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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A | For the 2012 calend | ar year, or tax year beginning , 2012, and endi | ng | • | | | | |
|---|---|--|--|---------------------|--------------------------|--|--|--|
| В | Check if applicable | С | Dı | mployer Identif | ication Number | | | |
| | Address change | WAH YAN SCHOLARSHIP FOUNDATION OF | | 95-4605209 | | | | |
| | Name change | CALIFORNIA | | elephone numb | | | | |
| | Initial return | P.O. BOX 72 | | (650) 96 | 57_2266 | | | |
| | Terminated | SARATOGA, CA 95071 | | (630) 90 | 07-3200 | | | |
| | | | ا ما | | | | | |
| | Amended return | F Name and address of principal officer | H(a) Is this a grou | Gross receipts \$ | 1 198 | | | |
| | Application pending | | 1 | • | ☐ 'es 1 <u>-</u> -7 '''∪ | | | |
| _ | Tay ayamat atatus | SAME AS C ABOVE | H(b) Are all affiliate If 'No,' attach | a list (see inst | ructions) Yes No | | | |
| ÷ | Tax-exempt status | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | - | | | | | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | | W.WAHYANSFBAY.COM | H(c) Group exemp | 1 | | | | |
| K | Form of organization | | ation 1996 | M State of le | gal domicile CA | | | |
| | rt I Summar | | | | | | | |
| | l | | CIFIC PURP | | | | | |
| Activities & Governance | OKGANI ZA | TION INCLUDE PROVIDING FUNDING TO BENEFIT WAH | _YAN_COLLI | GE OF H | ONG_KONG_AND_ | | | |
| na n | | ENT OR PAST STUDENTS THROUGH SCHOLARSHIPS TO TIES IN THE UNITED STATES AS WELL AS EDUCATION | | | | | | |
| Ver | 2 Check this bo | | | | | | | |
| ලි | | ting members of the governing body (Part VI, line 1a) | ne man 25% or | 3 | _ | | | |
| مع | | dependent voting members of the governing body (Part VI, line 1b) | , | 4 | 3 | | | |
| ties | | of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | ŏ | | | |
| Ę | | of volunteers (estimate if necessary) | | 6 | 0 | | | |
| Ą | | d business revenue from Part VIII, column (C), line 12 | | 7 a | 0. | | | |
| | b Net unrelated | business taxable income from Form 990-T, line 34. | | 7 b | 0. | | | |
| | | RECEIVED | Prior ` | | Current Year | | | |
| Φ | | and grants (Part VIII, line In) | 4 | 0,425. | 43,395. | | | |
| Revenue | 9 Program serv | come (Part VIII, Inle 2g) | | | | | | |
| ě | 10 Investment in | | | 2,379. | 5,722. | | | |
| ш | | | | 0.004 | | | | |
| | | - add lines 8 through 11 (must equal Party) column (A), line 12) | | 2,804. | 49,117. | | | |
| | l , | milar amounts paid (Part IX, column (A), lines 1-3) | 2 | 0,475. | 23,000. | | | |
| | l - | to or for members (Part IX, column (A), line 4) | | | | | | |
| စ္ | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | | _ | | | |
| Expenses | 16a Professional f | undraising fees (Part IX, column (A), line 11e) | | | | | | |
| ž | b Total fundrais | ıng expenses (Part IX, column (D), line 25) ► | | 1 | | | | |
| ш | 17 Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 350. | 13,860. | | | |
| | 18 Total expense | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2 | 0,825. | 36,860. | | | |
| _ | | expenses. Subtract line 18 from line 12 | | 1,979. | 12,257. | | | |
| 8 8 | | | Beginning of (| | End of Year | | | |
| Assets o | 20 Total assets (| Part X, line 16) | | 8,691. | 141,700. | | | |
| ¥ 2 | 21 Total liabilities | s (Part X, line 26) | | 0. | 0. | | | |
| ž | 22 Net assets or | fund balances. Subtract line 21 from line 20 | 11 | 8,691. | 141,700. | | | |
| Pi | rt II Signatur | e Block | | , ., ., | 211,700. | | | |
| | | are that I have examined this return, including accompanying schedules and statements, and to the best rer (other than officer) is based on all information of which preparer has any knowledge | t of my knowledge and | belief, it is true. | correct, and | | | |
| Com | plete Declaration of prepa | rer (other than officer) is based on all information of which preparer has any knowledge | | | | | | |
| | | Men | 8/1 | 1/2013 | | | | |
| Si | n Signatur | e of officer | Date | 7 | | | | |
| He | re 🕨 🧨 | RESIDENT STAN CHOW | | | | | | |
| SEP | Type or | print name and title | | | | | | |
| _ | | reparer's name Preparer's signature Date | Chec | k If F | TIN | | | |
| ∰Pa | id OLIVER | LAIMING KO 8/12 | /2013 self-e | mployed | 200394040 | | | |
| ZP r | eparer Firm's name | FONG, KO & ASSOCIATES LLD | | I | | | | |
| | e Only Firm's addre | | Firm' | s EIN ► 20- | 4014608 | | | |
| \mathcal{C} | | SAN MATEO, CA 94404-1596 | Phon | |) 286-9966 | | | |
| W Ma | the IRS discuss the | s return with the preparer shown above? (see instructions) | | | X Yes No | | | |

| | n 990 (2012) WAH YAN SCHOLARSHIP | | 95-460 |)5209 Pa | ge 2 |
|-----|--|---|------------------------------|----------------------|------------------|
| Pa | rt III Statement of Program Service | - | | | |
| | Check if Schedule O contains a respons | e to any question in this Part III | | | Х |
| 1 | Briefly describe the organization's mission: | | | | |
| | SEE_SCHEDULE_O | | | | |
| | | | - | | |
| | | | | | |
| | | | | | |
| 2 | Did the organization undertake any significant p | program services during the year which we | ere not listed on the prior | | |
| | Form 990 or 990-EZ? If 'Yes,' describe these new services on Sched | · | | Yes X | No |
| - | • | | nnu nroarom conucca? | □ v ⊡ ı | N - |
| 3 | Did the organization cease conducting, or make If 'Yes,' describe these changes on Schedule C | - | iny program services: | Yes X | No |
| 4 | Describe the organization's program service ac | | et nrogram convices, as moa | cured by evpences | |
| • | Section 501(c)(3) and 501(c)(4) organizations a others, the total expenses, and revenue, if any | nd section 4947(a)(1) trusts are required | to report the amount of gran | ts and allocations t | to |
| 4 8 | a (Code.) (Expenses \$ 36 | 5,500, including grants of \$ | 43,395.) (Revenue \$ | 3,231 | 1.) |
| | THE ORGANIZATION FOLLOWED THE | GUIDING PRINCIPLES FOR A | WARD SELECTION WIT | | |
| | EMPHASIS ON FINANCIAL NEED FO | OR THE APPLICANTS. SCHOLAR | SHIPS ARE GRANTED | TO THOSE | |
| | REPRESENTING ACADEMIC MAJORS | | AND DEMONSTRATING | AN ASPIRATI | ON |
| | FOR STRONG ACADEMIC ACHIEVEME | <u> </u> | | | |
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| 41 | b (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | | _) |
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| | c (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | | |
| 7 | (Code:) (Expenses + | | | | —′ |
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| | | | | | |
| 4 | d Other program services. (Describe in Schedule | 0.) | | | |
| | · · · | |) (Revenue \$ |) | |
| 4 | e Total program service expenses | 36,500. | | | |

| | | | res | NO |
|------|---|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | _ | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | , | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | | x |
| t | Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII . | 11 b | | X |
| C | Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| C | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | Х |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| Ł | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | _x | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | Х |
| 20 : | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| t | olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

| | | | Yes | No |
|-------------|--|------|--------|---------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | х |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25 | 24a | | х |
| ŀ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| • | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| c | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part l</i> . | 25a | | Х |
| ŀ | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| a | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | <u> </u> |
| ŀ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28ь | | Х |
| 29 29 | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | _ | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ŧ | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule Ω | 38 | Х | |
| BAA | | Form | 990 (2 | 2012) |

Form 990 (2012) WAH YAN SCHOLARSHIP FOUNDATION OF
Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | • | | | |
|-----|--|--|-----------------|-----|------------|
| | | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a (|) [| | |
| ı | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b (| וו | | |
| • | Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners? | s and reportable gaming |] 1c | | |
| 2 8 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a (| | | |
| ı | If at least one is reported on line 2a, did the organization file all required federal employment | | ⁴ 2ь | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins | | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year | • | 3 a | | Х |
| | off 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | • | 3 b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other file | or other authority over, a nancial account)? | 4a | | Х |
| 1 | of 'Yes,' enter the name of the foreign country: ▶ | • | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi | nancial Accounts. | | | |
| 5 8 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | year? . | 5a | | Х |
| ı | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte | r transaction? | 5 b | | Х |
| • | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | |
| 6 8 | Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible as charitable contributions? | nd did the organization | 6 a | | Х |
| ı | olf 'Yes,' did the organization include with every solicitation an express statement that such co | ntributions or gifts were | | | |
| 7 | not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | 6 b | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and pa | orthy for goods and | | | |
| • | services provided to the payor? | artiy for goods and | 7 a | 1 | X |
| 1 | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7 b | - | |
| • | Did the organization sell, exchange, or otherwise dispose of tangible personal property for whether the property for which is a self-self-self-self-self-self-self-self- | nich it was required to file | | | |
| | Form 8282? | lt | 7 c | | X |
| | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7 d | ↓ _ | | 17 |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal I | | 7 e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit the organization, during the year, pay premiums, directly or indirectly, on a personal benefit the organization. | | 7 f | | _ <u> </u> |
| | If the organization received a contribution of qualified intellectual property, did the organization as required? | | 7 g | | |
| ı | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C? | organization file a | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year? | organizations. Did the excess business | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | ••••• |
| i | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| ı | Did the organization make a distribution to a donor, donor advisor, or related person? | • | 9 b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| • | Initiation fees and capital contributions included on Part VIII, line 12 | 10 a | | | |
| ı | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 b | | | |
| 11 | Section 501(c)(12) organizations. Enter. | |] [| | |
| • | Gross income from members or shareholders | 11 a | | | |
| I | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 ь | | | |
| 12 | n Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of | Form 1041? | 12a | | |
| | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| i | is the organization licensed to issue qualified health plans in more than one state? | | 13 a |] | |
| | Note. See the instructions for additional information the organization must report on Schedule | · O. | | | |
| ı | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13ь | | | |
| (| Enter the amount of reserves on hand | 13c | 1 | | |
| 14: | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| 1 | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S | chedule O | 14 b | | |

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

X

| <u> </u> | Cion A. Governing Body and Management | | | | | | | |
|--|--|---|---------------|---------|-------------|--|--|--|
| | | ا م ا | [| Yes | No | | | |
| 1 6 | a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members | 1 a 3 | | | | | | |
| | of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | |
| ı | b Enter the number of voting members included in line 1a, above, who are independent | 1ь | | | | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business re | L—————————— | 1 | | | | | |
| _ | officer, director, trustee or key employee? | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other personal company or other personal company. | nder the direct supervision on? | 3 | | <u> </u> | | | |
| 4 Did the organization make any significant changes to its governing documents | | | | | | | | |
| | since the prior Form 990 was filed? | • | 4 | _ X | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | on's assets? . | 5 | | X | | | |
| 6 | Did the organization have members or stockholders? | • | 6 | | X | | | |
| 7 : | a Did the organization have members, stockholders, or other persons who had the power to elemembers of the governing body? | ect or appoint one or more | 7 a | | X | | | |
| ı | b Are any governance decisions of the organization reserved to (or subject to approval by) mer stockholders, or other persons other than the governing body? | mbers, | 7 b | | X | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions unde the following. | rtaken during the year by | | | | | | |
| i | a The governing body? | | 8 a | X | | | | |
| ١ | b Each committee with authority to act on behalf of the governing body? | • | 86 | X | | | | |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cal organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q | nnot be reached at the | 9 | | Х | | | |
| Sec | ction B. Policies (This Section B requests information about policies not requ | ired by the Internal Rev | enue | | 9.) | | | |
| | | | | Yes | No | | | |
| | a Did the organization have local chapters, branches, or affiliates? | • | 10 a | | Х | | | |
| | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes? | | 10 Ь | | | | | |
| | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | | 11 a | X | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | SEE SCHEDULE O | | | | | | |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | | 12a | | <u>X</u> | | | |
| | b Were officers, directors or trustees, and key employees required to disclose annually interest to conflicts? | | 12 Ь | | | | | |
| | c Did the organization regularly and consistently monitor and enforce compliance with the polic Schedule O how this is done | y? If 'Yes,' describe in | 12c | | | | | |
| 13 | , , | • | 13 | | X | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and decident | approval by independent cision? | | | | | | |
| | a The organization's CEO, Executive Director, or top management official | • | 15 a | | <u>X</u> | | | |
| | b Other officers of key employees of the organization | | 15 ь | | Χ | | | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | | | | | |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year? | arrangement with a | 16 a | | Х | | | |
| | b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements? | evaluate its to safeguard the | 16 b | | Ī | | | |
| Sec | ction C. Disclosure | | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar inspection. Indicate how you make these available. Check all that apply | nd 990-T (501(c)(3)s only) ava | ulable | for pul | blic | | | |
| | | her (explain in Schedule O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest public during the tax year. SEE SCHEDULE O | oolicy, and financial statements availa | able to | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the t | _ | | | | | | |
| | OLIVER L. KO, CPA 1510 FASHION ISLAND BLVD., # 200, SAN | MATEO_CA_94404_(65 | | | | | | |
| RA | TEFA01061 08/08/12 | | r Orm | . 440 / | 2012) | | | |

| Form 990 (2012) | M K M | VAN | SCHOLARSHIP | ECTINID & TETONI | $\cap \mathbb{F}$ |
|------------------------|-------|-----|-------------|------------------|-------------------|
| | | | | | |

95-4605209

Page 7

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| <u> </u> | 1 | | | (C | (: | | | | | |
|------------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------------------|------------|-------------------------------------|---|--|
| (A) Name and Title | (B) Average hours per | or officer and a director/rustee) | | | | | h an e) | (D) Reportable compensation from | (E) Reportable compensation from related organizations (W-2/1099 MISC) | (F) Estimated amount of other compensation |
| | hours per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099 MISC) | (W-2/1099 MISC) | from the organization and related organizations |
| TEN CHOW PRESIDENT | $-\frac{1}{0}$ | | | Х | | | | 0. | 0. | 0. |
| (2) EDWIN LAW SECRETARY | $-\frac{1}{0}$ | | | Х | | | | 0. | 0. | 0. |
| CFO CFO | $-\frac{1}{0}$ | | | х | | | | 0. | 0. | 0. |
| <u>(4)</u> | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| <u></u> | | | | | | | | | | |
| <u>(8)</u> | | | | | | | | | | |
| (9) | | | | | | | | , | | |
| (10) | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trusto | ees, Ke | y E | mpl | oye | es | and | Ηt | ighest Comper | sated Emplo | yees (co | ont) | |
|---|--|--|-----------------------|----------------|-----------------|---------------------------------|--------------------|--------------------------------------|---------------------------------------|------------|--|-----------------------|
| | (B) | | | | 2) | _ | | | | | | |
| (A) Name and title | Average hours per | box | , unle | check ess p | erson dırect | than is botl or/trus | h an tee) | compensation from | (E) Reportable compensation from | om an | (F) Estimate | |
| | week (list any hours for related organiza tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W 2/1099 MISC) | relatéd organizatio (W-2/1099-MISC | ons co | ompensa from the organizati and relati ganizatio | tion e on ed |
| (15) | | - | | | _ | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | - | | |
| (18) | | | | | | | | | | | | |
| (19) | | - | | | | | | | | | | |
| (20) | | - | | | | | | | | | | |
| (21) | | _ | | | | | | | , | | | |
| (22) | ļ | - | _ | | | | | | | | | |
| (23) | | | : | | | | | | | | | -, |
| (24) | | - | | | | | | | | | | |
| (25) | | - | | | | | | | | | | |
| 1 b Sub-total | | | | l | <u> </u> | | - | 0. | | 0. | | 0. |
| c Total from continuation sheets to Part VII, Section | Α . | | | | | | ▶ | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | ▶ | 0. | - | 0. | | 0. |
| 2 Total number of individuals (including but not limite from the organization ► 0 | ed to tho | s e lis | sted | abo | ve) | who | rece | eived more than \$ | 100,000 of repo | | ıpensa | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such | r or trusi <i>ındıvıdu</i> a | tee, k a <i>l</i> | еу е | emp | loye | e, or | hig | phest compensated | d employee | 3 | | х |
| 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual | eportable than \$15 | e con 50,00 | nper 10? <i>I</i> | nsat If 'Y | ion a | and o | the <i>lete</i> | r compensation fre Schedule J for | om | 4 | | v |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' | compens | satioi le Sc | n fro | m a | ny ι I for | inrela Such | ated | d organization or in | ndıvidual | 5 | 1 | X |
| Section B. Independent Contractors | Соптріст | | ,,,,, | <u> </u> | , ,,,, | 5401 | , pc | | | | | <u>^</u> |
| 1 Complete this table for your five highest compensation from the organization. Report compensation. | ited inde ensation | pend for t | lent he c | con aler | trac ndar | tors t year | hat en | received more that | an \$100,000 of the organizatio | n's tax ye | ar. | _ |
| (A) Name and business addre | ess | | | | | | | (B) Description of | of services | Comp | (C) ensati | on |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization • 0

| | Check if Schedule O contains a response to any question | on in this Part VIII | • | | |
|--|--|----------------------|--|---|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 野田 | 1 a Federated campaigns 1 a | | | | |
| 절 | b Membership dues 1 b | | | | |
| S S | c Fundraising events 1 c | | | | |
| 등목 | d Related organizations 1 d | | | | |
| ŝ | e Government grants (contributions) . 1 e | | | | |
| 혼낉 | * ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` | | | | |
| 显置 | f All other contributions, gifts, grants, and similar amounts not included above 1 f 43, 395 | | | | |
| | | | | | |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | g Noncash contributions included in lins 1a-1f: \$ | 42 225 | | | |
| 쁴 | h Total. Add lines 1a-1f Business Code | 43,395. | | | |
| 질 | \ | | | | |
| 22 | 2a | | _ | | |
| 띨 | D | | | | |
| E | <u> </u> | | | | |
| SE | a | | | | |
| 8 | e | | | | |
| PROGRAM SERVICE REVENUE | f All other program service revenue | | | | |
| - | y Total. Add lilles 24-21 | | | | |
| | 3 Investment income (including dividends, interest and other similar amounts). | 2 221 | | | 2 221 |
| | | 3,231. | | | 3,231. |
| i | | | | | |
| ļ | 5 Royalties (i) Real (ii) Personal | | | | |
| ļ | 6a Gross rents | | | | |
| | | | | | |
| Ì | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) . | | | · | |
| | / a Gross amount from sales or | | | | |
| l | assets other than inventory 7,491. | | | | |
| ĺ | b Less: cost or other basis | | | | |
| | and sales expenses 5,000. | | | | |
| | c Gain or (loss) 2,491. | _ | | | |
| | d Net gain or (loss) | 2,491. | 2,491. | | |
| 삗 | 8 a Gross income from fundraising events | | | | |
| 副 | (not including \$ | | | | |
| 즱 | - | | | | |
| OTHER REVEN | See Part IV, line 18 a | | | | |
| 등 | b Less: direct expenses . b | | | | |
| _ | c Net income or (loss) from fundraising events. | | | | <u> </u> |
| | 9 a Gross income from gaming activities. See Part IV, line 19 a | | | | |
| | | 1 | | | |
| | b Less: direct expenses . b | 1 | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | | 4 | | | |
| | b Less: cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue Business Code | 4 | | | |
| | 11 a OTHER INCOME | | | | |
| | b | _ | | | <u> </u> |
| | c | ļ | | | |
| | d All other revenue | | | L | |
| | e Total. Add lines 11a-11d | L | | | |
| | 12 Total revenue. See instructions | 49.117. | 2,491. | 0 | 3,231. |

| F 777.7 | 1 01 1 Otatomont of I dilottoma Expens | | | | |
|---------------|--|------------------------|------------------------------|-------------------------------------|----------------------------------|
| <u>Sec</u> | tion 501(c)(3) and 501(c)(4) organizations must c | omplete all columns. A | Il other organizations m | ust complete column (A) | · |
| | Check if Schedule O contains a re | | | | |
| Do 1 7b, c | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 16,000. | 16,000. | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 7,000. | 7,000. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages . | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | - |
| 10 | Payroll taxes . | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management . | | | | |
| | Legal . | | | | |
| | : Accounting | | | | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | - |
| | | | | | _ |
| g | Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology . | | | | |
| 15 | Royalties . | | | | |
| 16 | Occupancy . | | | | |
| 17 | Travel . | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | _ | | | |
| 19 20 | Conferences, conventions, and meetings [Interest . | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | - | |
| 23 | Insurance . | | | | _ _ |
| | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). | | | | |
| 7 | CHOIR EVEBNTS | 13,500. | 13,500. | | |
| 1 | BANK CHARGES | 325. | | 325. | |
| (| FILING FEE | 35. | | 35. | |
| (| d | | | | |
| | e All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 36,860. | 36,500. | 360. | 0. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | 30,000. | 33,300. | 300. | <u> </u> |

Part X Balance Sheet

| | | Check if Schedule O contains a response to any question in this Part X | • | | |
|----------------|------|---|--------------------------|------|---|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 7,084. | 1 | 11,743. |
| | 2 | Savings and temporary cash investments | 111,607. | 2 | 129,957. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net . | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| A | 7 | Notes and loans receivable, net | | 7 | |
| ASSETS | 8 | Inventories for sale or use | | 8 | |
| Ţ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | | | |
| İ | Ь | Less. accumulated depreciation 10b | j | 10 c | |
| | 11 | Investments — publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11. | | 13 | · _ |
| | 14 | Intangible assets. | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 118,691. | 16 | 141,700. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable . | | 18 | |
| | 19 | Deferred revenue . | | 19 | |
| L | 20 | Tax-exempt bond liabilities | | 20 | |
| A | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| LIABILIT | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| E S | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| š | 24 | Unsecured notes and loans payable to unrelated third parties. | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| N E | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| Ş | 27 | Unrestricted net assets . | 118,691. | 27 | 141,700. |
| ANNELS | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | • | 29 | *************************************** |
| R F | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| FUND | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ۲ | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| B々しくまいい | 33 | Total net assets or fund balances | 118,691. | 33 | 141,700. |
| Ē | 34 | Total liabilities and net assets/fund balances . | 118,691. | 34 | 141,700. |
| BA | Ā | | | | Form 990 (2012) |

| Forn | 990 (2012) WAH YAN SCHOLARSHIP FOUNDATION OF 95 | -4605209 | | Pa | ige 12 |
|------|---|-------------|------|-------|---------------|
| Pa | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | \Box |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 49,1 | 17. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 36,8 | 360. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 12,2 | 257. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1 | 18,6 | 591. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 10,7 | 752. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1 | 41,7 | 700. |
| Pa | † XII Financial Statements and Reporting | , , , | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | П |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both. | ed on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | ĺ | ĺ |
| - | Were the organization's financial statements audited by an independent accountant? | | 2ь | | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis | ıte | | | |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant? | he audit, | 2 c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? | Single | 3 a | | х |
| | o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits. | uired audit | 3 b | | |
| BA/ | | | Form | 990 (| (2012) |

SCHEDULE A .(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Open to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

WAH YAN SCHOLARSHIP FOUNDATION OF

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

| | | | CALIFO | | | | | | | | | 005203 | | | |
|------------|-----|-----------------------|--|--------------------------------|-----------------------|--|-------------------------|--|---|-----------------------|------------------------------|------------------------------------|------------------------------|---------------|--------|
| Part | ı | Reaso | n for Public | c Charity S | tatus (/ | All organizations n | nust cor | nplete | this p | art.) S | ee inst | ruction | ns. | | |
| The o | rga | nızatıon | is not a privat | e foundation | because | it is. (For lines 1 throi | ıgh 11, c | heck on | ly one b | ox.) | | | | | |
| 1 | П | A churc | h, convention | of churches | or assoc | iation of churches des | cribed in | section | 170(b)(1 | χΑχί). | | | | | |
| 2 | П | A school | ol described in | section 170(| ЬХ1ХАХ | ii). (Attach Schedule E | Ξ.) | | | | | | | | |
| 3 | П | A hospi | tal or a coope | rative hospita | l service | e organization describe | d in sect | ion 170 | Ъ Х1)(А) | (iii). | | | | | |
| 4 | Н | A medic | al research o | rganization o | perated | in conjunction with a h | ospital de | escribed | ın secti | on 170(| ьх1хАх | iii). Ente | er the hosp | ıtal's | |
| | ш | l | ity, and state | - | | · | • | | | • | | • | • | | |
| 5 | | An orga | | ated for the b | enefit of | a college or university | owned | or opera | ted by a | govern | mental ı | ınıt desc | cribed in se | ction | |
| 6 | П | | | | | vernmental unit descri | bed ın se | ction 17 | ′0(Ъ)(1)(| A)(v). | | | | | |
| 7 | | An orga | inization that i | normally rece | ives a si ete Part | ubstantial part of its su II.) | pport fro | m a gov | ernmen | tal unit d | or from t | he gene | eral public o | lescrib | ed |
| 8 | | A comn | nunity trust de | scribed in se | ction 170 | O(b)(1)(A)(vi). (Complet | te Part II. |) | | | | | | | |
| 9 | X | related t unrelate | o its exempt fui | nctions - subje | ect to cert | re than 33-1/3% of its sup tain exceptions, and (2) in 1511 tax) from business | no more th | nan 33-17 | 3% of its | support | from gro | ss invest | tment income | e and | |
| 10 | | An orga | ınızatıon orgai | nized and ope | erated ex | xclusively to test for pu | iblic safe | ly. See | section | 509(a)(4 |). | | | | |
| 11 | | supporte | d organizations | s described in s | section 50 | ively for the benefit of, to 09(a)(1) or section 509(a) 3 11e through 11h. | perform (2). See s | the funct section 5 | ions of, o 5 09(a)(3). | r carry o Check to | ut the pu he box th | irposes o nat descri | f one or mor bes the type | e publi of | icly |
| | | a T <u>y</u> | /pe b | Type II | c | Type III - Function | nally inte | grated | • | d [] ~ | Гуре III - | – Non-fi | unctionally | integra | ated |
| е | | ' other th | cking this box, an foundation 509(a)(2). | , I certify that managers a | the organd other | nization is not controll than one or more pub | ed direct licly supp | ly or ind orted o | irectly b rganizati | y one or ons des | r more d scribed ii | lisqualifi n section | ed persons n 509(a)(1) | or | |
| f | | If the or check t | rganization re his box | ceived a writti | en deter | mination from the IRS | that is a | Type I, | Type II (| or Type · | III supp | orting or | rganization, | | |
| g | | Since A | ugust 17, 200 | 6, has the or | ganızatıc | on accepted any gift o | r contribu | ition fro | m any o | f the foll | lowing p | ersons? | | | |
| | | | | | | | | | | | | | | Yes | No |
| | | be | elow, the gove | erning body o | f the sup | ontrols, either alone or oported organization? | together | with per | sons de | scribed | ın (ıı) ar | nd (III) | 11 g (i) | | |
| | | (ii) A | family member | er of a persor | n describ | ed in (i) above? | | | | | | | 11 g (ii) | | |
| | | (iii) A | 35% controlle | ed entity of a | person d | lescribed in (i) or (ii) a | bove? | | | | | | 11 g (iii) | | |
| h | | Provide | the following | information a | bout the | supported organization | on(s). | | | | | | | | L |
| | | (i) Name orga | of supported Inization | (ii) EIN | | (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) | column (| s the cation in (i) listed in overning ment? | (v) Did yo the organ column (supr | ization in | organiz colur organize | s the ation in in (f) ed in the S? | (vii) Amoun sup | t of mon | netary |
| | | | | <u> </u> | | | Yes | No | Yes | No | Yes | _No | | | |
| (A) | | | | | | |] | | | | | | | | _ |
| (B) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| <u>(C)</u> | | | | | | | - | | <u> </u> | ļ — | | | | | |
| <u>(D)</u> | | | | | | | - | | | | | | | | |
| <u>(E)</u> | | | | | | | <u> </u> | <u> </u> | | | | | | | |
| Total | | | | | | | | | | | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | | |
|--------------|---|--|---|-------------------------------------|---------------------------------------|------------------|-------------|---------------|
| | ndar year (or fiscal year nning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (1 | f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants') | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | - | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | |
| Sec | tion B. Total Support | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (| f) Total |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 1 | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related active | rities, etc (see ins | structions) . | | | _1 | 2 | |
| 13 | First five years. If the Form 990 organization, check this box and | is for the organization is stop here | ation's first, secor | id, third, fourth, oi | r fifth tax year as a | section 501(c) |)(3) | ▶ [] |
| Sec | tion C. Computation of Pu | ıblic Support | Percentage | | | | | |
| 14 | Public support percentage for 20 | 112 (line 6, colum | n (f) divided by lin | e 11, column (f)) | • | 1 | 4 | % |
| 15 | Public support percentage from | 2011 Schedule A | , Part II, line 14 | | • | 1 | 5 | <u>%</u> |
| 16 | a 33-1/3% support test - 2012. If and stop here. The organization | | | | id the line 14 is 33 | -1/3% or more, | check this | s box ► [] |
| ı | b 33-1/3% support test 2011. If t and stop here. The organization | he organization d qualifies as a pu | lid not check a bo iblicly supported o | x on line 13 or 16a organization | a, and line 15 is 33 | 3-1/3% or more | , check th | ıs box ► |
| 17 | a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts- | and-circumstance | s' test, check this | box and stop here | e. Explain in Pa | rt IV how | . ► |
| ! | b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an | meets the 'facts- | and-circumstance | s' test, check this | box and stop here | . Explain in Pa | rt IV how | % the ► |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line | 13, 16a, 16b, 17a, | or 17b, check this | box and see II | nstructions | ; ► 🗍 |

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | - | _ | | | |
|-----|---|-----------------------------|--------------------------|---------------------------------------|----------------------|------------------|------------------|
| | dar year (or fiscal yr beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | | 9,500. | 1,650. | 12,010. | 40,425. | 37,895. | 101,480. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | 3,300. | 1,030. | 12,010. | 10,123. | 37,093. | 0. |
| | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | · · · · · · · · · · · · · · · · · · · | | | 0. |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or | | | | | | 0. |
| J | facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 | Total. Add lines 1 through 5. | 9,500. | 1,650. | 12,010. | 40,425. | 37,895. | 101,480. |
| 7 a | Amounts included on lines 1, 2, and 3 received from disqualified persons. | 0. | 0. | 0. | 0. | 0. | _ 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | | |
| | for the year | 0. | 0. | 0. | 0. | 0. | 0. |
| С | : Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| | Public support (Subtract line 7c from line 6.) | | | | | | 101,480. |
| | tion B. Total Support | 4 > 0000 | 410000 | | 45.00- | | |
| | dar year (or fiscal yr beginning in) > | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| - | Amounts from line 6 | 9,500. | 1,650. | 12,010. | 40,425. | 37,895. | 101,480. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | 3,399. | 1,956. | 1,660. | 2,369. | 3,231. | 12,615. |
| | income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, | 3,399. | 1,956. | 1,660. | 2,369. | 3,231. | 12,615. |
| 12 | whether or not the business is regularly carried on Other income. Do not include | | - | | | - | 0. |
| 12 | gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 13 | Total support. (Add Ins 9, 10c, 11, and 12) | 12,899. | 3,606. | 13,670. | 42,794. | 41,126. | 114,095. |
| | First five years. If the Form 990 rorganization, check this box and | stop here | | | | | |
| Sec | tion C. Computation of Pu | | | | | | |
| 15 | Public support percentage for 20 | • ' | • | 13, column (f)) | | 15 | 88.94 % |
| 16 | Public support percentage from 2 | 2011 Schedule A, | Part III, line 15 | | | 16 | 94.84 % |
| Sec | tion D. Computation of Inv | vestment Inco | me Percentag | е | | | |
| 17 | Investment income percentage for | or 2012 (line 10c, d | column (f) divided | by line 13, colum | n (f)) | 17 | 11.06 % |
| 18 | Investment income percentage fr | rom 2011 Schedule | e A, Part III, line | 17 | | 18 | 5.16 % |
| | 33-1/3% support tests - 2012. If is not more than 33-1/3%, check | this box and stop | here. The organiz | zation qualifies as | a publicly suppor | ted organization | l line 17 . ► 🗓 |
| | 33-1/3% support tests — 2011. If line 18 is not more than 33-1/3% | , check this box ai | nd stop here. The | organization qua | lifies as a publicly | supported organi | 1/3%, and zation |
| 70 | Private foundation. If the organic | zation did not che | ck a dox on line 1- | 4. 19a. or 19b. ch | eck this box and 9 | see instructions | ~ |

| Scriedule A | t (runn 990 or | 990-EZ) ZUIZ | WAH YAN S | CHOLARSHI | P FOUNDATIO | ON OF | 95-4605209 | Page 4 |
|-------------|--|---|--------------------------------|----------------------------------|----------------------------------|-------------------------------------|---|-------------|
| Part IV | Supplement Part II, line (See instru | al Information 17a or 17b; ctions). | . Complete to and Part III, | nis part to pro line 12. Also | ovide the expla o complete th | nations required is part for any | d by Part II, line 10; additional information. | |
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545 0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

WAH YAN SCHOLARSHIP FOUNDATION OF

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

95-4605209

| Part I General Information to Form 990, Part | on on Activities t IV, line 14b. | Outside the Uni | ted States. Complete if the | organization answe | red 'Yes' |
|--|--|--|---|--|---|
| For grantmakers. Does the the grantees' eligibility for | e organization mail the grants or assis | ntain records to si stance, and the se | ubstantiate the amount of its grelection criteria used to award t | rants and other assistance | ce, X Yes No |
| 2 For grantmakers. Describe United States. PART V | ın Part V the orga | anızatıon's proced | ures for monitoring the use of | its grants and other assi | |
| 3 Activities per Region. (The | following Part I, I | ne 3 table can be | duplicated if additional space | is needed.) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
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| (9) | | | | | |
| (10) | | | | | |
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| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | ····· | | |
| 3 a Sub-total b Total from continuation sheets to Part I | _ | | | | |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 0. |

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 95-4605209

| (f) Manner of cash non-cash non-cash assistance assistance | | | | | | | | | | | | | | |
|--|-----------------|--------------|-----|-----|-----|-----|---|-----|---|------|-------|------|------|--|
| | 7,000. | | | | | | | | | | : | | | |
| cash grant | | - | | | | | | | | | | _ | | |
| (d) Purpose of grant | NURSING FUND | | | | | | | | _ | | | | | |
| (c) Region | HONG KONG | : | | | | į | | | | | | ; | | 1 |
| (b) IRS code section and EIN (if applicable) | | | | | | | | | | | | | | |
| (a) Name of organization | (1) | (2) | (3) | (4) | (9) | (9) | ε | (8) | 6 | (10) | (11) | (13) | (15) | e de de la colon de de de la colon de la c |

Liner total furniber of recipient organizations listed above that are recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities

BA BA

1 Schedule **F** (Form 990) 2012

. Page 3

95-4605209

WAH YAN SCHOLARSHIP FOUNDATION OF

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2012

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2012 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance ε (18) BAA € 8 (3) 9 <u>©</u> 6 8 (10) (11) 9 (12) (13) 1 (15) (16) (1)

TEEA3503L 12/17/12

| | dule F (Form 990) 2012 WAH YAN SCHOLARSHIP FOUNDATION OF IV Foreign Forms | 95-4605209 | Page |
|---|---|------------------|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | e Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certa Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | pe nin Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certa Foreign Corporations. (see Instructions for Form 5471) | nin . []Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) | . Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) | Yes | X No |

| Schedule F (Form 990) 2012 WAH YAN SCHOLARSHI | P FOUNDATION OF | 95-4605209 | Page 5 |
|---|-----------------------------------|------------------------------------|----------------|
| Complete this part to provide the information column (f) (accounting method; amou (accounting method); Part III (accounting method) | nts of investments vs expendit | ures per region): Part II. line 1 | |
| (accounting method); Part III (account recipients), as applicable. Also comple | te this part to provide any addit | ional information (see instruction | ons). |
| PART I, LINE 2 - GRANTMAKERS EXPLAN | <u>ATION FOR MONITORING US</u> | OF FUNDS OUTSIDE US | |
| BOARD_OF_DIRECTORS_REVIEW_THE_POLI | CY AND MONITOR THE USE (| OF FUND IN A TIMELY MANN | <u>ER.</u> |
| <u>FUND MUST BE STRICTLY BENEFIT TO W</u> | AH YAN COLLEGE OF HONG I | ONG AND ITS CUURENT OR | <u>PAST</u> |
| STUDENTS THROUGH SCHOLARSHIPS TO A | TTEND_ANY_COLLEGES_OR_UI | <u> </u> | D |
| STATES; AS WELL AS EDUCATION AND/C | <u>R HEALTH CARE ASSISTANCI</u> | TO CURRENT OR PAST | |
| TEACHERS,_STAFF,_AND_JESUIT_PRIEST | S_ASSOCIATED_WITH_THE_SO | :HOOL | - |
| | | | - <i>-</i> |
| ALL THE BOARD MEMBERS ARE TAKING T | HEIR FIDUCIARY DUTY FOR | THE USE OF FUND. | - - |
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| egrants or assistance, the grantees' eligibility for the grants or assistance, and of grant funds in the United States. Inizations in the United States. Complete if the organization answered ved more than \$5,000. Part II can be duplicated if additional space is ton (4) Amount of cash grant (5) Amount of non cash (6) Amount of cash grant (6) Amount of cash grant (7) Amount of cash grant (8) Amount of cash grant (9) Am | SCHEDULE I (Form 990) | Ğ | Grants and Otl overnments, a | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | to Organization τ the United Sta | s, Ites | - | OMB No 1545 0047 |
|---|---|--|---|---|---|---|--|------------------------------------|
| grants or assistance, the grantees' eligbility for the grants or assistance, and of grant funds in the United States. Inizations in the United States. Complete if the organization answered wed more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if the organization answered with the more than \$5,000. Part II can be duplicated if the organization answered with the more than \$5,000. Part II can be duplicated if the organization answered with the more than \$5,000. Part II can be duplicated if the organization answered with the more than \$5,000. Part II can be duplicated if the organization and the more than \$5,000. Part II can be duplicated if the organization and the more than \$5,000. Part II can be duplicated if the organization and the more than \$5,000. Part II can be duplicated in the more than \$5,000. Part II can be duplicated in the more than \$5,000. Part II can be duplicated in the more than \$5,000. Part II can be duplicated in the more than \$5,000. Part II can be duplicated in the more than \$5,000. Part II can be duplicated in the more than \$5,000. Part II can be duplicated in the more than \$5,000. Part II can be duplicated in the part II can be duplicated | Department of the Treasury Internal Revenue Service | Ö | mplete if the organizat | tion answered 'Yes' to F ► Attach to Form 99 | orm 990, Part IV, line 21 0. | or 22. | | Open to Public Inspection |
| of grant funds in the United States. Inizations in the United States. Complete if the organization answered ved more than \$5,000. Part II can be duplicated if additional space is the organization answered with the state of validational space is the organization answered of Amount of cash grant (6) Amount of cash grant (6) Amount of cash grant (6) Amount of cash grant (7) Amount of cash grant (8) Amount of cash grant (8) Amount of cash grant (9) Amount of cash gran | Name of the organization WAH YAN SCHOLAR | RSHIP FOUNDATION OF | | | | | Employer identific 95-460520 | ation number |
| of grant funds in the United States. Initizations in the United States. Initizations in the United States. Complete if the organization answered ved more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is the more than \$5,000. Part II can be duplicated if additional space is defined to Amount of cash grant (e) Amount of cash grant (f) Amou | Part I General In | formation on Grants and Ass | istance | | | | | |
| Inizations in the United States. Complete if the organization answered ved more than \$5,000. Part II can be duplicated if additional space is too more than \$5,000. Part II can be duplicated if additional space is assistance (i) Amount of cash grant (ii) Amount of cash grant (iii) Amount of cash grant (iiii) Amount of cash grant (iiii) Amount of cash grant (iiii) Amount of cash grant (iiiii) Amount of cash grant (iiiiii) Amount of cash grant (iiiiii) Amount of cash grant (iiiiiii) Amount of cash grant (iiiiiii) Amount of cash grant (iiiiii) Amount of cash grant (iiiiiii) Amount of cash grant (iiiiiiii) Amount of cash grant (iiiiiiiiiii) Amount of cash grant (iiiiiiiiiiiii) Amount of cash grant (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | tion maintain records to substantiate the used to award the grants or assistan | he amount of the grant nce? | s or assistance, the grar | itees' eligibility for the g | rants or assistance, a | : Pu . | X Yes No |
| ved more than \$5,000. Part II can be duplicated if additional space is ton (4) Amount of cash grant (5) Amount of non cash (5) Cook. FMV, appraisal, non-cash assistance assistance assistance (6) Amount of non cash (7) Cook. FMV, appraisal, non-cash assistance and the line I table. | | / the organization's procedures for mo | nitoring the use of grar | nt funds in the United Sta | ates. | | | J |
| tion (d) Amount of cash grant line 1 table . | | Other Assistance to Governme Part IV, line 21 for any recipie | ents and Organizat ent that received r | tions in the United S nore than \$5,000. I | tates. Complete if Part II can be dupli | the organization a cated if additiona | answered 'Yes' to | ed. |
| ed in the line 1 table . | 1 (a) Name and addres | | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ed in the line 1 table. | (1) | | | | | | | |
| ed in the line 1 table . | ; | 1 | | | | | | |
| ed in the line 1 table. | (2) | | | | | | | |
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| | DAA For Donomical Dea | or other organizations listed in the line | i table | - | | : | | . • |

. Page **2** (f) Description of non cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other Schedule I (Form 990) (2012) WAH YAN SCHOLARSHIP FOUNDATION OF

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 16,000 (c) Amount of cash grant (b) Number of recipients 1 SCHOLARSHIP ASSISTANCE additional information. (a) Type of grant or assistance Part IV , () ന 4 2 ဖ

Schedule I (Form 990) (2012)

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization WAH YAN SCHOLARSHIP FOUNDATION OF Employer identification number 95-4605209 CALIFORNIA FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE SPECIFIC PURPOSES OF THIS ORGANIZATION INCLUDE PROVIDING FUNDING TO BENEFIT WAH YAN COLLEGE OF HONG KONG AND ITS CURRENT OR PAST STUDENTS THROUGH SCHOLARSHIPS TO ATTEND ANY COLLEGES OR UNIVERSITIES IN THE UNITED STATES AS WELL AS EDUCATION AND/OR HEALTH CARE ASSISTANCE TO CURRENT OR PAST TEACHERS, STAFFS, AND JESUIT PRIESTS ASSOCIATED WITH THE SCHOOL. THIS ORGANIZATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARTIABLE PURPOSES WITHIN THE MEANING OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS FINANCIAL STATEMENTS INFORMATION WHICH HAD BEEN INCORPORATED IN THE FORM 990 WERE REVIEWED AND APPROVED BY THE OFFICERS. FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Amendments to Bylaws of Wah Yan Scholarship Foundation of California (A California Nonprofit Benefit Corporation)

Article 1 paragraph 2 shall be amended to read as follows:

2. SPECIFIC PURPOSE. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporations Law for public benefit purposes. Such purposes include, but are not limited to provide funding to benefit Wah Yan College of Hong Kong and its current or past students through scholarships to attend any colleges or universities in the United States (with at least 51% of the funding going to students attending colleges or universities in the state of California); as well as education and/or health care assistance to current or past teachers, staff, and Jesuit priests associated with the school.

Article 3 paragraph 2 shall be amended to read as follows:

2. NUMBER OF DIRECTORS. The authorized number of directors shall be as set forth below. This number can be changed by an amendment to the Articles of Incorporation or an amendment to this bylaw adopted by the vote or written consent of a majority of the directors.

Number of Directors: Seven (7)

The foregoing amendments of the Bylaws are duly approved herein by the board of directors:

Print Name: Edwin Law

Print Name: Gordon Leung

Print Name: Patrick Lo

Print Name: Stan Chow

Print Name: Oliver Ko

Print Name: Stephen Luk

Date: Feb 15, 2013

| Form'8868 | 8 (Rev 1-2013) | | | | | Page 2 |
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