

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                        |                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>EAST WEST BANK FOUNDATION                                                                                                                                                                                                                                                            |                                                                                                                                                                                                        | <b>A Employer identification number</b><br>46-1648827                                                                                                                                               |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>135 N LOS ROBLES AVENUE 7TH FLOOR                                                                                                                                                                                     | Room/suite                                                                                                                                                                                             | <b>B Telephone number</b> (see instructions)<br><br>(302) 793-3277                                                                                                                                  |
| City or town, state or province, country, and ZIP or foreign postal code<br>PASADENA, CA 91101                                                                                                                                                                                                             |                                                                                                                                                                                                        | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>                                                                                                                   |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                                                                        | <b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                   |                                                                                                                                                                                                        | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>                                                                          |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ <u>21,531,325</u>                                                                                                                                                                                            | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>                                                                       |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small> |                                                                                                             | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                                            | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)                                     | 610,888                            |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>3</b> Interest on savings and temporary cash investments . . . . .                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>4</b> Dividends and interest from securities . . . . .                                                   | 486,535                            | 486,535                   |                         |                                                             |
|                                                                                                                                                                                    | <b>5a</b> Gross rents . . . . .                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>b</b> Net rental income or (loss) _____                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____                                       | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>b</b> Gross sales price for all assets on line 6a _____<br>3,108,421                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>7</b> Capital gain net income (from Part IV, line 2) . . . . .                                           |                                    | 277,918                   |                         |                                                             |
|                                                                                                                                                                                    | <b>8</b> Net short-term capital gain . . . . .                                                              |                                    |                           | 0                       |                                                             |
|                                                                                                                                                                                    | <b>9</b> Income modifications . . . . .                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>10a</b> Gross sales less returns and allowances _____                                                    |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                              | <b>b</b> Less: Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>c</b> Gross profit or (loss) (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>11</b> Other income (attach schedule) . . . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>12 Total.</b> Add lines 1 through 11 . . . . .                                                           | 1,097,423                          | 764,453                   |                         |                                                             |
|                                                                                                                                                                                    | <b>13</b> Compensation of officers, directors, trustees, etc. _____                                         | 0                                  |                           |                         | 0                                                           |
|                                                                                                                                                                                    | <b>14</b> Other employee salaries and wages . . . . .                                                       |                                    | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                                    | <b>15</b> Pension plans, employee benefits . . . . .                                                        |                                    | 0                         | 0                       |                                                             |
|                                                                                                                                                                                    | <b>16a</b> Legal fees (attach schedule) . . . . .                                                           |                                    |                           |                         | 0                                                           |
|                                                                                                                                                                                    | <b>b</b> Accounting fees (attach schedule) . . . . .                                                        | 5,931                              | 0                         | 0                       | 5,931                                                       |
|                                                                                                                                                                                    | <b>c</b> Other professional fees (attach schedule) . . . . .                                                | 134,638                            | 62,172                    |                         | 72,465                                                      |
|                                                                                                                                                                                    | <b>17</b> Interest . . . . .                                                                                |                                    |                           |                         | 0                                                           |
|                                                                                                                                                                                    | <b>18</b> Taxes (attach schedule) (see instructions) . . . . .                                              | 6,304                              |                           |                         | 0                                                           |
|                                                                                                                                                                                    | <b>19</b> Depreciation (attach schedule) and depletion . . . . .                                            | 0                                  | 0                         |                         |                                                             |
|                                                                                                                                                                                    | <b>20</b> Occupancy . . . . .                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>21</b> Travel, conferences, and meetings . . . . .                                                       |                                    | 0                         | 0                       |                                                             |
|                                                                                                                                                                                    | <b>22</b> Printing and publications . . . . .                                                               |                                    | 0                         | 0                       |                                                             |
|                                                                                                                                                                                    | <b>23</b> Other expenses (attach schedule) . . . . .                                                        | 160                                |                           |                         | 160                                                         |
|                                                                                                                                                                                    | <b>24 Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . .                 | 147,033                            | 62,172                    | 0                       | 78,556                                                      |
|                                                                                                                                                                                    | <b>25</b> Contributions, gifts, grants paid . . . . .                                                       | 1,647,998                          |                           |                         | 1,862,529                                                   |
|                                                                                                                                                                                    | <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 _____                                       | 1,795,031                          | 62,172                    | 0                       | 1,941,085                                                   |
|                                                                                                                                                                                    | <b>27</b> Subtract line 26 from line 12:                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>a Excess of revenue over expenses and disbursements</b>                                                  | -697,608                           |                           |                         |                                                             |
|                                                                                                                                                                                    | <b>b Net investment income</b> (if negative, enter -0-)                                                     |                                    | 702,281                   |                         |                                                             |
|                                                                                                                                                                                    | <b>c Adjusted net income</b> (if negative, enter -0-)                                                       |                                    |                           | 0                       |                                                             |

| Part II                     |                                                                                                      | Balance Sheets                                                                                                                    | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year | End of year    |                       |
|-----------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |                                                                                                      |                                                                                                                                   |                                                                                                                      | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1                                                                                                    | Cash—non-interest-bearing . . . . .                                                                                               |                                                                                                                      |                   |                |                       |
|                             | 2                                                                                                    | Savings and temporary cash investments . . . . .                                                                                  | 711,373                                                                                                              | 422,439           | 422,439        |                       |
|                             | 3                                                                                                    | Accounts receivable ▶ _____                                                                                                       |                                                                                                                      |                   |                |                       |
|                             |                                                                                                      | Less: allowance for doubtful accounts ▶ _____                                                                                     |                                                                                                                      | 0                 | 0              |                       |
|                             | 4                                                                                                    | Pledges receivable ▶ _____                                                                                                        |                                                                                                                      |                   |                |                       |
|                             |                                                                                                      | Less: allowance for doubtful accounts ▶ _____                                                                                     |                                                                                                                      |                   |                |                       |
|                             | 5                                                                                                    | Grants receivable . . . . .                                                                                                       |                                                                                                                      |                   |                |                       |
|                             | 6                                                                                                    | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                                                                                                                      |                   |                |                       |
|                             | 7                                                                                                    | Other notes and loans receivable (attach schedule) ▶ _____                                                                        |                                                                                                                      |                   |                |                       |
|                             |                                                                                                      | Less: allowance for doubtful accounts ▶ _____ 0                                                                                   |                                                                                                                      |                   |                |                       |
|                             | 8                                                                                                    | Inventories for sale or use . . . . .                                                                                             |                                                                                                                      |                   |                |                       |
|                             | 9                                                                                                    | Prepaid expenses and deferred charges . . . . .                                                                                   | 1,323                                                                                                                | 5,919             | 5,919          |                       |
|                             | 10a                                                                                                  | Investments—U.S. and state government obligations (attach schedule)                                                               |                                                                                                                      |                   |                |                       |
|                             | b                                                                                                    | Investments—corporate stock (attach schedule) . . . . .                                                                           | 10,016,619                                                                                                           | 10,192,915        | 10,192,915     |                       |
|                             | c                                                                                                    | Investments—corporate bonds (attach schedule) . . . . .                                                                           | 9,174,349                                                                                                            | 10,068,034        | 10,068,034     |                       |
|                             | 11                                                                                                   | Investments—land, buildings, and equipment: basis ▶ _____                                                                         |                                                                                                                      |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule) ▶ _____                                             |                                                                                                                                   |                                                                                                                      |                   |                |                       |
| 12                          | Investments—mortgage loans . . . . .                                                                 |                                                                                                                                   |                                                                                                                      |                   |                |                       |
| 13                          | Investments—other (attach schedule) . . . . .                                                        | 800,934                                                                                                                           | 842,018                                                                                                              | 842,018           |                |                       |
| 14                          | Land, buildings, and equipment: basis ▶ _____                                                        |                                                                                                                                   |                                                                                                                      |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule) ▶ _____                                             |                                                                                                                                   |                                                                                                                      |                   |                |                       |
| 15                          | Other assets (describe ▶ _____)                                                                      |                                                                                                                                   |                                                                                                                      |                   |                |                       |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)   | 20,704,598                                                                                                                        | 21,531,325                                                                                                           | 21,531,325        |                |                       |
| Liabilities                 | 17                                                                                                   | Accounts payable and accrued expenses . . . . .                                                                                   | 5,750                                                                                                                |                   |                |                       |
|                             | 18                                                                                                   | Grants payable . . . . .                                                                                                          |                                                                                                                      |                   |                |                       |
|                             | 19                                                                                                   | Deferred revenue. . . . .                                                                                                         |                                                                                                                      |                   |                |                       |
|                             | 20                                                                                                   | Loans from officers, directors, trustees, and other disqualified persons                                                          |                                                                                                                      |                   |                |                       |
|                             | 21                                                                                                   | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                                                                                                                      |                   |                |                       |
|                             | 22                                                                                                   | Other liabilities (describe ▶ _____)                                                                                              |                                                                                                                      |                   |                |                       |
|                             | 23                                                                                                   | <b>Total liabilities</b> (add lines 17 through 22). . . . .                                                                       | 5,750                                                                                                                | 0                 |                |                       |
| Net Assets or Fund Balances | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/>                   |                                                                                                                                   |                                                                                                                      |                   |                |                       |
|                             | <b>and complete lines 24, 25, 29 and 30.</b>                                                         |                                                                                                                                   |                                                                                                                      |                   |                |                       |
|                             | 24                                                                                                   | Net assets without donor restrictions . . . . .                                                                                   |                                                                                                                      |                   |                |                       |
|                             | 25                                                                                                   | Net assets with donor restrictions . . . . .                                                                                      |                                                                                                                      |                   |                |                       |
|                             | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> |                                                                                                                                   |                                                                                                                      |                   |                |                       |
|                             | <b>and complete lines 26 through 30.</b>                                                             |                                                                                                                                   |                                                                                                                      |                   |                |                       |
|                             | 26                                                                                                   | Capital stock, trust principal, or current funds . . . . .                                                                        | 20,698,848                                                                                                           | 21,531,325        |                |                       |
|                             | 27                                                                                                   | Paid-in or capital surplus, or land, bldg., and equipment fund                                                                    |                                                                                                                      |                   |                |                       |
|                             | 28                                                                                                   | Retained earnings, accumulated income, endowment, or other funds                                                                  |                                                                                                                      |                   |                |                       |
| 29                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                | 20,698,848                                                                                                                        | 21,531,325                                                                                                           |                   |                |                       |
| 30                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                           | 20,704,598                                                                                                                        | 21,531,325                                                                                                           |                   |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                                    |              |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                                                           | Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 20,698,848 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 -697,608   |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 1,530,085  |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 21,531,325 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 0          |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29.                                                               | 6 21,531,325 |

Part IV

Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1 a 1. GOLDMAN SACHS & CO                                                                                                          |                                                 | 2019-01-01                              | 2020-12-31                          |
| b 1. GOLDMAN SACHS & CO                                                                                                            |                                                 | 2020-01-01                              | 2020-12-31                          |
| c 1. GOLDMAN SACHS & CO                                                                                                            |                                                 | 2019-01-01                              | 2020-12-31                          |
| d 1. GOLDMAN SACHS & CO                                                                                                            |                                                 | 2020-01-01                              | 2020-12-31                          |
| e CAPITAL GAIN DIVIDENDS                                                                                                           | P                                               |                                         |                                     |
| CAPITAL GAIN DIVIDENDS                                                                                                             | P                                               |                                         |                                     |
| CAPITAL GAIN DIVIDENDS                                                                                                             | P                                               |                                         |                                     |
| CAPITAL GAIN DIVIDENDS                                                                                                             | P                                               |                                         |                                     |

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| a 822,879                |                                               | 798,877                                            | 24,002                                          |
| b 1,089,803              |                                               | 1,070,379                                          | 19,424                                          |
| c 997,987                |                                               | 786,033                                            | 211,954                                         |
| d 186,690                |                                               | 175,214                                            | 11,476                                          |
| e                        |                                               |                                                    | 11,062                                          |
|                          |                                               |                                                    | 11,062                                          |
|                          |                                               |                                                    | 11,062                                          |
|                          |                                               |                                                    | 11,062                                          |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (i)<br>F.M.V. as of 12/31/69                                                                | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |
| a                                                                                           |                                         |                                                    | 24,002                                                                                            |
| b                                                                                           |                                         |                                                    | 19,424                                                                                            |
| c                                                                                           |                                         |                                                    | 211,954                                                                                           |
| d                                                                                           |                                         |                                                    | 11,476                                                                                            |
| e                                                                                           |                                         |                                                    |                                                                                                   |
|                                                                                             |                                         |                                                    |                                                                                                   |
|                                                                                             |                                         |                                                    |                                                                                                   |
|                                                                                             |                                         |                                                    |                                                                                                   |

|                                                                                                                                                                                                    |                                                                                     |   |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|---------|
| Capital gain net income or (net capital loss)                                                                                                                                                      | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2 | 277,918 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 | {                                                                                   | 3 |         |

Part V

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

| 1 Reserved      |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|
| (a)<br>Reserved | (b)<br>Reserved | (c)<br>Reserved | (d)<br>Reserved |
|                 |                 |                 |                 |
|                 |                 |                 |                 |
|                 |                 |                 |                 |
| 2 Reserved      |                 |                 | 2               |
| 3 Reserved.     |                 |                 | 3               |
| 4 Reserved      |                 |                 | 4               |
| 5 Reserved      |                 |                 | 5               |
| 6 Reserved      |                 |                 | 6               |
| 7 Reserved      |                 |                 | 7               |
| 8 Reserved ,    |                 |                 | 8               |

Part VII

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

|    |                                                                                                                                                                                                                                     |    |        |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |    |        |
| b  | Reserved                                                                                                                                                                                                                            | 1  | 9,762  |
| c  | All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                          |    |        |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | 2  | 0      |
| 3  | Add lines 1 and 2.                                                                                                                                                                                                                  | 3  | 9,762  |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | 4  | 0      |
| 5  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.                                                                                                                                     | 5  | 9,762  |
| 6  | Credits/Payments:                                                                                                                                                                                                                   |    |        |
| a  | 2020 estimated tax payments and 2019 overpayment credited to 2020                                                                                                                                                                   | 6a | 9,923  |
| b  | Exempt foreign organizations—tax withheld at source                                                                                                                                                                                 | 6b |        |
| c  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                 | 6c | 3,800  |
| d  | Backup withholding erroneously withheld                                                                                                                                                                                             | 6d |        |
| 7  | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                 | 7  | 13,723 |
| 8  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.                                                                                                           | 8  | 0      |
| 9  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>                                                                                                                                         | 9  |        |
| 10 | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .                                                                                                                           | 10 | 3,961  |
| 11 | Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <b>Refunded</b>                                                                                                                                            | 11 | 0      |

Part VII-A

Statements Regarding Activities

|    |                                                                                                                                                                                                                                                                                                                                                 |    |     |    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                            |    | Yes | No |
| 1a |                                                                                                                                                                                                                                                                                                                                                 |    |     | No |
| b  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> |    |     | No |
| 1b |                                                                                                                                                                                                                                                                                                                                                 |    |     | No |
| c  | Did the foundation file <b>Form 1120-POL</b> for this year?.                                                                                                                                                                                                                                                                                    |    |     | No |
| 1c |                                                                                                                                                                                                                                                                                                                                                 |    |     | No |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____                                                                                                                    |    |     |    |
| e  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____                                                                                                                                                                         |    |     |    |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                            | 2  |     | No |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>                                                                                                               | 3  |     | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?.                                                                                                                                                                                                                                                    | 4a |     | No |
| 4b | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?.                                                                                                                                                                                                                                                                        | 4b |     |    |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                      | 5  |     | No |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument,<br>or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions<br>that conflict with the state law remain in the governing instrument?.       | 6  | Yes |    |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>                                                                                                                                                                                                       | 7  | Yes |    |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="checkbox"/> CA                                                                                                                                                                                                               |    |     |    |
| 8b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>                                                                                                                              | 8b | Yes |    |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV.<br><i>If "Yes," complete Part XIV</i>                                                                               | 9  |     | No |
| 10 | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>                                                                                                                                                                                                      | 10 |     | No |

Part VII-A

Statements Regarding Activities (continued)

|    |                                                                                                                                                                                                                                                                                                                                 |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .                                                                                                                                 | 11 |     | No |
| 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 |     | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ _____                                                                                                                                                                                     | 13 | Yes |    |
| 14 | The books are in care of ▶ <u>GOLDMAN SACHS TRUST COMPANY OF DELAWARE</u> Telephone no. ▶ <u>(302) 793-3277</u><br>Located at ▶ <u>200 BELLEVUE PARKWAY SUITE 250 WILMINGTON DE</u> ZIP+4 ▶ <u>198093747</u>                                                                                                                    |    |     |    |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶<br>and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                              | 15 |     |    |
| 16 | At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign | 16 | Yes | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |     |    |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Yes | No |
| 1a                                                                                      | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |     |    |
|                                                                                         | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                               |    |     |    |
|                                                                                         | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                             |    |     |    |
|                                                                                         | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                           |    |     |    |
|                                                                                         | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                 |    |     |    |
|                                                                                         | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                              |    |     |    |
|                                                                                         | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                    |    |     |    |
| b                                                                                       | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . .<br>Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                            | 1b |     |    |
| 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 2020? . . . . .                                                                                                                                                                                                                                                                                                        | 1c |     | No |
| 2                                                                                       | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                           |    |     |    |
| a                                                                                       | At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                             |    |     |    |
| b                                                                                       | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                          | 2b |     |    |
| c                                                                                       | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br>▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                              |    |     |    |
| 3a                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |    |     |    |
| b                                                                                       | If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . . | 3b |     |    |
| 4a                                                                                      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                          | 4a |     | No |
| b                                                                                       | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?                                                                                                                                                                                                                                                                        | 4b |     | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

b

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

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

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

☐ Yes ☐ No

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

6a

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

☐ Yes ☒ No

b

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

☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

7a

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

☐ Yes ☒ No

b

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

☐ Yes ☒ No

8

Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?

☐ Yes ☒ No

Yes

No

Part VIII

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

1

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

| (a) Name and address                                                                   | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| Emily Wang Thru Sept 2020<br>135 N Los Robles Avenue 7th Floor<br>Pasadena, CA 91101   | President & Director<br>0                                 | 0                                         |                                                                       |                                       |
| Douglas Krause<br>135 N Los Robles Avenue 7th Floor<br>Pasadena, CA 91101              | Secretary & Director<br>0                                 | 0                                         |                                                                       |                                       |
| Gary Teo<br>135 N Los Robles Avenue 7th Floor<br>Pasadena, CA 91101                    | Director<br>0                                             | 0                                         |                                                                       |                                       |
| Sharon Cheung<br>135 N Los Robles Avenue 7th Floor<br>Pasadena, CA 91101               | CFO<br>1                                                  | 0                                         |                                                                       |                                       |
| Dominic Ng<br>135 N Los Robles Avenue 7th Floor<br>Pasadena, CA 91101                  | Director<br>0                                             | 0                                         |                                                                       |                                       |
| Travis Kiyota Beg Sept 2020<br>135 N Los Robles Avenue 7th Floor<br>Pasadena, CA 91101 | President & Director<br>0                                 | 0                                         |                                                                       |                                       |

2

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

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

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

0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

|                                                                                                                  |                     |                  |
|------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". |                     |                  |
| (a) Name and address of each person paid more than \$50,000                                                      | (b) Type of service | (c) Compensation |
| NONE                                                                                                             |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |

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

0

Part IX-A

Summary of Direct Charitable Activities

|                                                                                                                                                                                                                                                        |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| 2                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| 3                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| 4                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |

Part IX-B

Summary of Program-Related Investments (see instructions)

|                                                                                                                   |        |
|-------------------------------------------------------------------------------------------------------------------|--------|
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1                                                                                                                 |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| 2                                                                                                                 |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| 3                                                                                                                 |        |
|                                                                                                                   |        |
|                                                                                                                   |        |

Total. Add lines 1 through 3 . . . . .

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

|          |                                                                                                                    |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |            |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 19,437,123 |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 659,259    |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 0          |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 20,096,382 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> | 0          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                               | <b>2</b>  | 0          |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 20,096,382 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 301,446    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 19,794,936 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 989,747    |

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

|           |                                                                                                                  |           |           |
|-----------|------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                           | <b>1</b>  | 989,747   |
| <b>2a</b> | Tax on investment income for 2020 from Part VI, line 5. . . . .                                                  | <b>2a</b> | 9,762     |
| <b>b</b>  | Income tax for 2020. (This does not include the tax from Part VI.)                                               | <b>2b</b> |           |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                     | <b>2c</b> | 9,762     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                   | <b>3</b>  | 979,985   |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                               | <b>4</b>  | 351,831   |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                       | <b>5</b>  | 1,331,816 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                  | <b>6</b>  | 0         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . | <b>7</b>  | 1,331,816 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 1,941,085 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  | 0         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |           |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> | 0         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> | 0         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 1,941,085 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 1,941,085 |

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

Part XIII

Undistributed Income (see instructions)

|                                                                                                                                                                               | (a)<br>Corpus | (b)<br>Years prior to 2019 | (c)<br>2019 | (d)<br>2020 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2020 from Part XI, line 7                                                                                                                          |               |                            |             | 1,331,816   |
| 2 Undistributed income, if any, as of the end of 2020:                                                                                                                        |               |                            |             |             |
| a Enter amount for 2019 only. . . . .                                                                                                                                         |               |                            | 0           |             |
| b Total for prior years: 20____, 20____, 20____                                                                                                                               |               | 0                          |             |             |
| 3 Excess distributions carryover, if any, to 2020:                                                                                                                            |               |                            |             |             |
| a From 2015. . . . .                                                                                                                                                          | 989,427       |                            |             |             |
| b From 2016. . . . .                                                                                                                                                          | 435,547       |                            |             |             |
| c From 2017. . . . .                                                                                                                                                          | 0             |                            |             |             |
| d From 2018. . . . .                                                                                                                                                          | 311,554       |                            |             |             |
| e From 2019. . . . .                                                                                                                                                          | 387,509       |                            |             |             |
| f Total of lines 3a through e. . . . .                                                                                                                                        | 2,124,037     |                            |             |             |
| 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 1,941,085                                                                                                     |               |                            |             |             |
| a Applied to 2019, 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 2020 distributable amount                                                                                                                                        |               |                            |             | 1,331,816   |
| e Remaining amount distributed out of corpus                                                                                                                                  | 609,269       |                            |             |             |
| 5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)                                          | 0             |                            |             | 0           |
| 6 Enter the net total of each column as indicated below:                                                                                                                      |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                           | 2,733,306     |                            |             |             |
| 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                      |               |                            | 0           |             |
| f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020                                                                 |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . . | 0             |                            |             |             |
| 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)                                                                                 | 989,427       |                            |             |             |
| 9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a                                                                                                 | 1,743,879     |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                        |               |                            |             |             |
| a Excess from 2016                                                                                                                                                            | 435,547       |                            |             |             |
| b Excess from 2017                                                                                                                                                            | 0             |                            |             |             |
| c Excess from 2018. . . . .                                                                                                                                                   | 311,554       |                            |             |             |
| d Excess from 2019                                                                                                                                                            | 387,509       |                            |             |             |
| e Excess from 2020                                                                                                                                                            | 609,269       |                            |             |             |



Part XV

Supplementary Information (continued)

3

Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                           | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
| Name and address (home or business)                                                                                 |                                                                                                           |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>                                                                                |                                                                                                           |                                |                                  |        |
| Neighborhood Housing Services of New York City Inc<br>307 W 36TH ST 12TH FL<br>New York, NY 10018                   | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 6,000  |
| Avenue Community Development Corporation<br>2505 WASHINGTON AVE<br>Houston, TX 77007                                | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 5,000  |
| Neighborhood housing services of Southern Nevada inc<br>1849 CIVIC CENTER DR<br>North Las Vegas, NV 89030           | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 5,000  |
| Friends in Deed<br>PO BOX 41125<br>Pasadena, CA 91114                                                               | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 2,500  |
| United Way of Greater Los Angeles<br>1150 S OLIVE STREET T500<br>Los Angeles, CA 90015                              | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 25,029 |
| The Colburn School<br>200 SOUTH GRAND AVENUE<br>Los Angeles, CA 90012                                               | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 35,000 |
| Camp Unity Eastside<br>PO BOX 342<br>Redmond, WA 98073                                                              | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 3,500  |
| Center For The Pacific Asian Family (CPAF)<br>3424 WILSHIRE BLVD SUITE 1000<br>Los Angeles, CA 90010                | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 5,000  |
| Chinatown Community Children's Center<br>979 CLAY STREET<br>San Francisco, CA 94108                                 | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 2,000  |
| Chinatown Community Development Center<br>1525 GRANT AVENUE<br>San Francisco, CA 94133                              | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 5,000  |
| Chinese Information and Service Center<br>611 S LANE ST<br>Seattle, WA 98104                                        | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 2,000  |
| Community Family Centers<br>7524 AVENUE E<br>Houston, TX 77012                                                      | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 1,000  |
| Community Youth Center of San Francisco<br>1038 POST ST<br>San Francisco, CA 94109                                  | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 1,500  |
| Denise Louie Education Center<br>1930 6TH AVE S SUITE 401<br>Seattle, WA 98134                                      | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 2,000  |
| Downtown Flushing Transit HUB District Management Association<br>135-20 39TH AVENUE 6TH FLOOR<br>Flushing, NY 11354 | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 3,000  |
| El Centro de la Raza<br>2524 16TH AVENUE SOUTH<br>Seattle, WA 98144                                                 | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 3,000  |
| Greater Boston Chinese Golden Age Center<br>9 TYLER STREET<br>Boston, MA 02111                                      | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 1,000  |
| Greater Dallas Korean School<br>2019 VALLEY VIEW LANE FARMERS BRAN<br>Dallas, TX 75234                              | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 2,000  |
| Hua Xia Chinese School<br>5925 SOVEREIGN DR STE 115<br>Houston, TX 77036                                            | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 4,000  |
| Humanity Forward Foundation<br>PO BOX 15320<br>Washington DC, WA 20003                                              | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 10,000 |
| International Black Women's Public Policy Institute<br>1225 REGENCY CENTER DR SW<br>Atlanta, GA 30331               | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 2,500  |
| Junior Achievement of San Diego<br>4756 MISSION GORGE PLACE<br>San Diego, CA 92120                                  | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 1,000  |
| Kin On Health Care Center<br>4416 S BRANDON ST                                                                      | NONE                                                                                                      | P C                            | PROGRAM SUPPORT                  | 1,000  |

|                                                                                                                   |      |     |                 |           |
|-------------------------------------------------------------------------------------------------------------------|------|-----|-----------------|-----------|
| Seattle, WA 98118                                                                                                 |      |     |                 |           |
| LifeSTEPS (JB Brown Fund)<br>3200 DOUGLAS BLVD SUITE 200<br>Roseville, CA 95661                                   | NONE | P C | PROGRAM SUPPORT | 2,500     |
| Mayor's Fund LA<br>FILE 2345 1801 W OLYMPIC BLVD<br>Pasadena, CA 911992345                                        | NONE | P C | PROGRAM SUPPORT | 100,000   |
| Mercy Housing<br>2512 RIVER PLAZA DR SUITE 200<br>Sacramento, CA 95833                                            | NONE | P C | PROGRAM SUPPORT | 1,000     |
| Metropolitan Area Advisory Committee<br>on<br>Anti-Poverty (MAAC)<br>1355 THIRD AVE<br>Chula Vista, CA 91911      | NONE | P C | PROGRAM SUPPORT | 5,000     |
| My Sister's House<br>3053 FREEPORT BLVD 120<br>Sacramento, CA 95818                                               | NONE | P C | PROGRAM SUPPORT | 1,500     |
| Norbertine Association of St Joseph<br>17831 WATER CANYON RD<br>Tehachapi, CA 93561                               | NONE | P C | PROGRAM SUPPORT | 4,000     |
| Pacific Clinics<br>800 S SANTA ANITA AVENUE<br>Arcadia, CA 91106                                                  | NONE | P C | PROGRAM SUPPORT | 15,000    |
| Pasadena Community Foundation<br>300 EAST COLORADO BLVD SUITE<br>810<br>Pasadena, CA 91101                        | NONE | P C | PROGRAM SUPPORT | 5,000     |
| Quincy Institute for Responsible<br>Statecraft<br>2000 PENNSLYVANIA AVE NW 7000<br>Washington DC, WA 20006        | NONE | P C | PROGRAM SUPPORT | 50,000    |
| Raised by a Village<br>2880 W VALLEY BLVD<br>Alhambra, CA 91803                                                   | NONE | P C | PROGRAM SUPPORT | 500       |
| San Gabriel Valley Habitat for Humanity<br>400 S IRWINDALE AVE<br>Azusa, CA 91702                                 | NONE | P C | PROGRAM SUPPORT | 5,000     |
| San Jose Chamber of Commerce<br>Community<br>Benefit Foundation<br>101 W SANTA CLARA STREET<br>San Jose, CA 95113 | NONE | P C | PROGRAM SUPPORT | 5,000     |
| Self-Help for the Elderly<br>731 SANSOME STREET SUITE 100<br>San Francisco, CA 94111                              | NONE | P C | PROGRAM SUPPORT | 1,000     |
| Sociedad Latina Inc<br>1530 TREMONT STREET<br>Roxbury, MA 02120                                                   | NONE | P C | PROGRAM SUPPORT | 1,000     |
| St Joseph Center<br>204 HAMPTON DR<br>Venice, CA 90291                                                            | NONE | P C | PROGRAM SUPPORT | 2,000     |
| Strong Women Strong Girls<br>555 AMORY ST 3R-3<br>Jamaica Plain, MA 02130                                         | NONE | P C | PROGRAM SUPPORT | 1,000     |
| Stronger Families<br>PO BOX 40584<br>Bellevue, WA 98015                                                           | NONE | P C | PROGRAM SUPPORT | 5,000     |
| The Academy Foundation<br>8949 WILSHIRE BLVD<br>Beverly Hills, CA 90211                                           | NONE | P C | PROGRAM SUPPORT | 125,000   |
| The Rape Foundation<br>1223 WILSHIRE BLVD NO 410<br>Santa Monica, CA 90403                                        | NONE | P C | PROGRAM SUPPORT | 2,500     |
| UC San Diego Foundation<br>9500 GILMAN DRIVE 0940<br>La Jolla, CA 92093                                           | NONE | P C | PROGRAM SUPPORT | 25,000    |
| United Way Bay Area - Pandemic Relief<br>Fund<br>550 KEARNY ST 1000<br>San Francisco, CA 94108                    | NONE | P C | PROGRAM SUPPORT | 40,000    |
| United Way Greater Los Angeles -<br>Pandemic Relief Fund<br>1150 S OLIVE ST SUITE T500<br>Los Angeles, CA 90015   | NONE | P C | PROGRAM SUPPORT | 120,000   |
| United Way of New York City - Pandemic<br>Relief Fund<br>205 E 42ND ST 12TH FL<br>New York, NY 10017              | NONE | P C | PROGRAM SUPPORT | 40,000    |
| Villa Esperanza Services<br>2116 E VILLA STREET<br>Pasadena, CA 91107                                             | NONE | P C | PROGRAM SUPPORT | 3,500     |
| Voto Latino - Immigrant Neighbor Fund<br>1300 L STREET NW SUITE 975<br>Washington DC, WA 20005                    | NONE | P C | PROGRAM SUPPORT | 1,000,000 |
| Wallis Annenberg Center for the<br>Performing Arts                                                                | NONE | P C | PROGRAM SUPPORT | 5,000     |

|                                                                                                        |      |    |                 |           |
|--------------------------------------------------------------------------------------------------------|------|----|-----------------|-----------|
| 9390 N SANTA MONICA BLVD<br>Beverly Hills,CA 90210                                                     |      |    |                 |           |
| WISE & Healthy Aging<br>1527 4TH STREET<br>Santa Monica,CA 90401                                       | NONE | PC | PROGRAM SUPPORT | 5,000     |
| Women of Clayton County<br>PO BOX 1411<br>Jonesboro,GA 30237                                           | NONE | PC | PROGRAM SUPPORT | 1,500     |
| YWCA BankWorks<br>1118 FIFTH AVENUE<br>Seattle,WA 98101                                                | NONE | PC | PROGRAM SUPPORT | 5,000     |
| YWCA Cambridge<br>7 TEMPLE ST<br>Cambridge,MA 02139                                                    | NONE | PC | PROGRAM SUPPORT | 1,000     |
| APIs Mobilize<br>777 SOUTH FIGUEROA ST 34TH<br>FLOOR<br>Los Angeles,CA 90017                           | NONE | PC | PROGRAM SUPPORT | 10,000    |
| Asia Society Southern California<br>633 WEST 5TH STREET SUITE 3230<br>Los Angeles,CA 90071             | NONE | PC | PROGRAM SUPPORT | 5,000     |
| Asian Art Museum<br>200 LARKIN ST<br>San Francisco,CA 94102                                            | NONE | PC | PROGRAM SUPPORT | 125,000   |
| Asian Community Development<br>Corporation<br>38 OAK STREET<br>Boston,MA 02111                         | NONE | PC | PROGRAM SUPPORT | 3,000     |
| Asian Health Services<br>101 8TH STREET SUITE 100<br>Oakland,CA 94607                                  | NONE | PC | PROGRAM SUPPORT | 5,000     |
| Asian Youth Center (AYC)<br>100 WEST CLARY AVE<br>San Gabriel,CA 91776                                 | NONE | PC | PROGRAM SUPPORT | 5,000     |
| BakerRipley<br>PO BOX 271389<br>Houston,TX 77277                                                       | NONE | PC | PROGRAM SUPPORT | 1,500     |
| BeChinatown San Francisco Community<br>Business Resources<br>683 CLAY STREET<br>San Francisco,CA 94111 | NONE | PC | PROGRAM SUPPORT | 500       |
| Boys & Girls Clubs of Sacramento<br>5212 LEMON HILL AVE<br>Sacramento,CA 95824                         | NONE | PC | PROGRAM SUPPORT | 1,500     |
| Total . . . . .                                                                                        |      |    | ▶ 3a            | 1,862,529 |
| b Approved for future payment                                                                          |      |    |                 |           |
| Total . . . . .                                                                                        |      |    | ▶ 3b            |           |

| Enter gross amounts unless otherwise indicated.                                |  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See<br>instructions.) |
|--------------------------------------------------------------------------------|--|---------------------------|---------------|--------------------------------------|---------------|-----------------------------------------------------------------------|
|                                                                                |  | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                       |
| <b>1</b> Program service revenue:                                              |  |                           |               |                                      |               |                                                                       |
| <b>a</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>b</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>c</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>d</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>e</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>f</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>g</b> Fees and contracts from government agencies                           |  |                           |               |                                      |               |                                                                       |
| <b>2</b> Membership dues and assessments. . . . .                              |  |                           |               |                                      |               |                                                                       |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .       |  |                           |               |                                      |               |                                                                       |
| <b>4</b> Dividends and interest from securities<br>. . . . .                   |  |                           |               | 14                                   | 486,535       |                                                                       |
| <b>5</b> Net rental income or (loss) from real estate:                         |  |                           |               |                                      |               |                                                                       |
| <b>a</b> Debt-financed property. . . . .                                       |  |                           |               |                                      |               |                                                                       |
| <b>b</b> Not debt-financed property. . . . .                                   |  |                           |               |                                      |               |                                                                       |
| <b>6</b> Net rental income or (loss) from personal<br>property                 |  |                           |               |                                      |               |                                                                       |
| <b>7</b> Other investment income. . . . .                                      |  |                           |               |                                      |               |                                                                       |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . . |  |                           |               |                                      | 0             |                                                                       |
| <b>9</b> Net income or (loss) from special events:                             |  |                           |               |                                      |               |                                                                       |
| <b>10</b> Gross profit or (loss) from sales of inventory                       |  |                           |               |                                      |               |                                                                       |
| <b>11</b> Other revenue: <b>a</b> _____                                        |  |                           |               |                                      |               |                                                                       |
| <b>b</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>c</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>d</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>e</b> _____                                                                 |  |                           |               |                                      |               |                                                                       |
| <b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .                     |  |                           |               |                                      | 486,535       |                                                                       |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .               |  |                           |               | <b>13</b>                            | 486,535       | 486,535                                                               |

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

[illegible]

## Part XVII

| Yes | No |
|-----|----|
|-----|----|

|  |  |
|--|--|
|  |  |
|--|--|

|              |  |           |
|--------------|--|-----------|
| <b>1a(1)</b> |  | <b>No</b> |
|--------------|--|-----------|

|       |  |    |
|-------|--|----|
| 1a(2) |  | No |
|-------|--|----|

|  |  |
|--|--|
|  |  |
|--|--|

|              |  |           |
|--------------|--|-----------|
| <b>1b(1)</b> |  | <b>No</b> |
|--------------|--|-----------|

|       |  |    |
|-------|--|----|
| 1b(2) |  | No |
|-------|--|----|

|       |  |    |
|-------|--|----|
| 1b(3) |  | No |
|-------|--|----|

|       |  |    |
|-------|--|----|
| 1b(4) |  | No |
|-------|--|----|

|              |  |           |
|--------------|--|-----------|
| <b>1b(5)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(6)</b> |  | <b>No</b> |
|--------------|--|-----------|

|    |  |    |
|----|--|----|
| 1c |  | No |
|----|--|----|

[illegible]

☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

2021-11-11

May the IRS discuss this return with the preparer shown below  
(see instr.) ☒ Yes ☐ No

|                               |                                                                             |                      |                        |                                                 |                             |
|-------------------------------|-----------------------------------------------------------------------------|----------------------|------------------------|-------------------------------------------------|-----------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><br>KELLY NEUGEBAUER                          | Preparer's Signature | Date<br><br>2021-11-11 | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P01285591       |
|                               | Firm's name ▶ DELOITTE TAX LLP                                              |                      |                        |                                                 | Firm's EIN ▶ 86-106577      |
|                               | Firm's address ▶ 180 EAST BROAD ST 14TH FLOOR<br><br>COLUMBUS, OH 432153611 |                      |                        |                                                 | Phone no.<br>(614) 221-1000 |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990PF - Special Condition Description:**

**Special Condition Description**

|                                                                                                              |                                                                                                                                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | OMB No. 1545-0047                                   |
|                                                                                                              |                                                                                                                                                                                     | <b>2020</b>                                         |
| Name of the organization<br>EAST WEST BANK FOUNDATION                                                        |                                                                                                                                                                                     | <b>Employer identification number</b><br>46-1648827 |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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

- ☒ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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.
- ☐ 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| Name of organization<br>EAST WEST BANK FOUNDATION | Employer identification number<br>46-1648827 |
|---------------------------------------------------|----------------------------------------------|

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
|------------|-------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | EAST WEST BANK<br>135 N LOS ROBLES AVENUE 7TH FLOOR<br><br>PASADENA, CA 91101 | <br><br>\$ 610,888         | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -          |                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br><br>(Complete Part II for noncash contributions.)            |

Name of organization  
EAST WEST BANK FOUNDATION

Employer identification number  
46-1648827

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |

|                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| Name of organization<br>EAST WEST BANK FOUNDATION | Employer identification number<br>46-1648827 |
|---------------------------------------------------|----------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

|                           |                                       |                                          |                                     |
|---------------------------|---------------------------------------|------------------------------------------|-------------------------------------|
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |

# Additional Data

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Software ID:

Software Version:

# TY 2020 IRS 990 e-File Render

**Name:** EAST WEST BANK FOUNDATION

**EIN:** 46-1648827

| Category                 | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|--------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| ACCOUNTING FEE (AUDITOR) | 5,931  |                          |                        | 5,931                                       |

Name: EAST WEST BANK FOUNDATION

EIN: 46-1648827

| Name of Bond                   | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|------------------------|-------------------------------|
| 91282CAP6 U.S. TREASURY NOTE 0 | 79,965                 | 79,965                        |
| 91282CAE1 U.S. TREASURY NOTE 0 | 83,076                 | 83,076                        |
| 912828YG9 U.S. TREASURY NOTE 1 | 133,773                | 133,773                       |
| 9128286B1 U.S. TREASURY NOTE 2 | 173,684                | 173,684                       |
| 00287YAX7 ABBVIE INC. 2.85% 05 | 52,758                 | 52,758                        |
| 00846UAH4 AGILENT TECHNOLOGIES | 104,770                | 104,770                       |
| 02665WBG5 AMERICAN HONDA FINAN | 50,735                 | 50,735                        |
| 02665WBP5 AMERICAN HONDA FINAN | 54,006                 | 54,006                        |
| 03027XBA7 AMERICAN TOWER CORP  | 110,339                | 110,339                       |
| 037833CU2 APPLE INC. 2.85% 05/ | 108,221                | 108,221                       |
| 045167EE9 ASIA MTN 2.5% 11/02/ | 112,033                | 112,033                       |
| 00206RHJ4 AT&T INC. 4.35% 03/0 | 181,074                | 181,074                       |
| 053332AN2 AUTOZONE, INC. 2.875 | 52,754                 | 52,754                        |
| 05348EAX7 AVALONBAY COMMUNITIE | 83,236                 | 83,236                        |
| 06051GHZ5 BANK OF AMERICA CORP | 75,015                 | 75,015                        |
| 06051GGA1 BANK OF AMERICA CORP | 84,405                 | 84,405                        |
| 06368BQ68 BANK OF MONTREAL HYB | 138,087                | 138,087                       |
| 172967ML2 CITIGROUP INC. HYBRI | 37,942                 | 37,942                        |
| 172967MP3 CITIGROUP INC. HYBRI | 61,185                 | 61,185                        |
| 17308CC53 CITIGROUP INC. HYBRI | 44,238                 | 44,238                        |
| 20030NCH2 COMCAST CORP 3.55% 0 | 173,751                | 173,751                       |
| 126650CK4 CVS HEALTH CORPORATI | 52,976                 | 52,976                        |
| 25746UDA4 DOMINION ENERGY INC  | 127,825                | 127,825                       |
| 26444HAC5 DUKE ENERGY FLORIDA, | 56,553                 | 56,553                        |
| 28370TAG4 EL PASO PIPELINE PAR | 83,580                 | 83,580                        |
| 29278NAK9 ENERGY TRANSFER OPER | 66,191                 | 66,191                        |
| 29364WBF4 ENTERGY LOUISIANA LL | 25,099                 | 25,099                        |
| 29736RAH3 ESTEE LAUDER CO INC  | 50,308                 | 50,308                        |
| 3130AEB25 FEDERAL HOME LOAN BA | 266,653                | 266,653                       |
| 313379Q69 FEDERAL HOME LOAN BA | 180,267                | 180,267                       |
| 3130A1XJ2 FEDERAL HOME LOAN BA | 136,616                | 136,616                       |
| 3130A8QS5 FHLB 1.125% 07/14/20 | 50,529                 | 50,529                        |
| 3130A3GE8 FHLB 2.75% 12/13/202 | 274,156                | 274,156                       |
| 3130AERV4 FHLB 3.125% 09/12/20 | 113,520                | 113,520                       |
| 38141W273 GS FINANCIAL SQUARE  | 107,099                | 107,099                       |
| 38150B384 GS SHORT DURATION IN | 1,033,688              | 1,033,688                     |
| 44932HAH6 IBM CREDIT CORP 3.0% | 107,110                | 107,110                       |
| 459058FY4 IBRD 2.0% 01/26/2022 | 77,080                 | 77,080                        |
| 458140AU4 INTEL CORP 2.6% 05/1 | 54,716                 | 54,716                        |
| 46625HRL6 JPMORGAN CHASE & CO  | 79,093                 | 79,093                        |
| 46647PBR6 JPMORGAN CHASE & CO. | 58,481                 | 58,481                        |
| 46647PBE5 JPMORGAN CHASE & CO. | 81,983                 | 81,983                        |
| 500769GX6 KFW 1.625% 03/15/202 | 251,909                | 251,909                       |

| Name of Bond                   | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|------------------------|-------------------------------|
| 615369AM7 MOODY'S CORPORATION  | 228,061                | 228,061                       |
| 655844BS6 NORFOLK SOUTHERN COR | 83,055                 | 83,055                        |
| 66989HAM0 NOVARTIS CAPITAL COR | 51,533                 | 51,533                        |
| 713448EL8 PEPSICO, INC. 2.625% | 111,500                | 111,500                       |
| 760759AQ3 REPUBLIC SERVICES IN | 55,302                 | 55,302                        |
| 78355HKG3 RYDER SYSTEM, INC. M | 74,951                 | 74,951                        |
| 855244AK5 STARBUCKS CORP 2.45% | 81,062                 | 81,062                        |
| 863667BB6 STRYKER CORP 0.6% 12 | 75,166                 | 75,166                        |
| 87612EBD7 TARGET CORPORATION 3 | 67,472                 | 67,472                        |
| 882508AY0 TEXAS INSTRUMENTS IN | 126,337                | 126,337                       |
| 437076BL5 THE HOME DEPOT, INC. | 75,570                 | 75,570                        |
| 912828YS3 U.S. TREASURY NOTE 1 | 243,663                | 243,663                       |
| 912828W89 U.S. TREASURY NOTE 1 | 153,991                | 153,991                       |
| 912828X47 U.S. TREASURY NOTE 1 | 179,622                | 179,622                       |
| 912828G38 U.S. TREASURY NOTE 2 | 135,013                | 135,013                       |
| 912828M56 U.S. TREASURY NOTE 2 | 191,601                | 191,601                       |
| 9128283F5 U.S. TREASURY NOTE 2 | 333,968                | 333,968                       |
| 912828D56 U.S. TREASURY NOTE 2 | 38,036                 | 38,036                        |
| 9128285X4 U.S. TREASURY NOTE 2 | 212,564                | 212,564                       |
| 9128283W8 U.S. TREASURY NOTE 2 | 109,930                | 109,930                       |
| 9128285M8 U.S. TREASURY NOTE 3 | 207,886                | 207,886                       |
| 904764BK2 UNILEVER CAPITAL COR | 131,110                | 131,110                       |
| 92857WBK5 VODAFONE GROUP PUBLI | 90,098                 | 90,098                        |
| 95000U2G7 WELLS FARGO & COMPAN | 164,368                | 164,368                       |
| 961214EM1 WESTPAC BANKING CORP | 37,105                 | 37,105                        |
| 38150B657 GS HIGH YIELD FUND C | 1,478,591              | 1,478,591                     |

## TY 2020 IRS 990 e-File Render

**Name:** EAST WEST BANK FOUNDATION

**EIN:** 46-1648827

| Name of Stock                  | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|------------------------|-------------------------------|
| 09253F879 ISHARES MSCI EAFE IN | 1,512,850              | 1,512,850                     |
| 85749T889 STATE STREET HEDGED  | 1,507,061              | 1,507,061                     |
| 922042858 VANGUARD FTSE EMERGI | 634,092                | 634,092                       |
| 464287598 ISHARES RUSSELL 1000 | 326,238                | 326,238                       |
| 09253F887 ISHARES RUSSELL 2000 | 955,723                | 955,723                       |
| 66923194 ISHARES S&P 500 INDEX | 5,256,951              | 5,256,951                     |

**TY 2020 IRS 990 e-File Render**

**Name:** EAST WEST BANK FOUNDATION

**EIN:** 46-1648827

| Category/ Item                 | Listed at Cost<br>or FMV | Book Value | End of Year<br>Fair Market<br>Value |
|--------------------------------|--------------------------|------------|-------------------------------------|
| 38150B244 GS TACTICAL TILT OVE | AT COST                  | 842,018    | 842,018                             |

# TY 2020 IRS 990 e-File Render

**Name:** EAST WEST BANK FOUNDATION

**EIN:** 46-1648827

| Description                 | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| STATE FILING FEE            | 1 0                            | 0                     |                     | 1 0                                   |
| ATTORNEY GENERAL FILING FEE | 1 5 0                          | 0                     |                     | 1 5 0                                 |

**TY 2020 IRS 990 e-File Render**

**Name:** EAST WEST BANK FOUNDATION

**EIN:** 46-1648827

| Description                              | Amount    |
|------------------------------------------|-----------|
| UNREALIZED GAIN ADJUSTMENT               | 1,515,123 |
| ACCRUED INT./CAP. GAIN DISTRIBUTION ADJ. | 14,962    |

**TY 2020 IRS 990 e-File Render**

**Name:** EAST WEST BANK FOUNDATION  
**EIN:** 46-1648827

| Category                   | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------------------------|---------|--------------------------|------------------------|---------------------------------------------|
| INVESTMENT MANAGEMENT FEES | 134,638 | 62,172                   |                        | 72,465                                      |

**TY 2020 IRS 990 e-File Render**

**Name:** EAST WEST BANK FOUNDATION

**EIN:** 46-1648827

| Name           | Address                                                |
|----------------|--------------------------------------------------------|
| EAST WEST BANK | 135 N LOS ROBLES AVENUE 7TH FLOOR<br>PASADENA,CA 91101 |

**TY 2020 IRS 990 e-File Render**

**Name:** EAST WEST BANK FOUNDATION

**EIN:** 46-1648827

| Category           | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|--------------------|--------|--------------------------|------------------------|---------------------------------------------|
| EXCISE TAX EXPENSE | 6,304  | 0                        |                        | 0                                           |