


Form 990-EZ  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. ▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i>	2008 Open to Public Inspection
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

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ **Accounting method** ☒ Cash ☐ Accrual
 Other (specify) ▶

I Website: <input type="checkbox"/> N/A		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	\$	112,637
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	100,000
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	12,637
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here 		
	a	Gross revenue (not including \$_____ of contributions reported on line 1)	6a	0
	b	Less direct expenses other than fundraising expenses	6b	0
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe  _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 	9	112,637	

Expenses	10	Grants and similar amounts paid (attach schedule)	.	.	.	.	.	.	.	.	.	.	.	.	.	10	37,163
	11	Benefits paid to or for members . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	11	
	12	Salaries, other compensation, and employee benefits . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	12	
	13	Professional fees and other payments to independent contractors . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	14	
	15	Printing, publications, postage, and shipping . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	15	
	16	Other expenses (describe)														16	50
	17	Total expenses (add lines 10 through 16) . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	17	37,213
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	18	75,424	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	19	452,989	
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	20		
	21	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	21	528,413	

Part II Balance Sheets —If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ			
(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	452,989	22 528,413
23	Land and buildings		23
24	Other assets (describe _____)		24
25	Total assets	452,989	25 528,413
26	Total liabilities (describe _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	452,989	27 528,413

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? First, the organization will focus on education needs of local and oversea schools. It will donate scholarships to students who are financially disadvantaged and it will also search for schools that are short of library books or computer equipments for students, and establish those facilities for them. Secondly, it will contribute to promote different ethnic cultures and religions, their activities and special projects. Thirdly, it will observe worldwide disasters to make necessary help and donations.			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(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 & deferred compensation	(e) Expense account and other allowances
Mary SP Cheng 253 Claudia Court Moraga, CA 94556	CFO & Secretary 0	0		
Joseph KC Cheng 253 Claudia Court Moraga, CA 94556	CEO 0	0		

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No								
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No								
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No								
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T										
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No								
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b									
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No								
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a									
37a											
b	Did the organization file Form 1120-POL for this year?	37b	No								
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	No								
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b									
39	501(c)(7) organizations. Enter										
a	Initiation fees and capital contributions included on line 9	39a	0								
b	Gross receipts, included on line 9, for public use of club facilities	39b	0								
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____										
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	No								
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____										
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____										
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No								
41	List the states with which a copy of this return is filed ▶ _____										
42a	The books are in care of ▶ Mary SP Cheng Telephone no ▶ (510) 834-0988 253 Claudia Court Moraga CA Located at ▶ Arcadia, CA ZIP + 4 ▶ 94556										
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>42b</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	42b		No			
	Yes	No									
42b		No									
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No								
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43									
43											
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>44</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	44		No			
	Yes	No									
44		No									
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>45</td><td></td><td>No</td></tr></table>		Yes	No	45		No			
	Yes	No									
45		No									

Part VI

Section 501(c)(3) organizations only.

All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

<div>46</div>	<div>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I</div>	Yes	No
		46	No
		47	No
		48	No
		49a	No
<div>49a</div>	<div>Did the organization make any transfers to an exempt non-charitable related organization?</div>	49b	No
		<div>b If "Yes," was the related organization(s) a section 527 organization?</div>	
<div>50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization If there are none, enter "None "</div>			

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

<div>51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there are none, enter "None "</div>		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors receiving over \$100,000

<div>Please Sign Here</div>	<div>Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than owner) is based on information provided by the taxpayer.</div>	
	<div>Signature of officer</div>	
	<div>Joseph Cheng President</div>	
<div>Paid Preparer's Use Only</div>	<div>Preparer's signature</div>	<div>Date</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div>	
	<div>City of Industry, CA 917481735</div>	

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Chengs Foundation	Employer identification number 43-1989063
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		100,000	100,000	100,000	100,000	400,000
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add line 1-3		100,000	100,000	100,000	100,000	400,000
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						0
6 Public Support subtract line 5 from line 4						400,000

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4		4,514	100,000	100,000	100,000	400,000
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,372	4,514	12,483	15,888	12,637	48,894
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total Support (Add lines 7 through 10)						448,894
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	89.110 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	92.020 %

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

☒
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

☐
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

☐
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 43-1989063
Name: Chengs Foundation

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Cheng's Foundation made necessary donation for health concern and research (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		28a	1,105
29 Cheng's Foundation made necessary donation for natural environment protection (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		29a	335
30 Cheng's Foundation made necessary donation to Social & Mental Wellness (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>		30a	
Cheng's Foundation made necessary donation for animal awarness (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>			400
Cheng's Foundation made necessary donation to promote Christian Church ministries (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>			300
Cheng's Foundation made necessary donations for worldwide disasters and community services (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>			5,733
Cheng's Foundation donated scholarships to students who are financially disadvantaged (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>			29,290

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** Chengs Foundation**EIN:** 43-1989063**Software ID:** 08000091**Software Version:** 2008v2.7

Item No.	1
Class of Activity	General Donation
Donee's Name	World Wildlife Fund
Donee's Address	1250 24th St NW PO Box 96555 Washington, DC 20077
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	General Donation
Donee's Name	Tzu-Chi Foundation
Donee's Address	2901 Irving Street San Francisco, CA 94122
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	General Donation
Donee's Name	Sea Turtle Restoration Project
Donee's Address	PO Box 370 Forest Knolls, CA 94933
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	General Donation
Donee's Name	Marne Toys for Tots Foundation
Donee's Address	PO Box 227 Quantico, VA 22134
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	General Donation
Donee's Name	John Muir Health Foudation
Donee's Address	1400 Treat Blvd Walnut Creek, CA 94597
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	General Donation
Donee's Name	Guiding Eyes For teh Blind Inc
Donee's Address	PO Box 709 Yorktown Heights, NY 10598
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	General Donation
Donee's Name	Family & Childrens Trust Fund
Donee's Address	PO Box 631 Martinez, CA 94553
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	General Donation
Donee's Name	East Oakland Youth Development Center
Donee's Address	8200 International Blvd Oakland, CA 94621
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	General Donation
Donee's Name	Diabetes Research & Wellness
Donee's Address	PO Box 96070 Washington, DC 20077
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	General Donation
Donee's Name	Christian Appalachian Project
Donee's Address	PO Box 55911 Lexington, KY 40555
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	General Donation
Donee's Name	Childrens Hospital and Reseach
Donee's Address	PO Box 2054 Oakland, CA 94604
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	General Donation
Donee's Name	Bread for the World
Donee's Address	PO Box 96416 Washington, DC 20090
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	General Donation
Donee's Name	Bay Area Rescue Mission
Donee's Address	2114 McDonald Ave Richmond, CA 94801
Amount (FMV)	53
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	General Donation
Donee's Name	Asian Health Servcies
Donee's Address	818 Webster Street Oakland, CA 94607
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	General Donation
Donee's Name	Animal Rescue Foudation
Donee's Address	PO Box 30215 Walnut Creek, CA 94598
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	General Donation
Donee's Name	Ambassadors for Christ Inc
Donee's Address	21 Ambassador Drive Paradise, PA 17562
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	General Donation
Donee's Name	TURTLE ISALND RESTORATION NETWORK
Donee's Address	PO BOX 370 FOREST KNOLLS, CA 94933
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	General Donation
Donee's Name	SMILE TRAIN
Donee's Address	PO BOX 96231 WASHINGTON, DC 20090
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	General Donation
Donee's Name	SHIN SHIN EDUCATIONAL FOUNDATION
Donee's Address	1601 BAYSHORE HWY SUITE 160 BURLINGAME, CA 94010
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	General Donation
Donee's Name	SHELTER INC OF CCC
Donee's Address	1815 ARNOLD DRIVE MARTINEZ, CA 94553
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	General Donation
Donee's Name	PROJECT HOPE
Donee's Address	PO BOX 96340 WASHINGTON, DC 20090
Amount (FMV)	75
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	General Donation
Donee's Name	PEACH FOUNDATION
Donee's Address	1098 MARLIN AVE FOSTER CITY, CA 94404
Amount (FMV)	3,750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	General Donation
Donee's Name	NATURAL AUDUBON SOCIETY
Donee's Address	PO BOX 52504 BOULDER, CO 80321
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	General Donation
Donee's Name	MEMORIAL SLOAN-KETTERING CANCER
Donee's Address	PO BOX 7247-0253 PHILADELPHIA, PA 19170
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	General Donation
Donee's Name	LEUKEMIA & LYMPHOMA SOCIETY
Donee's Address	4604 ROSEVILLE RD SUITE 100 NORTH HIGHLANDS, CA 95660
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	General Donation
Donee's Name	GOLDEN GATE PARKS CONSERVANCY
Donee's Address	201 FORT MASON SAN FRANCISCO, CA 94123
Amount (FMV)	35
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	General Donation
Donee's Name	FAMILY BRIDGES INC
Donee's Address	168 11TH ST OAKLAND, CA 94607
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	General Donation
Donee's Name	E-MIN
Donee's Address	PO BOX 220 WARRIOR, AL 35180
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	General Donation
Donee's Name	CA ACADEMY OF SCIENCE
Donee's Address	55 Music Concourse DR San Francisco, CA 94118
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	General Donation
Donee's Name	BOYS TOWN
Donee's Address	PO BOX 5000 BOYS TOWN, NE 68010
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	General Donation
Donee's Name	ARTHRITIS FOUNDATION
Donee's Address	PO BOX 640366 SAN FRANCISCO, CA 94164
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	General donation
Donee's Name	CHINESE CHRISTIAN MISSION
Donee's Address	POBOX 750759 PETALUMA, CA 94975
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	General donation
Donee's Name	LIVING WATER ASIAN OURREACH
Donee's Address	POBOX 1308 FREMONT, CA 94538
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	To provide scholarship
Donee's Name	THE SOAR FOUNDATION
Donee's Address	32980 ALVARADO NILES RD 854 UNION CITY, CA 94587
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	General donation
Donee's Name	SHEPHERD GATE
Donee's Address	1600 PORTOLA AVE LIVERMORE, CA 94551
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	General donation
Donee's Name	AMERICAN CANCER SOCIETY
Donee's Address	294 CLAUDIA CT MORAGA, CA 94556
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	General donation
Donee's Name	THE YOSMEITE FUND
Donee's Address	POBOX 60000 SAN FRANCISCO, CA 94160
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	General donation
Donee's Name	CULTURE TO CULTURE FOUNDATION
Donee's Address	3200A DANVILLE BLVD 101 ALAMO, CA 94507
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	General donation
Donee's Name	ALHZHEIMERS ASSOCIATION
Donee's Address	PO Box 309 MOUNTAIN VIEW, CA 94042
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	General donation
Donee's Name	MEALS ON WHEELS OF CONTRA COST
Donee's Address	POBOX 3195 MARTINEZ, CA 94553
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	General donation
Donee's Name	United Way of the Bay Area
Donee's Address	221 Main St 300 San Francisco, CA 94105
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	General donation
Donee's Name	Unicef
Donee's Address	PO Box 27780 Newark, NJ 07101
Amount (FMV)	450
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	General donation
Donee's Name	The Parkisons Institute
Donee's Address	1170 Morse Ave Sunnyvale, CA 94089
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	General donation
Donee's Name	The Humane Society of US
Donee's Address	PO Box 52137 PHOENIX, AZ 85072
Amount (FMV)	30
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	General donation
Donee's Name	Save the children
Donee's Address	52 Wilton Rd Westport, CT 06880
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	General donation
Donee's Name	Paralyzed Veteran
Donee's Address	7 Mill Brook Rd Wilton, NH 03086
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	47
Class of Activity	General donation
Donee's Name	National Parks Conservation
Donee's Address	PO Box 97202 Washington, DC 20077
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	48
Class of Activity	General donation
Donee's Name	National Federation of the Bli
Donee's Address	1800 Johnson St Baltimore, MD 21230
Amount (FMV)	130
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	49
Class of Activity	General donation
Donee's Name	KQED
Donee's Address	2601 Marioposa St San Francisco, CA 94110
Amount (FMV)	40
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	50
Class of Activity	General donation
Donee's Name	Habitat for Humanity
Donee's Address	PO Box 1729 Americus, GA 31709
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	51
Class of Activity	Educational support
Donee's Name	Friends of the Moraga Libraray
Donee's Address	PO Box 192 Moraga, CA 94556
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	52
Class of Activity	General donation
Donee's Name	Doctor without Borders USA
Donee's Address	333 Seventh Ave 2nd Floor New York, NY 10001
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	53
Class of Activity	General donation
Donee's Name	CARE
Donee's Address	PO Box 1870 Merrifield, VA 22116
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	54
Class of Activity	General donation
Donee's Name	International Childrens Fund
Donee's Address	POBox 97191 Washington, DC 20077
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	55
Class of Activity	Religious Offering
Donee's Name	Torrance Chinese Church
Donee's Address	700 Maple Ave Torrance, CA 90503
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	56
Class of Activity	General donation
Donee's Name	The Salvation Army
Donee's Address	PO Box 3706 Walnut Creek, CA 94598
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	57
Class of Activity	General Donation
Donee's Name	UCSF Foundation
Donee's Address	44 Montgomery St 2200 San Francisco, CA 94143
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	58
Class of Activity	General donation
Donee's Name	Food Bank of Contra Costa
Donee's Address	PO Box 271966 Concord, CA 94257
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	59
Class of Activity	General donation
Donee's Name	Alta Bates Summit Foundation
Donee's Address	2450 Ashby Ave Berkeley, CA 94705
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	60
Class of Activity	General donation
Donee's Name	World Vision
Donee's Address	PO Box 70195 Tacoma, WA 98481
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	61
Class of Activity	To provide scholarship
Donee's Name	San Francisco State Univ Foun
Donee's Address	1600 Holloway Ave San Francisco, CA 94132
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	62
Class of Activity	General Donation
Donee's Name	American Red Cross
Donee's Address	PO Box 60000 San Francisco, CA 94160
Amount (FMV)	1,200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Expenses Schedule

Name: Chengs Foundation

EIN: 43-1989063

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
Licenses and Permit	50