

Form 990-PF Department of the Treasury Internal Revenue Service EXTENDED TO OCTOBER 15, 2019

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

or calendar year 2017 or tax year beginning DEC	<u> 23, 2017</u>	, and ending	NOV 30, 2018	3
lame of foundation			A Employer identification	n number
CHANG FAMILY CHARITABLE TR	UST		35-7218359)
fumber and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
20 KELLY COURT	6503221111			
city or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
MENLO PARK, CA 94025			4	
Check all that apply: X Initial return	=	ormer public charity	D 1. Foreign organization	s, check here
Final return	Amended return		Foreign organizations m check here and attach co	eeting the 85% test,
Address change Check type of organization: X Section 501(c)(3) experience.	Name change		1	· —
	Other taxable private foundation		E If private foundation sta under section 507(b)(1	
Fair market value of all assets at end of year J Accounting		Accrual	IF If the foundation is in a	
·	ther (specify)		under section 507(b)(1	
\$ 250,501. (Part I, colur	nn (d) must be on cash bası	s.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
necessarily equal the amounts in column (a)	expenses per books	income	ıncome	(cash basis only)
1 Contributions, gifts, grants, etc., received	250,000.		N/A	
2 Check \(\bigsim \bigsim \] if the foundation is not required to attach Sch. B Interest on savings and temporary	F01			(III) A THE COLUMN
3 cash investments	501.		<u> </u>	STATEMENT
4 Dividends and interest from securities	}			
5a Gross rents				
b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10				
Gross galos prica for all				
b assets on line 6a 7 Capital gain net income (from Part IV, line 2)		_ 0.		
8 Net short-term capital gain		7		
9 Income modifications				
Gross sales less returns 10a and allowances				
b Less Cost of goods sold		 	ļ. <u>.</u>	
c Gross profit or (loss)			<u> </u>	
11 Other income	250 501	. 0.	 	
12 Total. Add lines 1 through 11	250,501.	0.		
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	<u> </u>			 - `
15 Pension plans, employee benefits				
3 16a Legal fees				
b Accounting fees RECEIVED				1
0				
17 Interest 8 NOV 0 4 2019	ļ			
c Other professional-fees 17 Interest S NOV 0 4 2019 18 Taxes S NOV 0 4 2019			<u></u>	
21 13 Depiediation altu depiedon				
20 Occupancy OGDEN, UT				·
Travel, contenences, and incentings				 -
22 Printing and publications				
23 Other expenses 24 Total operating and administrative				
expenses Add lines 13 through 23	0.	0.		_ (
25 Contributions, gifts, grants paid	0.			
26 Total expenses and disbursements.		•		
Add lines 24 and 25	0.	0.	ļ	
27 Subtract line 26 from line 12				
2 Excess of revenue over expenses and disbursements	250,501.			
b Net investment income (if negative, enter -0-)		0.	N/A	
C Adjusted net income (if negative, enter -0-)	see instructions		14/14	Form 990-PF (20

250,501

Form 990-PF (2017)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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	2016		
	2015		
_	2014		_
Ξ	2013		
Ξ	2012		
	Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	_
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			_
5	Multiply line 4 by line 3	5	_
6	Enter 1% of net investment income (1% of Part I, line 27b)	6_	_
7	Add lines 5 and 6	7	
8	Enter qualifying distributions from Part XII, line 4	8	

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.

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See the Part VI instructions.

Form 990-PF (2017) CHANG FAMILY CHARITABLE TRUST Part VI Excise Tax Based on Investment Income (Section 49)	T 940(a), 4940(b), 4940(e), or 4	35-721 948 - see i	8359 instruction	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here	nd enter "N/A" on line 1.			<u> </u>
Date of ruling or determination letter; (attach copy of letter if		<u> </u>		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		0.
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).	ll_		
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		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y; others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		0.
6 Credits/Payments				
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0.			1
b Exempt foreign organizations - tax withheld at source	6b 0.]		1
c Tax paid with application for extension of time to file (Form 8868)	6c O.]		
d Backup withholding erroneously withheld	6d O.	ll_		
7 Total credits and payments. Add lines 6a through 6d		7		0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	d >	10		
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded	11		
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local le	gislation or did it participate or intervene	in	Yes	s No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rposes? See the instructions for the defin	ition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any materials published or			ĪĪ
distributed by the foundation in connection with the activities.			ll_	_
c Did the foundation file Form 1120-POL for this year?			1c _	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year.			
(1) On the foundation. > \$ (2) On foundation manage	gers. ▶ \$ 0 .	_	1 1	1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political expe				
managers. ▶ \$ 0 •_				_
2 Has the foundation engaged in any activities that have not previously been reported to the	e IRS?		2	X
If "Yes," attach a detailed description of the activities.				T
3 Has the foundation made any changes, not previously reported to the IRS, in its governil	ng instrument, articles of incorporation, o	r		_
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	<u></u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ar?		5	X
If "Yes," attach the statement required by General Instruction T			1 1	1 1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	d either:			(
By language in the governing instrument, or				
 By state legislation that effectively amends the governing instrument so that no manda 	tory directions that conflict with the state	law		_
remain in the governing instrument?			6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II, col. (c), and Part XV		7 X	
8a Enter the states to which the foundation reports or with which it is registered. See instru	ctions. >			
			1 1	1 1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to th	e Attorney General (or designate)		_	_
of each state as required by General Instruction G? If "No," attach explanation			8b 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 cale	ndar		1_1_1/
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," or	omplete Part XIV		9	<u> x</u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sch	edule listing their names and addresses		10	X
		Fo	orm 990-PF	⁼ (2017)

P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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		Х
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			.
14	The books are in care of ► THE FOUNDATION Telephone no. ► 65032	2111	1	
	Located at ≥ 20 KELLY COURT, MENLO PARK, CA ZIP+4 ≥9			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		
	foreign country			
Pa	art 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.	T	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 /		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?]]		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1	٠,	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			4
	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.)			1
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 N/A	1b		
	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 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		ĺ	<u> </u>
	defined in section 4942(j)(3) or 4942(j)(5))			
8	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No	1 1	l	
	If "Yes," list the years >			l
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	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>	ļ ļ		IJ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		. [
_	during the year?			
Þ	If "Yes," did it have excess business holdings in 2017 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			ĺ
	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 2017.) N/A	3b	-	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4b		I
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	rm 990	DE	

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	- 1	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions			es X No		1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				1 1
the prevention of cruelty to children or animals?			es X No		1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	37/3		-
section 53 4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	+
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			<u> </u>		1 1
expenditure responsibility for the grant?	Ţ	1/A Y	es Li No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			ŀ]	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		es X No		1 1
a personal benefit contract?		Y6	es 🕰 No -	<u></u>	\ <u></u> _
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		 	6b	1
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	 '
Part VIII Information About Officers, Directors, Truste		nagers, Highly	147 21	70	
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account	i, other ances
JASON CHANG	PRESIDENT				
20 KELLY COURT					
MENLO PARK, CA 94025	2.00	_0.	0.	<u> </u>	0.
				ļ	
		<u> </u>	·		
	<u> </u>				
					
	uded as lose 45 there	L INCALE II	L	<u> </u>	
2 Compensation of five highest-paid employees (other than those incl	(b) Title, and average	enter NONE."	(d) Contributions to	(e) Ex	nense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account	t, other
NONE	devoted to position	}	compensation	allowa	ances
NONE					
	_	 	-	 -	
		[[
	 _	 			
		}			
		 -	-		
		 	<u> </u>	_	
		!			
Total number of other employees paid over \$50,000					0
			, Form	990-PF	(2017)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	
(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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the	<u></u>
number of organizations and other beneficiaries served, conferences convened, research papers produced		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 N/A	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** (2017)

Į.	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	272,953.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	272,953.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	272,953.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,094.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	268,859.
6_	Minimum investment return, Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	12,633.
<u>IF</u>	artiXI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	12,633.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,633.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	12,633.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	12,633.
<u></u>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
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	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.		

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	55.75			
line 7				0.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
g retained prior yours.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ N/A				ı
a Applied to 2016, but not more than line 2a			0.	
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 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.	diadi.co i	1 01	CEC FINALIZATION FRANCE OF S. A.
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.	J	J	0.	
f Undistributed income for 2017. Subtract		··		
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of	·			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)		- · · - · ·	-	
8 Excess distributions carryover from 2012	0.	- 4	f combined towards	h
not applied on line 5 or line 7		π μ <u>τ</u>	"gadeoffs with Top to Nilleyors	
9 Excess distributions carryover to 2018.	0.		•	
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				}
d Excess from 2016				1
e Excess from 2017		·		

	AMILY CHARI			35-723	18359 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VI	-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 fo		•	▶		
b Check box to indicate whether the found		g foundation described i		4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
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				1	
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			f	1	
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			1		
listed			-	 	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,]			1	
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)			<u> </u>	ļ	
(3) Largest amount of support from					
an exempt organization					<u></u>
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info			f the foundation I	had \$5,000 or more	in assets
at any time during t	he year-see instru	ictions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ibutions received by the t	foundation before the close	of any tax
year (but only if they have contributed r	nore than \$5,000). (See se	ction 507(d)(2).)			
NONE			- .		
b List any managers of the foundation wh			or an equally large portio	n of the ownership of a part	inership or
other entity) of which the foundation ha	s a 10% or greater interest				
NONE					
2 Information Regarding Contribute	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here 🕨 🗓 if the foundation of	inly makes contributions to	preselected charitable (organizations and does n	ot accept unsolicited reques	its for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organizat	ions under other conditi	ons, complete items 2a, t	o, c, and d.	
a The name, address, and telephone num	per or email address of the	person to whom applica	ations should be address	ed	
·					
b The form in which applications should b	e submitted and informati	on and materials they sh	ould include:		
•••					
c Any submission deadlines:					
•					
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields,	kınds of institutions, or o	ther factors:	

Part XV Supplementary Informat Grants and Contributions Paid During the		Downset	7/7		
Recipient	If recipient is an individual.		<u> </u>	<u>-</u>	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of gran contribution	it or	Amount
a Paid during the year					
NONE					
	15				
		1			
	<u> </u>	 	 		<u> </u>
		 	 -		
Total		T	-	► 3a	
b Approved for future payment			,		
		501/013	SUPPORT		
LDEN STATE WARRIORS COMMUNITY UNDATION	N/A	501(C)3	SUPPORT		
11 BROADWAY					
KLAND, CA 94607		 -			25,0
				}	
				ĺ	
Total		L		► 3b	25,00
				Forn	25,0 n 990-PF (2

Part XVI-A Analysis of Income-Pro	ducing Activitie	s				
Enter gross amounts unless otherwise indicated.	Unrelated b	Unrelated business income		Excluded by section 512, 513, or 514		
Zinor gross amounts amous otherwise multipateu.	(a) Business	(b)	(C) Exclu- sion	(d)		

Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclusion code	(d) Amount	(e) Related or exempt function income
a					
b	•	<u> </u>	-	 	
c			 	 	
de	, ,		t-		
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash	900099	501			
investments 4 Dividends and interest from securities	900099	501.	-		
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					[
property			 		
7 Other investment income	-		 		
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					<u> </u>
b		<u> </u>	├		
c			├─		
de	-		 		
12 Subtotal. Add columns (b), (d), and (e)		501.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13 _	501.
(See worksheet in line 13 instructions to verify calculations.)					_ .
Part XVI-B Relationship of Activities					
Line No Explain below how each activity for which inc the foundation's exempt purposes (other than			contrib	outed importantly to the accon	nplishment of
·					
	- 				
	···				
					
					
					
			_		
			=		
					
					
					

Form 99			FAMILY					35-721		Pa	ige 13
Part	XVII			nsfers to a	ind Trans	sactions a	nd Relations	ships With Nonchar	itable		
4 8		Exempt Organ								Yes	No
		ganization directly or indi n section 501(c)(3) organ		-		-		ection 501(c)		163	140
		from the reporting found:	•		•	-	,		1		
) Cash	, ,	ation to a nonchari	itable exempt of	gamzation of				1a(1)		X
•	•	assets							1a(2)	$\overline{}$	X
•	•	sactions;							1.5		
(1) Sales	of assets to a noncharita	ible exempt organi	zation					1b(1)		X
		nases of assets from a no							1b(2)		Х
(3) Renta	al of facilities, equipment,	or other assets						1b(3)		X
(4) Reim	bursement arrangements							1b(4)		Х
(5) Loan	s or loan guarantees							1b(5)	ļ	X
		rmance of services or me	· ·	=					1b(6)		X
		f facilities, equipment, ma	-		-				10	ـــــا	X
		•		-		• •	-	ir market value of the goods,		iets,	
					ed less than	tair market vai	ue in any transacti	on or sharing arrangement,	snow in		
(a) Line i		(b) Amount involved	, — — —	of noncharitable	e exempt ord	anization	(d) Descrip	tion of transfers, transactions, and	sharing err		ite
(4) =	-	(b) / milatic milatic	(6) 114.115	N/A	o oxompt or g		(0) 2000.5	tori or alloro o, andaditorio, and	Still High		
		·			<u> </u>		- 				
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	+-										
	╌┼╌				-					_	
	+		<u> </u>		.						
	+	·									
											-
2a Is	the four	idation directly or indirect	tly affiliated with, c	r related to, one	or more tax	-exempt organ	nizations described				
		501(c) (other than section	-			. •		[Yes	X	No
b lf"	Yes," co	mplete the following sch	edule.			·					
		(a) Name of org	janization		(b) Type o	f organization		(c) Description of relations	ship		
		N/A									
				· · · · · · · · · · · · · · · · · · ·		· ·- <u>-</u>	 -				
		····			_	·					
		 _			 		 		-		
	Under	penalties of perjury, I declare the	hat I have examined th	us return including	Accompanying	schedules and s	statements and to the	best of my knowledge			
Sign		lief, it is true, correct, and com						r has any knowledge	ay the IRS of turn with the	prepare	ī
Here		JIS0419							wn below X Yes		No
	Sign	ature of officer or trustee			Date	· •	Title		169		,
_		Print/Type preparer's na	me	Preparer's s		-	Date	Check If PTIN			
					M	1	-	self- employed			
Paid		JAMES A. M	ARTIN	LAMES !	A MARY	MIN_	10/14/19		<u>0636</u>		
Prepa Use (Firm's name ► BPM	LLP C					Firm's EIN ► 81-4	2345	42	

Firm's address ► 10 ALMADEN BOULEVARD, SUITE 1000

SAN JOSE, CA 95113-2238

Form 990-PF (2017)

Phone no. 408-961-6300

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization **Employer identification number** CHANG FAMILY CHARITABLE TRUST 35-7218359 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number 35-7218359 CHANG FAMILY CHARITABLE TRUST Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 CS BIO CORPORATION Person Payroll 250,000. Noncash 20 KELLEY COURT (Complete Part II for MENLO PARK, CA 94025 noncash contributions) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person Payroll

Noncash (Complete Part II for noncash contributions)

Employer identification number

CHANG FAMILY CHARITABLE TRUST

35-7218359

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	, (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received `
		\$	
723453 11-01-1	17	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2017)

	•			
Schedule B	(Form 990.	990-EZ.	or 990-PF	(2017

Page 4

Name`of orga	nization	Employer identification number							
CHANG I	FAMILY CHARITABLE TRUST			35-7218359					
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious.	lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or les	ing line entry, For organization	(10) that total more than \$1,000 for					
(a) No.	Use duplicate copies of Part III if additional								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
1.									
—— ·			_						
L.									
		(e) Transfer of gift		<u> </u>					
	Transferee's name, address, and	17IP + 4	Relationship of transferor to transferee						
				More to transcribe					
-									
-									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
-									
—— ·			-	- -					
				······································					
		(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
_									
-									
									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
-									
-									
	(e) Transfer of gift								
_	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee					
-									
] -									
(-)) -									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
-									
-									
-		(e) Transfer of gift	. <u>+,,</u>						
			Deletionable of transferor to transferor						
	Transferee's name, address, and	<u> </u>	Relationship of transferor to transferee						
-									
-									
ı									

FORM 990-PF	INTEREST	ON SA	VINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE				_	(A) REVENUE ER BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK INTEREST					501.		0.	
TOTAL TO PAR	3	_		501.	501. 0.			