

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
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 of donor advised funds 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.

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

OMB No. 1545-1150

2008**Open to Public Inspection****A For the 2008 calendar year, or tax year beginning****07/01, 2008, and ending****06/30, 20 09****B Check if applicable:**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**CHENG HEALTH FOUNDATION INC**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

PO Box 240577

City or town, state or country, and ZIP + 4

Honolulu, HI 96824-0577**D Employer identification number****26 0273040****E Telephone number****(808) 377-8520****F Group Exemption Number**

▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶**I Website:** ▶ <http://chenghealth.org>**H Check** ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J Organization type** (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 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** ▶ \$ **5,833****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| | | | | |
|------------|-----------|--|-----------|----------------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 5,213 |
| | 2 | Program service revenue including government fees and contracts | 2 | 0 |
| | 3 | Membership dues and assessments | 3 | 0 |
| | 4 | Investment income | 4 | 620 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | 0 |
| | 5b | Less: cost or other basis and sales expenses | 5b | 0 |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | 0 |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ 0 of contributions reported on line 1) | 6a | 0 |
| | 6b | Less: direct expenses other than fundraising expenses | 6b | 0 |
| Expenses | 6c | 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 | 0 |
| | 7b | Less: cost of goods sold | 7b | 0 |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 |
| | 8 | Other revenue (describe ▶) | 8 | 0 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶ | 9 | 5,833 |
| | 10 | Grants and similar amounts paid (attach schedule) See Statement 2 | 10 | 5,087 |
| | 11 | Benefits paid to or for members | 11 | 0 |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 0 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 781 |
| Net Assets | 14 | Occupancy, rent, utilities, and maintenance | 14 | 227 |
| | 15 | Printing, publications, postage, and shipping | 15 | 197 |
| | 16 | Other expenses (describe ▶ See Statement 3) | 16 | 9,974 |
| | 17 | Total expenses. Add lines 10 through 16. ▶ | 17 | 16,266 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -10,433 |
| | 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 | 66,293 |
| | 20 | Other changes in net assets or fund balances (attach explanation) See Statement 4 | 20 | 85 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20. ▶ | 21 | 55,945 |
| | | | | |
| | | | | |

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 | 63,265 | 52,848 |
| 23 Land and buildings | 0 | 0 |
| 24 Other assets (describe ▶ See Statement 5) | 3,028 | 3,097 |
| 25 Total assets | 66,293 | 55,945 |
| 26 Total liabilities (describe ▶) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 66,293 | 55,945 |

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

What is the organization's primary exempt purpose? The Mission of the Cheng Health Foundation is to enhance (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

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 Statement 6

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30 _____

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a) ▶

32

11,178

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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 | | ✓ |
| 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 | | ✓ |
| 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 section 6033(e) notice, reporting, and proxy tax requirements? | | ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | |
| b | Did the organization file Form 1120-POL for this year? | | ✓ |
| 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? | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 ▶ 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities ▶ 39b | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| 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 | | ✓ |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | | ✓ |
| 41 | List the states with which a copy of this return is filed. ▶ HI | | |
| 42a | The books are in care of ▶ Timothy J Roe MD MBA Telephone no. ▶ (808) 377-8520 Located at ▶ PO Box 240577, Honolulu, HI 96824-0577 ZIP + 4 ▶ 96824-0577 | | |
| 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)? | Yes | No |
| | 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 . | | |
| 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: ▶ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 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 | | ✓ |

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.

- | | Yes | No |
|--|------------|-------------------------------------|
| 46 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 | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| 49b If "Yes," was the related organization(s) a section 527 organization? | 49b | |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (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 ► | | | | |

- 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 is none, enter "None."

| (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 each receiving over \$100,000 . . . ► | | |

Sign Here 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____
Timothy Roe, Executive Director
 Type or print name and title.

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's Identifying Number (See instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____
 Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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.

2008

Open to Public Inspection

Name of the organization

CHENG HEALTH FOUNDATION INC

Employer identification number

26 | 0273040

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
 - ☐ 4 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 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - ☒ 7 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 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - ☐ 9 An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
 - ☐ 11 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.

☐ a Type I

☐ b Type II

☐ c Type III—Functionally integrated

☐ d Type III—Other
 - ☐ e 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|----------|----|
| (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 supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
 - ☐ h Provide the following information about the organizations the organization supports.

[illegible]

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

Section A. 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.") | | | | 2,989 | 5,213 | 8,202 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | | | 0 |
| 4 Total. Add lines 1-3 | 0 | 0 | 0 | 2,989 | 5,213 | 8,202 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 8,202 |

Section B. 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 | 0 | 0 | 0 | 2,989 | 5,213 | 8,202 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 894 | 620 | 1,514 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | | | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 9,716 |
| 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 section 501(c)(3) organization, check this box and stop here | | | | | | <input checked="" type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33⅓% support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33⅓% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. 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 from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. 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 33⅓ % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓ % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

Statement 1 : Reasonable Cause Explanations
Statement 2 : Grants and Similar Amounts Paid
Statement 3 : Other Expenses Schedule
Statement 4 : Other Changes In Net Assets Schedule
Statement 5 : Other Assets
Statement 6 : Program Service Accomplishments
Statement 7 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1
Form: 990-EZ
Page: 1
Line Number:

CHENG HEALTH FOUNDATION INC
26-0273040

Reasonable Cause Explanations

Explanation

Technical difficulties with EFile

Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 10

CHENG HEALTH FOUNDATION INC**26-0273040****Grants and Similar Amounts Paid**

| | | BookValue | FMV Amount |
|---|---|------------------|-------------------|
| Type of Activity: | Scientific: Medical Disciplines & Occupations Programs | | \$5,087 |
| Donee's name and address: | China Rehabilitation Research Center No10 North Road Fengtai District Beijing, Beijing 100068 China | | |
| Purpose of payment to affiliate: | | | |
| Relationship: | | | |
| Description: | | | |
| How Book Value Determined: | | | |
| How FMV Determined: | | | |
| Date of Gift: | | | |
| Total: | | \$0 | \$5,087 |

Statement 3

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

CHENG HEALTH FOUNDATION INC**26-0273040****Other Expenses Schedule**

| Description | Amount |
|---------------------|----------------|
| Travel Expenses | \$9,912 |
| Bank Fees & Charges | \$62 |
| Total: | \$9,974 |

Statement 4

Form: 990-EZ

Page: 1

Line Number: Part I Line 20

CHENG HEALTH FOUNDATION INC**26-0273040****Other Changes In Net Assets Schedule**

| Description | Amount |
|-------------------------------|-------------|
| Unrealized Gain - Investments | \$85 |
| Total: | \$85 |

Statement 5

Form: 990-EZ

Page: 1

Line Number: Part II Line 24

CHENG HEALTH FOUNDATION INC**26-0273040****Other Assets**

| Description | BOY | EOY |
|------------------------------|----------------|----------------|
| | Amount | Amount |
| Computer Software - Donated | \$2,989 | \$2,989 |
| Charles Schwab Cash Reserves | \$39 | \$108 |
| Total: | \$3,028 | \$3,097 |

Statement 6

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

CHENG HEALTH FOUNDATION INC**26-0273040****Program Service Accomplishments**

| Achievement | Grants And Allocations | includes Foreign Grants | Program Service Expenses |
|---|-------------------------------|--------------------------------|---------------------------------|
| <p>Diseases, Disorders & Medical Disciplines, General: The mission of the Cheng Health Foundation is to enhance the health of people living in the US and other countries through education, international cooperation, and direct assistance. Our focus is to foster development through cooperation in the life sciences. In 2008 the Foundation successfully brought together the Rehabilitation Hospital of the Pacific, the Rehabilitation Hospital of the Pacific Foundation (both in Honolulu, HI) and the China Rehabilitation Research Center (CRRC) (Beijing, PR China) to initiate the International Distinguished Scholars Program. This program is a multiyear educational exchange program involving the exchange of physicians and other professionals in the discipline of Medical Rehabilitation between China and the USA for the purpose of medical education. In the week of April 12-18, 2009 the first program was held in Honolulu featuring two physicians from Beijing. These physicians provided a series of lectures on Medical Rehabilitation in China, and toured several healthcare facilities. Funding for this program was provided by the Rehabilitation Hospital of the Pacific Foundation, the Lin and Ella Wong Foundation, and the Cheng Health Foundation. Additional logistical support for the program was provided by Rehabilitation Hospital of the Pacific and the Queens Medical Center of Honolulu. This activity accounted for 70 percent of our program activities including travel. In accordance with our cooperation agreement, the Foundation made a payment of \$5087 to the CRRC to compensate for certain expenses incurred by their physician representatives. The CRRC is chartered by the Chinese government as a scientific, educational and charitable organization and has provided the Foundation with a completed "Affidavit of Non-US Grantee". In addition to our grant and program service expenses, the Foundation received donated services from our medical professionals valued at \$31961. (6 Organizations).</p> | \$5,087 | Yes | \$7,825 |
| <p>Medical Disciplines & Occupations Programs: In FY 2007 the Cheng Health Foundation negotiated and signed a partnership agreement with the China Rehabilitation Research Center (CRRC) (Beijing PR China) to establish the Foundation's Healthcare Development Program. This program is intended to improve the quality of and increase access to medical rehabilitation for disabled persons in China. A key components consists of developing education and training programs for medical professionals in the field of Physical Medicine and Rehabilitation (physicians, physical therapists, occupational therapists etc.). Following a series of meetings in Beijing and Honolulu, representatives from the Foundation, China Rehabilitation Research Center, Capital Medical College (Beijing, PR China) and the University of Hawaii John A Burns School of Medicine (Honolulu, HI) met in Honolulu in April 2009 to discuss the establishment of a formal cooperation relationship between the parties. It was agreed that such a relationship would be desirable for all parties and further efforts toward this end are planned for the coming year. This activity accounted for 40% of our program activities including travel. In addition to our program service expenses, the Foundation received donated services from our medical professionals valued at \$13698. (4 Healthcare Organizations).</p> | \$0 | | \$3,353 |
| Total: | | | \$11,178 |

Statement 7

Form: 990-EZ

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Line Number: Part IV

CHENG HEALTH FOUNDATION INC**26-0273040****Officers, Directors, Trustees and Key Employees Compensation**

| Name and address | Title and Hours | Compensation | Benefits | Expense |
|--|-------------------------|---------------------|-----------------|----------------|
| Mihae Yu MD PO Box 240577 Honolulu, HI 96824-0577 | Board Member 1 | \$0 | | |
| Jon Shiraki MBA PO Box 240577 Honolulu, HI 96824-0577 | Board Member 1 | \$0 | | |
| Timothy J Roe MD MBA PO Box 240577 Honolulu, HI 96824-0577 | Exec Director/CEO 15 | \$0 | | |
| Meng Yu Cheng Roe MD PO Box 240577 Honolulu, HI 96824-0577 | President 5 | \$0 | | |
| Total: | | \$0 | \$0 | \$0 |