 990-T (trust other than above) 06 Form 8870 12								
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.								
O'CONNOR DAVIES, LLP								
• The books are in the care of • 665 FIFTH AVENUE - NEW YORK, NY 10022								
Telephone No. ► 212-286-2600		FAX No.						
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this 								
		ch a list with the names and EINs of						
box . If it is for part of the group, check this box . I request an additional 3-month extension of time until		H 15, 2013	all member	ers the extension is	<u> </u>			
5 For calendar year, or other tax year beginning			a APR	30, 2012				
6 If the tax year entered in line 5 is for less than 12 months, cl			Final re		·			
Change in accounting period	1,001(1000							
7 State in detail why you need the extension								
ADDITIONAL INFORMATION REQUIRE	ED TO	FILE A COMPLETE A	ND AC	CURATE RE	TURN			
IS NOT YET AVAILABLE								
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any						
nonrefundable credits. See instructions.			8a	\$ 31	8,205.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated						
tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid						
previously with Form 8868.			8b	\$ 13	2,585.			
c Balance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using		_	^			
EFTPS (Electronic Federal Tax Payment System). See Instru		11	8c	\$	0.			
		st be completed for Part II o	_	E anno bana and a december of	12 - 4			
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete_and that I am authorized to prepare this form.	ing accomp	panying schedules and statements, and t	o the dest o	T my knowledge and l	J8118T,			
		,	Onto	12/5	/12			
Signature Tritle	4/17	.,	Date		1 0040			
				Form 8868 (F	10V. 1·2012)			