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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2014**

Open to Public Inspection

For calendar year 2014 or tax year beginning **MAY 1, 2014**, and ending **APR 30, 2015**

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               |                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>THE Y. C HO/HELEN &amp; MICHAEL CHIANG<br/>FOUNDATION C/O O'CONNOR DAVIES, LLP</b>                                                                                                                                                                                                     |                                                                                                                                                                                                               | A Employer identification number<br><b>05-0613835</b>                                                                                                                        |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>665 FIFTH AVENUE</b>                                                                                                                                                                                                    | Room/suite                                                                                                                                                                                                    | B Telephone number<br><b>212 286-2600</b>                                                                                                                                    |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>NEW YORK, NY 10022-5342</b>                                                                                                                                                                                                      |                                                                                                                                                                                                               | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |
| G Check all that apply:<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                               | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                               |                                                                                                                                                                                                               | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16)<br><b>\$ 67,967,658.</b>                                                                                                                                                                                                      | J Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input checked="" type="checkbox"/> Other (specify) <b>MODIFIED CASH</b><br>(Part I, column (d) must be on cash basis) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |

| Part I Analysis of Revenue and Expenses<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) |                                                                                                | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                            | 1 Contributions, gifts, grants, etc., received                                                 |                                    |                           | N/A                     |                                                             |
|                                                                                                                                                    | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 3 Interest on savings and temporary cash investments                                           | 1,645.                             | 1,645.                    |                         | STATEMENT 1                                                 |
|                                                                                                                                                    | 4 Dividends and interest from securities                                                       | 3,200,159.                         | 3,200,159.                |                         | STATEMENT 2                                                 |
|                                                                                                                                                    | 5a Gross rents                                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                    | b Net rental income or (loss)                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 6a Net gain or (loss) from sale of assets not on line 10                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                    | b Gross sales price for all assets on line 6a                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2)                                               |                                    | 0.                        |                         |                                                             |
|                                                                                                                                                    | 8 Net short-term capital gain                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 9 Income modifications                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 10a Gross sales less returns and allowances                                                    |                                    |                           |                         |                                                             |
| b Less Cost of goods sold                                                                                                                          |                                                                                                |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                           |                                                                                                |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                    | 371.                                                                                           | 0.                                 |                           | STATEMENT 3             |                                                             |
| 12 Total. Add lines 1 through 11                                                                                                                   | 3,202,175.                                                                                     | 3,201,804.                         |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                              | 13 Compensation of officers, directors, trustees, etc                                          | 82,410.                            | 0.                        |                         | 82,410.                                                     |
|                                                                                                                                                    | 14 Other employee salaries and wages                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 15 Pension plans, employee benefits                                                            | 16,954.                            | 0.                        |                         | 16,954.                                                     |
|                                                                                                                                                    | 16a Legal fees                                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                    | b Accounting fees STMT 4                                                                       | 31,442.                            | 0.                        |                         | 31,442.                                                     |
|                                                                                                                                                    | c Other professional fees STMT 5                                                               | 4,914.                             | 0.                        |                         | 4,914.                                                      |
|                                                                                                                                                    | 17 Interest                                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 18 Taxes STMT 6                                                                                | 40,000.                            | 0.                        |                         | 0.                                                          |
|                                                                                                                                                    | 19 Depreciation and depletion                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 20 Occupancy                                                                                   | 4,586.                             | 0.                        |                         | 4,586.                                                      |
|                                                                                                                                                    | 21 Travel, conferences, and meetings                                                           | 1,242.                             | 0.                        |                         | 1,242.                                                      |
|                                                                                                                                                    | 22 Printing and publications                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                    | 23 Other expenses STMT 7                                                                       | 22,608.                            | 125.                      |                         | 22,483.                                                     |
|                                                                                                                                                    | 24 Total operating and administrative expenses. Add lines 13 through 23                        | 204,156.                           | 125.                      |                         | 164,031.                                                    |
|                                                                                                                                                    | 25 Contributions, gifts, grants paid                                                           | 3,121,750.                         |                           |                         | 3,121,750.                                                  |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                           | 3,325,906.                                                                                     | 125.                               |                           | 3,285,781.              |                                                             |
| 27 Subtract line 26 from line 12:                                                                                                                  |                                                                                                |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                | <123,731.>                                                                                     |                                    |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                   |                                                                                                | 3,201,679.                         |                           |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                     |                                                                                                |                                    | N/A                       |                         |                                                             |

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Form **990-PF** (2014) 8

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**THE Y. C HO/HELEN & MICHAEL CHIANG  
FOUNDATION C/O O'CONNOR DAVIES, LLP**

05-0613835

| <b>Part II Balance Sheets</b>      |                                                                                                      | Attached schedules and amounts in the description column should be for end-of-year amounts only |             | Beginning of year | End of year    |                       |
|------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|-------------------|----------------|-----------------------|
|                                    |                                                                                                      |                                                                                                 |             | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                      | 1                                                                                                    | Cash - non-interest-bearing                                                                     |             |                   |                |                       |
|                                    | 2                                                                                                    | Savings and temporary cash investments                                                          |             | 6,095,822.        | 5,078,763.     | 5,078,763.            |
|                                    | 3                                                                                                    | Accounts receivable ▶                                                                           |             |                   |                |                       |
|                                    |                                                                                                      | Less: allowance for doubtful accounts ▶                                                         |             |                   |                |                       |
|                                    | 4                                                                                                    | Pledges receivable ▶                                                                            |             |                   |                |                       |
|                                    |                                                                                                      | Less: allowance for doubtful accounts ▶                                                         |             |                   |                |                       |
|                                    | 5                                                                                                    | Grants receivable                                                                               |             |                   |                |                       |
|                                    | 6                                                                                                    | Receivables due from officers, directors, trustees, and other disqualified persons              |             |                   |                |                       |
|                                    | 7                                                                                                    | Other notes and loans receivable ▶                                                              |             |                   |                |                       |
|                                    |                                                                                                      | Less: allowance for doubtful accounts ▶                                                         |             |                   |                |                       |
|                                    | 8                                                                                                    | Inventories for sale or use                                                                     |             |                   |                |                       |
|                                    | 9                                                                                                    | Prepaid expenses and deferred charges                                                           |             |                   |                |                       |
|                                    | 10a                                                                                                  | Investments - U.S. and state government obligations <b>STMT 8</b>                               |             | 28,111,338.       | 29,203,332.    | 29,203,332.           |
|                                    | b                                                                                                    | Investments - corporate stock <b>STMT 9</b>                                                     |             | 27,354,089.       | 28,403,100.    | 28,403,100.           |
|                                    | c                                                                                                    | Investments - corporate bonds <b>STMT 10</b>                                                    |             | 5,475,350.        | 5,279,750.     | 5,279,750.            |
|                                    | 11                                                                                                   | Investments - land, buildings, and equipment basis ▶                                            |             |                   |                |                       |
|                                    | Less accumulated depreciation ▶                                                                      |                                                                                                 |             |                   |                |                       |
| 12                                 | Investments - mortgage loans                                                                         |                                                                                                 |             |                   |                |                       |
| 13                                 | Investments - other                                                                                  |                                                                                                 |             |                   |                |                       |
| 14                                 | Land, buildings, and equipment; basis ▶                                                              |                                                                                                 |             |                   |                |                       |
|                                    | Less accumulated depreciation ▶                                                                      |                                                                                                 |             |                   |                |                       |
| 15                                 | Other assets (describe ▶ <b>SECURITY DEPOSIT</b> )                                                   |                                                                                                 | 0.          | 2,713.            | 2,713.         |                       |
| 16                                 | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) |                                                                                                 | 67,036,599. | 67,967,658.       | 67,967,658.    |                       |
| <b>Liabilities</b>                 | 17                                                                                                   | Accounts payable and accrued expenses                                                           |             |                   |                |                       |
|                                    | 18                                                                                                   | Grants payable                                                                                  |             |                   |                |                       |
|                                    | 19                                                                                                   | Deferred revenue                                                                                |             |                   |                |                       |
|                                    | 20                                                                                                   | Loans from officers, directors, trustees, and other disqualified persons                        |             |                   |                |                       |
|                                    | 21                                                                                                   | Mortgages and other notes payable                                                               |             |                   |                |                       |
|                                    | 22                                                                                                   | Other liabilities (describe ▶)                                                                  |             |                   |                |                       |
| 23                                 | <b>Total liabilities</b> (add lines 17 through 22)                                                   |                                                                                                 | 0.          | 0.                |                |                       |
| <b>Net Assets or Fund Balances</b> | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> <b>X</b>          |                                                                                                 |             |                   |                |                       |
|                                    | and complete lines 24 through 26 and lines 30 and 31.                                                |                                                                                                 |             |                   |                |                       |
|                                    | 24                                                                                                   | Unrestricted                                                                                    |             | 67,036,599.       | 67,967,658.    |                       |
|                                    | 25                                                                                                   | Temporarily restricted                                                                          |             |                   |                |                       |
|                                    | 26                                                                                                   | Permanently restricted                                                                          |             |                   |                |                       |
|                                    | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>                       |                                                                                                 |             |                   |                |                       |
|                                    | and complete lines 27 through 31.                                                                    |                                                                                                 |             |                   |                |                       |
|                                    | 27                                                                                                   | Capital stock, trust principal, or current funds                                                |             |                   |                |                       |
|                                    | 28                                                                                                   | Paid-in or capital surplus, or land, bldg., and equipment fund                                  |             |                   |                |                       |
|                                    | 29                                                                                                   | Retained earnings, accumulated income, endowment, or other funds                                |             |                   |                |                       |
| 30                                 | <b>Total net assets or fund balances</b>                                                             |                                                                                                 | 67,036,599. | 67,967,658.       |                |                       |
| 31                                 | <b>Total liabilities and net assets/fund balances</b>                                                |                                                                                                 | 67,036,599. | 67,967,658.       |                |                       |

**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<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 67,036,599. |
| 2 | Enter amount from Part I, line 27a                                                                                                                            | 2 | <123,731.>  |
| 3 | Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAIN ON INVESTMENTS</b>                                                                      | 3 | 1,054,790.  |
| 4 | Add lines 1, 2, and 3                                                                                                                                         | 4 | 67,967,658. |
| 5 | Decreases not included in line 2 (itemize) ▶                                                                                                                  | 5 | 0.          |
| 6 | <b>Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30</b>                                                  | 6 | 67,967,658. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)                                              |                                            | (b) How acquired<br>P - Purchase<br>D - Donation                                  | (c) Date acquired<br>(mo., day, yr.)                                                      | (d) Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------|
| 1a                                                                                                                                                                              |                                            |                                                                                   |                                                                                           |                                  |
| b NONE                                                                                                                                                                          |                                            |                                                                                   |                                                                                           |                                  |
| c                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| d                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| e                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| (e) Gross sales price                                                                                                                                                           | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale                                   | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                              |                                  |
| a                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| b                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| c                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| d                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| e                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                                                                     |                                            |                                                                                   | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |                                  |
| (i) F.M.V. as of 12/31/69                                                                                                                                                       | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any                                   |                                                                                           |                                  |
| a                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| b                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| c                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| d                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| e                                                                                                                                                                               |                                            |                                                                                   |                                                                                           |                                  |
| 2 Capital gain net income or (net capital loss)                                                                                                                                 |                                            | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 |                                                                                           | 2                                |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 |                                            | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 |                                                                                           | 3                                |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2013                                                                 | 3,134,427.                               | 65,366,426.                                  | .047952                                                     |
| 2012                                                                 | 3,188,061.                               | 65,584,306.                                  | .048610                                                     |
| 2011                                                                 | 2,958,356.                               | 63,376,815.                                  | .046679                                                     |
| 2010                                                                 | 2,652,172.                               | 61,154,365.                                  | .043368                                                     |
| 2009                                                                 | 2,364,661.                               | 54,776,636.                                  | .043169                                                     |

|                                                                                                                                                                                                                         |   |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 2 Total of line 1, column (d)                                                                                                                                                                                           | 2 | .229778     |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years                                          | 3 | .045956     |
| 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5                                                                                                                                          | 4 | 67,200,137. |
| 5 Multiply line 4 by line 3                                                                                                                                                                                             | 5 | 3,088,249.  |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                                                            | 6 | 32,017.     |
| 7 Add lines 5 and 6                                                                                                                                                                                                     | 7 | 3,120,266.  |
| 8 Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.<br>See the Part VI instructions. | 8 | 3,285,781.  |

THE Y. C HO/HELEN & MICHAEL CHIANG  
FOUNDATION C/O O'CONNOR DAVIES, LLP

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**Part VI 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 <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |            | 1  | 32,017. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 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 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                            |            | 2  | 0.      |
| 3 Add lines 1 and 2                                                                                                                                                                                                                    |            | 3  | 32,017. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                          |            | 4  | 0.      |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                              |            | 5  | 32,017. |
| 6 Credits/Payments:                                                                                                                                                                                                                    |            |    |         |
| a 2014 estimated tax payments and 2013 overpayment credited to 2014                                                                                                                                                                    | 6a 65,387. |    |         |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                                | 6b         |    |         |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                  | 6c         |    |         |
| d Backup withholding erroneously withheld                                                                                                                                                                                              | 6d         |    |         |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                  |            | 7  | 65,387. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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  |         |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                           |            | 10 | 33,370. |
| 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax <input checked="" type="checkbox"/> 33,370. Refunded <input type="checkbox"/>                                                                                     |            | 11 | 0.      |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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?                                                                                                                                                                      |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?<br>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 |     | X  |
| c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                       |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.                                                                                               |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.                                                                                                                                                            |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                               |     | X  |
| 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                                                                                                                 |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                               |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                           |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                         |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?         | 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                                                                                                                                                                                                           | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> 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) of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                | X   |    |
| 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                                                       |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                        |     | X  |

N/A

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**Part VII-A Statements Regarding Activities** (continued)

|                                                                                                                                                             |                                                                                                                                                                                           |                 |              |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|----|
| 11                                                                                                                                                          | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11              |              | X  |
| 12                                                                                                                                                          | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)  | 12              | X            |    |
| 13                                                                                                                                                          | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                       | 13              | X            |    |
| Website address ► WWW.HOCHIANGFOUNDATION.ORG                                                                                                                |                                                                                                                                                                                           |                 |              |    |
| 14                                                                                                                                                          | The books are in care of ► O'CONNOR DAVIES, LLP                                                                                                                                           | Telephone no. ► | 212 286-2600 |    |
| Located at ► 665 FIFTH AVENUE, NEW YORK, NY                                                                                                                 |                                                                                                                                                                                           | ZIP+4 ►         | 10022-5342   |    |
| 15                                                                                                                                                          | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year       | 15              | N/A          |    |
| 16                                                                                                                                                          | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16              | Yes          | No |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ► |                                                                                                                                                                                           |                 |              | X  |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                                                                 | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| 1a During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?                                                                                                                                                                                                                                                                           |                                                                     |    |
| Organizations relying on a current notice regarding disaster assistance check here ►                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |    |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?                                                                                                                                                                                                                                                                                                        |                                                                     |    |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                 |                                                                     |    |
| a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| If "Yes," list the years ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |    |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)                                                                                                                                                                                      | N/A                                                                 |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014) | N/A                                                                 |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |    |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?                                                                                                                                                                                                                                                              |                                                                     |    |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☒ Yes ☐ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

X

Organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

SEE STATEMENT 13

☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SEE STATEMENT 12     |                                                           | 82,409.                                   | 0.                                                                    | 0.                                    |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| NONE                                                        |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|       | Expenses |
|-------|----------|
| 1 N/A |          |
|       |          |
| 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 on lines 1 and 2.

|                                                          | Amount |
|----------------------------------------------------------|--------|
| 1 N/A                                                    |        |
|                                                          |        |
| 2                                                        |        |
|                                                          |        |
| All other program-related investments. See instructions. |        |
| 3                                                        |        |
|                                                          |        |

Total. Add lines 1 through 3

0.

Form 990-PF (2014)

**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |                                                                                                             |    |             |
|---|-------------------------------------------------------------------------------------------------------------|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |    |             |
| a | Average monthly fair market value of securities                                                             | 1a | 61,969,341. |
| b | Average of monthly cash balances                                                                            | 1b | 6,251,435.  |
| c | Fair market value of all other assets                                                                       | 1c | 2,713.      |
| d | <b>Total</b> (add lines 1a, b, and c)                                                                       | 1d | 68,223,489. |
| e | 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                                                        | 2  | 0.          |
| 3 | Subtract line 2 from line 1d                                                                                | 3  | 68,223,489. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4  | 1,023,352.  |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5  | 67,200,137. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | 6  | 3,360,007.  |

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                           |    |            |
|----|-----------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Minimum investment return from Part X, line 6                                                             | 1  | 3,360,007. |
| 2a | Tax on investment income for 2014 from Part VI, line 5                                                    | 2a | 32,017.    |
| b  | Income tax for 2014. (This does not include the tax from Part VI.)                                        | 2b |            |
| c  | Add lines 2a and 2b                                                                                       | 2c | 32,017.    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | 3  | 3,327,990. |
| 4  | Recoveries of amounts treated as qualifying distributions                                                 | 4  | 371.       |
| 5  | Add lines 3 and 4                                                                                         | 5  | 3,328,361. |
| 6  | Deduction from distributable amount (see instructions)                                                    | 6  | 0.         |
| 7  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 3,328,361. |

**Part XII****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 | 3,285,781. |
| 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 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                 | 4  | 3,285,781. |
| 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  | 32,017.    |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                             | 6  | 3,253,764. |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7                                                                                                                       |               |                            |             | 3,328,361.  |
| 2 Undistributed income, if any, as of the end of 2014                                                                                                                      |               |                            |             |             |
| a Enter amount for 2013 only                                                                                                                                               |               |                            | 3,175,436.  |             |
| b Total for prior years.                                                                                                                                                   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2014:                                                                                                                         |               |                            |             |             |
| a From 2009                                                                                                                                                                |               |                            |             |             |
| b From 2010                                                                                                                                                                |               |                            |             |             |
| c From 2011                                                                                                                                                                |               |                            |             |             |
| d From 2012                                                                                                                                                                |               |                            |             |             |
| e From 2013                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| 4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 3,285,781.                                                                                                 |               |                            |             |             |
| a Applied to 2013, but not more than line 2a                                                                                                                               |               |                            | 3,175,436.  |             |
| 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 2014 distributable amount                                                                                                                                     |               |                            |             | 110,345.    |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2014 (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:                                                                                                                   |               |                            |             |             |
| a 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 2013. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 0.          |             |
| f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015                                                              |               |                            |             | 3,218,016.  |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)       | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7                                                                                                 | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a                                                                                              | 0.            |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| a Excess from 2010                                                                                                                                                         |               |                            |             |             |
| b Excess from 2011                                                                                                                                                         |               |                            |             |             |
| c Excess from 2012                                                                                                                                                         |               |                            |             |             |
| d Excess from 2013                                                                                                                                                         |               |                            |             |             |
| e Excess from 2014                                                                                                                                                         |               |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling

**b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

**b 85% of line 2a**

**c** Qualifying distributions from Part XII,  
line 4 for each year listed

**d** Amounts included in line 2c not used directly for active conduct of exempt activities

**e** Qualifying distributions made directly for active conduct of exempt activities.

Subtract line 2d from line 2c

**3** Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test - enter:  
(1) Value of all assets

**(2) Value of assets qualifying under section 4942(j)(3)(B)(i)**

**b** "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test - enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

**(3) Largest amount of support from an exempt organization**

(4) Gross investment income

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If 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 or e-mail address 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:

THE Y. C HO/HELEN & MICHAEL CHIANG  
FOUNDATION C/O O'CONNOR DAVIES, LLP

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                               | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution           | Amount     |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|------------|
| Name and address (home or business)                                                                     |                                                                                                           |                                |                                            |            |
| a Paid during the year                                                                                  |                                                                                                           |                                |                                            |            |
| AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE CARE<br>8735 WEST HIGGINS ROAD, NO. 300<br>CHICAGO, IL 60631 | N/A                                                                                                       | PC                             | HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP | 45,000.    |
| ANGEL ON A LEASH<br>630 NINTH AVENUE, SUITE 707<br>NEW YORK, NY 10036                                   | N/A                                                                                                       | PC                             | GENERAL SUPPORT                            | 15,000.    |
| BARNARD COLLEGE<br>3009 BROADWAY<br>NEW YORK, NY 10027                                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                            | 100,000.   |
| BELLEVUE HOSPITAL CENTER<br>462 FIRST AVENUE, H1N15<br>NEW YORK, NY 10016                               | N/A                                                                                                       | PC                             | PALLIATIVE CARE CHAPLIN                    | 35,000.    |
| BELLEVUE HOSPITAL CENTER<br>462 FIRST AVENUE, H1N15<br>NEW YORK, NY 10016                               | N/A                                                                                                       | PC                             | PALLIATIVE CARE EDUCATION AND FELLOWSHIP   | 45,000.    |
| Total SEE CONTINUATION SHEET(S)                                                                         |                                                                                                           |                                |                                            | 3,121,750. |
| b Approved for future payment                                                                           |                                                                                                           |                                |                                            |            |
| NONE                                                                                                    |                                                                                                           |                                |                                            |            |
|                                                                                                         |                                                                                                           |                                |                                            |            |
|                                                                                                         |                                                                                                           |                                |                                            |            |
| Total                                                                                                   |                                                                                                           |                                |                                            | 0.         |

**Part XVI-A      Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.               |                         | Unrelated business income |                               | Excluded by section 512, 513, or 514 |  | (e)<br>Related or exempt<br>function income |            |
|---------------------------------------------------------------|-------------------------|---------------------------|-------------------------------|--------------------------------------|--|---------------------------------------------|------------|
|                                                               | (a)<br>Business<br>code | (b)<br>Amount             | (c)<br>Exclu-<br>sion<br>code | (d)<br>Amount                        |  |                                             |            |
| 1 Program service revenue:                                    |                         |                           |                               |                                      |  |                                             |            |
| a _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| b _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| c _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| d _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| e _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| f _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| g Fees and contracts from government agencies                 |                         |                           |                               |                                      |  |                                             |            |
| 2 Membership dues and assessments                             |                         |                           |                               |                                      |  |                                             |            |
| 3 Interest on savings and temporary cash<br>investments       |                         |                           | 14                            | 1,645.                               |  |                                             |            |
| 4 Dividends and interest from securities                      |                         |                           | 14                            | 3,200,159.                           |  |                                             |            |
| 5 Net rental income or (loss) from real estate:               |                         |                           |                               |                                      |  |                                             |            |
| a Debt-financed property                                      |                         |                           |                               |                                      |  |                                             |            |
| b Not debt-financed property                                  |                         |                           |                               |                                      |  |                                             |            |
| 6 Net rental income or (loss) from personal<br>property       |                         |                           |                               |                                      |  |                                             |            |
| 7 Other investment income                                     |                         |                           |                               |                                      |  |                                             |            |
| 8 Gain or (loss) from sales of assets other<br>than inventory |                         |                           |                               |                                      |  |                                             |            |
| 9 Net income or (loss) from special events                    |                         |                           |                               |                                      |  |                                             |            |
| 10 Gross profit or (loss) from sales of inventory             |                         |                           |                               |                                      |  |                                             |            |
| 11 Other revenue:                                             |                         |                           |                               |                                      |  |                                             |            |
| a GRANT REFUND                                                |                         |                           | 01                            | 371.                                 |  |                                             |            |
| b _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| c _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| d _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| e _____                                                       |                         |                           |                               |                                      |  |                                             |            |
| 12 Subtotal. Add columns (b), (d), and (e)                    |                         | 0.                        |                               | 3,202,175.                           |  | 0.                                          |            |
| 13 Total. Add line 12, columns (b), (d), and (e)              |                         |                           |                               |                                      |  |                                             | 3,202,175. |

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]

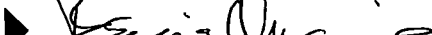
## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |   |                                                                                                                                                                                                                                                                                                                                                                                              | Yes   | No |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                          |       |    |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                           |       |    |
|   | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                     | 1a(1) | X  |
|   | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                             | 1a(2) | X  |
| b | Other transactions:                                                                                                                                                                                                                                                                                                                                                                          |       |    |
|   | (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                   | 1b(1) | X  |
|   | (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                             | 1b(2) | X  |
|   | (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                         | 1b(3) | X  |
|   | (4) Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                               | 1b(4) | X  |
|   | (5) Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                 | 1b(5) | X  |
|   | (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                       | 1b(6) | X  |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | 1c    | X  |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- | b If "Yes," complete the following schedule. |                          |                                 |
|----------------------------------------------|--------------------------|---------------------------------|
| (a) Name of organization                     | (b) Type of organization | (c) Description of relationship |
| N/A                                          |                          |                                 |
|                                              |                          |                                 |
|                                              |                          |                                 |
|                                              |                          |                                 |
|                                              |                          |                                 |

|                               |                                                                                                                                                                                                                                                                                                                        |                      |                    |                                                 |                                                                                                                                                    |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                      |                    |                                                 | May the IRS discuss this return with the preparer shown below (see instr.)?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                               | Signature of officer or trustee<br>                                                                                                                                                                                                 | Date<br>12/3/16      | Title<br>President |                                                 |                                                                                                                                                    |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>THOMAS F. BLANEY,<br>CPA, CFE                                                                                                                                                                                                                                                            | Preparer's signature | Date               | Check <input type="checkbox"/> if self-employed | PTIN<br>P00234022                                                                                                                                  |
|                               | Firm's name ▶ O'CONNOR DAVIES, LLP                                                                                                                                                                                                                                                                                     |                      |                    |                                                 | Firm's EIN ▶ 27-1728945                                                                                                                            |
|                               | Firm's address ▶ 665 FIFTH AVENUE<br>NEW YORK, NY 10022                                                                                                                                                                                                                                                                |                      |                    |                                                 | Phone no. 212-286-2600                                                                                                                             |

THE Y. C HO/HELEN & MICHAEL CHIANG  
FOUNDATION C/O O'CONNOR DAVIES, LLP

05-0613835

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                            | Amount     |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------|------------|
| CALVARY HOSPITAL<br>1740 EASTCHESTER ROAD<br>BRONX, NY 10461                                                      | N/A                                                                                                                | PC                                   | GENERAL AND<br>BEREAVEMENT SUPPORT                                             | 25,000.    |
| CALVARY HOSPITAL<br>1740 EASTCHESTER ROAD<br>BRONX, NY 10461                                                      | N/A                                                                                                                | PC                                   | SUPPORT FOR PALLIATIVE<br>CARE, INCLUDING<br>PALLIATIVE CARE<br>INSTITUTE      | 25,000.    |
| CAMP KOREY<br>28901 NE CARNATION FARM ROAD<br>CARNATION, WA 98014                                                 | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                                | 25,000.    |
| CHILDREN'S HEALTHCARE OF ATLANTA<br>FOUNDATION<br>1577 NORTHEAST EXPRESSWAY, SUITE A<br>ATLANTA, GA 30329         | N/A                                                                                                                | PC                                   | PEDIATRIC HOSPICE AND<br>PALLIATIVE MEDICINE<br>FELLOWSHIP PROGRAM             | 50,000.    |
| CHILDREN'S HOSPITAL CORPORATION<br>300 LONGWOOD AVENUE<br>BOSTON, MA 02115                                        | N/A                                                                                                                | PC                                   | PEDIQUEST CHAMPIONS<br>FOR SPANISH SPEAKING<br>FAMILIES                        | 100,000.   |
| CHILDREN'S HOSPITAL OF PHILADELPHIA<br>FOUNDATION<br>34TH STREET AND CIVIC CENTER BLVD.<br>PHILADELPHIA, PA 19104 | N/A                                                                                                                | PC                                   | PEDIATRIC HOSPICE AND<br>PALLIATIVE MEDICINE<br>FELLOWSHIP TRAINING<br>PROGRAM | 300,000.   |
| COLUMBIA UNIVERSITY MEDICAL CENTER<br>100 HAVEN AVENUE<br>NEW YORK, NY 10032                                      | N/A                                                                                                                | PC                                   | HOSPICE AND PALLIATIVE<br>MEDICINE FELLOWSHIP<br>PROGRAM                       | 50,000.    |
| COMFORT ZONE CAMP, INC.<br>7201 GLEN FOREST DRIVE, SUITE 301<br>RICHMOND, VA 23226                                | N/A                                                                                                                | PC                                   | NEW JERSEY WEEKEND<br>BEREAVEMENT CAMP<br>PROGRAM                              | 30,000.    |
| CONNOR'S HOUSE, INC.<br>758 ROUTE 10<br>RANDOLPH, NJ 07869                                                        | N/A                                                                                                                | PC                                   | FAMILY SUPPORT PROGRAM                                                         | 7,500.     |
| DOUBLE H RANCH<br>97 HIDDEN VALLEY ROAD<br>LAKE LUZERNE, NY 12846                                                 | N/A                                                                                                                | PC                                   | MEDICAL FACILITY -<br>PAUL'S BODY SHOP                                         | 50,000.    |
| Total from continuation sheets                                                                                    |                                                                                                                    |                                      |                                                                                | 2,881,750. |

THE Y. C HO/HELEN & MICHAEL CHIANG  
FOUNDATION C/O O'CONNOR DAVIES, LLP

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                     | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution               | Amount   |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|----------|
| THE DOULA PROGRAM TO ACCOMPANY AND<br>COMFORT<br>55 EXCHANGE PLACE, SUITE 405<br>NEW YORK, NY 10005  | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                   | 30,000.  |
| ELIZABETH SETON PEDIATRIC CENTER<br>300 CORPORATE BOULEVARD SOUTH<br>YONKERS, NY 10701               | N/A                                                                                                                | PC                                   | PALLIATIVE CARE<br>PROGRAM                        | 25,000.  |
| ENGLEWOOD HOSPITAL AND MEDICAL CENTER<br>FOUNDATION, INC.<br>350 ENGLE STREET<br>ENGLEWOOD, NJ 07631 | N/A                                                                                                                | PC                                   | OUTPATIENT PALLIATIVE<br>CARE PROGRAM             | 75,000.  |
| EXPONENT PHILANTHROPY<br>1720 N STREET, NW<br>WASHINGTON, DC 20036                                   | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                   | 4,250.   |
| FIDELITY CHARITABLE GIFT FUND<br>150 EAST 52ND STREET<br>NEW YORK, NY 02109                          | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                   | 100,000. |
| FLAWLESS FOUNDATION<br>PO BOX 5183<br>PORTLAND, OR 97208                                             | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                   | 100,000. |
| FLYING HORSE FARMS<br>5260 STATE ROUTE 95<br>MT. GILEAD, OH 43338                                    | N/A                                                                                                                | PC                                   | GENERAL SUPPORT FOR<br>CAMP PROGRAMS              | 45,000.  |
| THE FOUNDATION CENTER<br>79 FIFTH AVENUE<br>NEW YORK, NY 10003                                       | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                   | 5,000.   |
| THE FUND FOR HHC<br>55 WATER STREET, 26TH FLOOR<br>NEW YORK, NY 10041                                | N/A                                                                                                                | PC                                   | PALLIATIVE CARE<br>EDUCATION FOR HHC<br>PROVIDERS | 20,000.  |
| GLOBAL CHILDREN'S ART PROGRAMME<br>PO BOX 20351, TOMPKINS SQUARE<br>NEW YORK, NY 10009               | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                   | 5,000.   |
| Total from continuation sheets                                                                       |                                                                                                                    |                                      |                                                   |          |

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**3 Grants and Contributions Paid During the Year (Continuation)**

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|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------|----------|
| GOD'S LOVE WE DELIVER<br>166 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10013                                                               | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                                      | 20,000.  |
| HAPPINESS IS CAMPING, INC.<br>2169 GRAND CONCOURSE<br>BRONX, NY 10453                                                                   | N/A                                                                                                                | PC                                   | CAMPERSHIPS FOR 15<br>CAMPERS                                                        | 30,000.  |
| HAROLD P. FREEMAN PATIENT NAVIGATION<br>INSTITUTE<br>55 EXCHANGE PLACE, SUITE 405<br>NEW YORK, NY 10005                                 | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                                      | 20,000.  |
| HOSPICE AND PALLIATIVE CARE<br>ASSOCIATION OF NYS<br>2 COMPUTER DRIVE WEST, SUITE 105<br>ALBANY, NY 12205                               | N/A                                                                                                                | PC                                   | EXPANDING ACCESS TO<br>QUALITY PALLIATIVE &<br>END OF LIFE CARE IN<br>NEW YORK STATE | 30,000.  |
| HOSPICE AND PALLIATIVE CARE OF<br>WESTCHESTER<br>311 NORTH STREET<br>WHITE PLAINS, NY 10605                                             | N/A                                                                                                                | PC                                   | PEDIATRIC PALLIATIVE<br>CARE                                                         | 25,000.  |
| ICAHN SCHOOL OF MEDICINE AT MOUNT<br>SINAI<br>1255 FIFTH AVENUE, SUITE C-2<br>NEW YORK, NY 10029                                        | N/A                                                                                                                | PC                                   | SUPPORT FOR THE CENTER<br>TO ADVANCE PALLIATIVE<br>CARE                              | 200,000. |
| ICAHN SCHOOL OF MEDICINE AT MOUNT<br>SINAI<br>BROOKDALE DEPT. OF GERIATRICS, BOX<br>1070, 1 GUSTAVE L. LEVY PLACE NEW<br>YORK, NY 10029 | N/A                                                                                                                | PC                                   | SUPPORT FOR THE<br>NATIONAL PALLIATIVE<br>CARE RESEARCH CENTER                       | 50,000.  |
| LAWRENCEVILLE SCHOOL<br>PO BOX 6125<br>LAWRENCEVILLE, NJ 08648                                                                          | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                                      | 30,000.  |
| MEMORIAL SLOAN-KETTERING CANCER<br>CENTER<br>633 THIRD AVENUE<br>NEW YORK, NY 10017                                                     | N/A                                                                                                                | PC                                   | NURSING FELLOWSHIP IN<br>PAIN AND PALLIATIVE<br>CARE                                 | 135,000. |
| METROPOLITAN HOSPITAL CENTER/HHC<br>1901 1ST AVENUE<br>NEW YORK, NY 10029                                                               | N/A                                                                                                                | PC                                   | ADVANCED CERTIFICATION<br>IN PALLIATIVE CARE FOR<br>ALLIED STAFF                     | 10,000.  |
| Total from continuation sheets                                                                                                          |                                                                                                                    |                                      |                                                                                      |          |

THE Y. C HO/HELEN & MICHAEL CHIANG  
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**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                              | Amount   |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|----------|
| MJHS INSTITUTE FOR INNOVATION IN<br>PALLIATIVE CARE<br>39 BROADWAY<br>NEW YORK, NY 10006                     | N/A                                                                                                                | PF                                   | INTERPROFESSIONAL<br>HOSPICE AND PALLIATIVE<br>CARE FELLOWSHIP<br>PROGRAM        | 200,000. |
| MOUNT HOLYOKE COLLEGE<br>50 COLLEGE STREET<br>SOUTH HADLEY, MA 01075                                         | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                                  | 30,000.  |
| MOUNT SINAI HEALTH SYSTEM/BETH ISRAEL<br>MEDICAL CENTER<br>FIRST AVENUE AT 16TH STREET<br>NEW YORK, NY 10003 | N/A                                                                                                                | PC                                   | INTERDISCIPLINARY<br>FELLOWSHIP PROGRAM IN<br>HOSPICE AND PALLIATIVE<br>MEDICINE | 100,000. |
| NATIONAL CHILDREN'S CHORUS<br>511 AVENUE OF THE AMERICAS, SUITE 28<br>NEW YORK, NY 10011                     | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                                  | 30,000.  |
| NEW YORK HOSPITAL MEDICAL CENTER OF<br>QUEENS<br>56-45 MAIN STREET<br>QUEENS, NY 11355                       | N/A                                                                                                                | PC                                   | ADVANCE DIRECTIVE -<br>LIVE ACTION SIMULATION<br>TRAINING                        | 30,000.  |
| NEW YORK LEGAL ASSISTANCE GROUP<br>7 HANOVER SQUARE, 18TH FLOOR<br>NEW YORK, NY 10004                        | N/A                                                                                                                | PC                                   | THE LEGALHEALTH<br>PALLIATIVE CARE<br>OUTREACH PROJECT                           | 50,000.  |
| NEW YORK UNIVERSITY SILVER SCHOOL OF<br>SOCIAL WORK<br>1 WASHINGTON SQUARE NORTH<br>NEW YORK, NY 10003       | N/A                                                                                                                | PC                                   | NYU ZELDA FOSTER MSW<br>FELLOWSHIP PROGRAM                                       | 40,000.  |
| NEW YORK WEILL CORNELL MEDICAL CENTER<br>525 EAST 68TH STREET<br>NEW YORK, NY 10021                          | N/A                                                                                                                | PC                                   | SUPPORT FOR THE<br>PALLIATIVE CARE<br>PROGRAM                                    | 50,000.  |
| PET PARTNERS<br>875 124TH AVENUE NE, SUITE 101<br>BELLEVUE, WA 98005                                         | N/A                                                                                                                | PC                                   | THERAPY ANIMAL PROGRAM                                                           | 20,000.  |
| PRESIDENT AND FELLOWS OF HARVARD<br>COLLEGE<br>MASSACHUSETTS HALL<br>CAMBRIDGE, MA 02138                     | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                                  | 250,000. |
| Total from continuation sheets                                                                               |                                                                                                                    |                                      |                                                                                  |          |

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05-0613835

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                     | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                               | Amount   |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|----------|
| PRINCETON DAY SCHOOL<br>PO BOX 75<br>PRINCETON, NJ 08542                             | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                   | 30,000.  |
| PRINCETON UNIVERSITY<br>THE HELM BUILDING, 330 ALEXANDER ROAD<br>PRINCETON, NJ 08544 | N/A                                                                                                                | PC                                   | HUMANITIES SUPPORT                                                | 250,000. |
| RIVERTOWN ARTS COUNCIL, INC.<br>PO BOX 60<br>HASTING-ON-HUDSON, NY 10706             | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                   | 20,000.  |
| THE SHAKESPEARE FORUM<br>307 WEST 43RD STREET<br>NEW YORK, NY 10036                  | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                   | 5,000.   |
| VCU MASSEY CANCER CENTER<br>PO BOX 980037<br>RICHMOND, VA 23298                      | N/A                                                                                                                | PC                                   | PALLIATIVE CARE APRN<br>EXTERNSHIP - CREATING<br>A NATIONAL MODEL | 75,000.  |
| VISITING NURSE SERVICE OF NEW YORK<br>1250 BROADWAY, 7TH FLOOR<br>NEW YORK, NY 10001 | N/A                                                                                                                | PC                                   | PHYSICIAN FELLOWSHIP<br>TRAINING PROGRAM                          | 30,000.  |
| VISITING NURSE SERVICE OF NEW YORK<br>1250 BROADWAY, 7TH FLOOR<br>NEW YORK, NY 10001 | N/A                                                                                                                | PC                                   | HOSPICE & PALLIATIVE<br>CARE VIGIL VOLUNTEERS<br>PROGRAM          | 10,000.  |
| WINDWARD SCHOOL<br>40 WEST RED OAK LANE<br>WHITE PLAINS, NY 10604                    | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                   | 40,000.  |
|                                                                                      |                                                                                                                    |                                      |                                                                   |          |
|                                                                                      |                                                                                                                    |                                      |                                                                   |          |
| Total from continuation sheets                                                       |                                                                                                                    |                                      |                                                                   |          |

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE                  | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| SHORT TERM INTEREST     | 1,645.                      | 1,645.                          |                               |
| TOTAL TO PART I, LINE 3 | 1,645.                      | 1,645.                          |                               |

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE            | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| DIVIDENDS         | 1,354,316.      | 0.                            | 1,354,316.                  | 1,354,316.                        |                               |
| INTEREST          | 1,845,843.      | 0.                            | 1,845,843.                  | 1,845,843.                        |                               |
| TO PART I, LINE 4 | 3,200,159.      | 0.                            | 3,200,159.                  | 3,200,159.                        |                               |

## FORM 990-PF OTHER INCOME STATEMENT 3

| DESCRIPTION                           | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| GRANT REFUND                          | 371.                        | 0.                                |                               |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 371.                        | 0.                                |                               |

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES              | 31,442.                      | 0.                                |                               | 31,442.                       |
| TO FORM 990-PF, PG 1, LN 16B | 31,442.                      | 0.                                |                               | 31,442.                       |

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT

5

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| CONSULTING FEES              | 4,914.                       | 0.                                |                               | 4,914.                        |
| TO FORM 990-PF, PG 1, LN 16C | 4,914.                       | 0.                                |                               | 4,914.                        |

## FORM 990-PF

## TAXES

## STATEMENT

6

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FEDERAL EXCISE TAX          | 40,000.                      | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 40,000.                      | 0.                                |                               | 0.                            |

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT

7

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FILING FEES                 | 1,525.                       | 0.                                |                               | 1,525.                        |
| INSURANCE                   | 1,456.                       | 0.                                |                               | 1,456.                        |
| PAYROLL PROCESSING FEES     | 783.                         | 0.                                |                               | 783.                          |
| MISCELLANEOUS               | 1,469.                       | 0.                                |                               | 1,469.                        |
| DUES AND SUBSCRIPTIONS      | 10,250.                      | 0.                                |                               | 10,250.                       |
| GRANT MANAGEMENT SOFTWARE   | 7,000.                       | 0.                                |                               | 7,000.                        |
| BANK FEES                   | 125.                         | 125.                              |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 23 | 22,608.                      | 125.                              |                               | 22,483.                       |

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|             |                                            |           |   |
|-------------|--------------------------------------------|-----------|---|
| FORM 990-PF | U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS | STATEMENT | 8 |
|-------------|--------------------------------------------|-----------|---|

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| DESCRIPTION                                      | U.S.<br>GOV'T | OTHER<br>GOV'T | BOOK VALUE  | FAIR MARKET<br>VALUE |
|--------------------------------------------------|---------------|----------------|-------------|----------------------|
| FLORIDA ST DEPT ENV                              |               | X              | 1,151,440.  | 1,151,440.           |
| MARYLAND ST TRANSN AT                            |               | X              | 177,109.    | 177,109.             |
| FLORIDA ST DEPT MGMT                             |               | X              | 523,120.    | 523,120.             |
| CONNECTICUT ST BUILD                             |               | X              | 482,340.    | 482,340.             |
| SCAGO PFC GEORGETOWN SC                          |               | X              | 1,033,173.  | 1,033,173.           |
| UNIVERSITY MICH UNIV                             |               | X              | 1,192,250.  | 1,192,250.           |
| MASS ST CLG BLDG AUTH PJ                         |               | X              | 599,615.    | 599,615.             |
| AMARILLO TEX EDC SLS TAX                         |               | X              | 566,270.    | 566,270.             |
| NEW YORK N Y SUSER BUILD                         |               | X              | 1,709,655.  | 1,709,655.           |
| PEMBROKE PINE FL CMMN                            |               | X              | 2,309,860.  | 2,309,860.           |
| FINDLAY OHIO CITY SCH                            |               | X              | 1,300,287.  | 1,300,287.           |
| SOUTH JERSEY TRANSN AUTH                         |               | X              | 1,145,640.  | 1,145,640.           |
| NC TPK AT TRIANGLE EXPWY                         |               | X              | 1,131,690.  | 1,131,690.           |
| BEXAR CNTY TEX HOSP DIST                         |               | X              | 2,287,780.  | 2,287,780.           |
| MET ST LOUIS MO SWR DT                           |               | X              | 558,068.    | 558,068.             |
| ARIZONA BRD REGENTS AZ                           |               | X              | 126,494.    | 126,494.             |
| METROPOLITAN TRANSN AUTH                         |               | X              | 1,204,892.  | 1,204,892.           |
| ANCHORAGE AK ELEC UTIL                           |               | X              | 566,965.    | 566,965.             |
| SOLANO CA CMNTY COLLEGE                          |               | X              | 2,062,355.  | 2,062,355.           |
| POLK CNTY FLA UTIL SYS                           |               | X              | 845,333.    | 845,333.             |
| SOUTH CAROLINA ST PUB                            |               | X              | 1,537,640.  | 1,537,640.           |
| FRANKLIN CO OH CNVNTN                            |               | X              | 2,602,180.  | 2,602,180.           |
| UNIVERSITY OKLA REVS                             |               | X              | 2,232,600.  | 2,232,600.           |
| AMERICAN MUN PWR OHIO                            |               | X              | 639,655.    | 639,655.             |
| PORT AUTH N Y & N J                              |               | X              | 1,089,830.  | 1,089,830.           |
| MUNICIPAL ELEC AUTH GA                           |               | X              | 127,091.    | 127,091.             |
| TOTAL U.S. GOVERNMENT OBLIGATIONS                |               |                |             |                      |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS |               |                | 29,203,332. | 29,203,332.          |
| TOTAL TO FORM 990-PF, PART II, LINE 10A          |               |                | 29,203,332. | 29,203,332.          |

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|             |                 |           |   |
|-------------|-----------------|-----------|---|
| FORM 990-PF | CORPORATE STOCK | STATEMENT | 9 |
|-------------|-----------------|-----------|---|

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| DESCRIPTION                                                   | BOOK VALUE | FAIR MARKET<br>VALUE |
|---------------------------------------------------------------|------------|----------------------|
| 165,000 SH. BARCLAYS BANK PLC AMERICAN DEP SHRS<br>8.125% N/C | 4,313,100. | 4,313,100.           |
| 320,000 SH. HSBC HOLDINGS PLC SUB CAP 8.125%<br>PERP          | 8,432,000. | 8,432,000.           |
| 7,000 SH. APPLE INC                                           | 876,050.   | 876,050.             |
| 20,000 SH. BOEING COMPANY                                     | 2,866,800. | 2,866,800.           |

THE Y. C HO/HELEN &amp; MICHAEL CHIANG FOUND

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|                                         |             |             |
|-----------------------------------------|-------------|-------------|
| 10,000 SH. GENERAL ELECTRIC             | 270,800.    | 270,800.    |
| 45,000 SH. INTL BUSINESS MACHINES       | 7,708,050.  | 7,708,050.  |
| 60,000 SH. MICROSOFT CORP               | 2,918,400.  | 2,918,400.  |
| 30,000 SH. PFIZER INC                   | 1,017,900.  | 1,017,900.  |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 28,403,100. | 28,403,100. |

|             |                 |              |
|-------------|-----------------|--------------|
| FORM 990-PF | CORPORATE BONDS | STATEMENT 10 |
|-------------|-----------------|--------------|

| DESCRIPTION                             | BOOK VALUE | FAIR MARKET VALUE |
|-----------------------------------------|------------|-------------------|
| GENERAL ELEC CAP CORP                   | 5,279,750. | 5,279,750.        |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 5,279,750. | 5,279,750.        |

|             |                                            |              |
|-------------|--------------------------------------------|--------------|
| FORM 990-PF | EXPLANATION CONCERNING PART VII-A, LINE 12 | STATEMENT 11 |
|-------------|--------------------------------------------|--------------|

## EXPLANATION

THE FOUNDATION TREATED ITS DISTRIBUTIONS TO A DONOR ADVISED FUND AT THE FIDELITY CHARITABLE GIFT FUND AS A QUALIFYING DISTRIBUTION BECAUSE THE IRS HAS CLASSIFIED THE GIFT FUND AS A PUBLIC CHARITY. THE ADVISOR TO THE GIFT FUND HAS MADE, AND WILL FROM TIME TO TIME, CONTINUE TO MAKE REQUESTS TO THE 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).

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

| NAME AND ADDRESS                                                                                        | TITLE AND<br>AVRG HRS/WK     | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|---------------------------------------------------------------------------------------------------------|------------------------------|-------------------|------------------------------|--------------------|
| BESSIE CHIANG, MD<br>C/O O'CONNOR DAVIES, 665 FIFTH<br>AVENUE<br>NEW YORK, NY 10022-5342                | PRESIDENT/TREASURER<br>10.00 | 25,000.           | 0.                           | 0.                 |
| MICHAEL CHIANG<br>C/O O'CONNOR DAVIES, 665 FIFTH<br>AVENUE<br>NEW YORK, NY 10022-5342                   | VICE PRESIDENT<br>5.00       | 0.                | 0.                           | 0.                 |
| HELEN CHIANG<br>C/O O'CONNOR DAVIES, 665 FIFTH<br>AVENUE<br>NEW YORK, NY 10022-5342                     | SECRETARY<br>5.00            | 0.                | 0.                           | 0.                 |
| CAROL CHIANG-LI<br>C/O O'CONNOR DAVIES, 665 FIFTH<br>AVENUE<br>NEW YORK, NY 10022-5342                  | ASSISTANT SECRETARY<br>5.00  | 0.                | 0.                           | 0.                 |
| CAROL GALLO (STARTED 01/2015)<br>C/O O'CONNOR DAVIES, 665 FIFTH<br>AVENUE<br>NEW YORK, NY 10022-5342    | EXECUTIVE DIRECTOR<br>24.00  | 35,274.           | 0.                           | 0.                 |
| PATRICIA DIAZ (RESIGNED 06/2014)<br>C/O O'CONNOR DAVIES, 665 FIFTH<br>AVENUE<br>NEW YORK, NY 10022-5342 | EXECUTIVE DIRECTOR<br>25.00  | 22,135.           | 0.                           | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII                                                            |                              | 82,409.           | 0.                           | 0.                 |

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 13

GRANTEE'S NAME

MJHS INSTITUTE FOR INNOVATION IN PALLIATIVE CARE

GRANTEE'S ADDRESS39 BROADWAY  
NEW YORK, NY 10006

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 200,000.            | 04/28/15             | 53,104.                |

PURPOSE OF GRANT

INTERPROFESSIONAL HOSPICE AND PALLIATIVE CARE FELLOWSHIP PROGRAM

DATES OF REPORTS BY GRANTEE

10/30/2015

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A