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## Form **990-EZ**

# **Short Form**

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

	A	For the	e 2009 calendar	year, or tax year beginning		, 2009,	and en	ding		,	-		
	_		applicable	C Name of organization							Employer identification number		
		Address	change Please use IRS	HOI BAO TRO BIEN DUC	TNC						26-4294093		
		Name change label or print or linitial return vive label or print or linitial return label or print or label									number		
	Ц										350-4408		
		Terminat	Japecinc	City or town, state or country, and ZIF	) + 4					T41	330-4406		
	H	Amende	Itions.		•	~	- 00	0.40			emption		
		Applicati	on pending	GARDEN GROVE		CI		843		nber			
		•	Section 501(c)(3	3) organizations and 4947(a)(1) no ach a completed Schedule A (Foi	onexempt charita	able trusts		G Accounting Other (special		. []	Cash X Accrual		
			must atta	acii a completed Schedule A (For	III 930 OF 330-L2	·/·		H Check >		10. OFG	anization is <b>not</b>		
	ı	Websi	te: ► N/A								ule B (Form 990,		
			empt status (check or	nly one) — X 501(c) ( 3) ◀ (	nsert no ) 49	47(a)(1) or	527	990-EZ, or 9					
		Check		anization is not a section 509(a)(3				oss receipts are	norma	llv no	t more than		
	••	\$25,00	00 A Form 990-E	Z or Form 990 return is not requi	red, but if the or	ganization cl	nooses	to file a return,	be sure	to file	e a complete return.		
	L	Add Iır	nes 5b, 6b, and 7	b, to line 9 to determine gross re	ceipts; if \$500,00	00 or more, 1	file Fori	m 990			•		
		ınstead	d of Form 990-E2	<u></u>						<b>►</b> \$	18,300.		
ļ	Pa			Expenses, and Changes in		or Fund E	Balanc	es (See the	<u>ınstru</u>				
				fts, grants, and similar amounts re					-	1	18,300.		
			-	revenue including government fee	es and contracts				L	2			
				s and assessments					ļ.	3	<u> </u>		
			nvestment incon				_ 1		<u> </u>	4			
				om sale of assets other than inver	ntory	]	5a			l			
				er basis and sales expenses		L	5b						
	R		Gain or (loss) from sa	$\neg \vdash$	5c								
	<b>第四〇四回の</b>	6	Special events and ac										
	Ñ	a (	Gross revenue (r										
	Ĕ		reported on line										
		b l	_ess: direct expe										
		c i	Net income or (loss)	ļ_	6c								
		7a (	Gross sales of in										
			ess cost of goo										
		C (	Gross profit or (lo	<u> </u>	7c								
		8 (	Other revenue (descr	rbe ►	_				_>	8			
		9 '	Total revenue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and	18		~=	4-5	<b>&gt;</b>	9	18,300.		
		10	Grants and simila	ar amounts paid (attach schedule	)	R⊵	CEI	VED		10			
	Ε	11 1	Benefits paid to d	or for members				72	L	11	14,449.		
	X	12	Salaries, other co	ompensation, and employee bene	fits	الما	vnn	2010	L	12			
	E	13	Professional fees	s and other payments to independ	ent contractors	MA MA	II L V	2010 88-08	_	13	199.		
20	E N S E	14 (	Occupancy, rent,	, utilities, and maintenance		\ L			_	14	790.		
S	E S	15	Printing, publicat	tions, postage, and shipping		1 00	DE	V, UT	_	15	518 <u>.</u>		
<b>&gt;</b>				ribe <a> See Other Expenses State</a>	ment				_	16	745.		
2		17	Total expenses.	Add lines 10 through 16					•	17	16,701.		
m		18	Excess or (defici	t) for the year (Subtract line 17 fr	om line 9)				_	18	1,599.		
CANNED	N S	19 (	Net assets or fun	nd balances at beginning of year (	from line 27, col	umn (A)) (m	ust agr	ee with end-of-y	ear -				
	N S E S T E			n prior year's return)					_	19			
	'Ī S		_	n net assets or fund balances (atta					_	20			
_				nd balances at end of year. Comb						21	1,599.		
⊨	Pa	rt II		heets. If Total assets on line 25		\$1,250,000	or more		_	$\overline{}$			
ക				(See the instructions for Par	t    )			(A) Beginning			(B) End of year		
2010	22		Cash, savings, and investments							22	0.		
<u>=</u>	23		d and buildings						0.	23	0.		
	24		er assets (describ	pe ►	)				0.	24	0.		
	25		l assets							25	<del></del>		
	26	Tota	I liabilities (desc	cribe ►	)				0.	26	0.		
	27									27	1,599.		

Desc	Is the organization's primary exempt purpose?  To bribe what was achieved in carrying out the ribe the services provided, the number of ram title	establish and maintain	n a church for reli	gious worship cise manner, ach	(Reg 501 (organ 4947 for of	Expenses uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
28	We provided food, money	to the poor in Vie	tnam		101	
29	(Grants \$ 0.) If th	28 a	14,449.			
		20				
30	(Grants \$ ) If th	29 a				
31	(Grants \$ ) If the Other program services (attach schedule	is amount includes foreign gra	ants, check here		30 a	
32	(Grants \$ ) If th  Total program service expenses (add Irr	is amount includes foreign granes 28a through 31a)	ants, check here	<u> </u>	31 a	14,449.
Par			ployees. List each or	e even if not comp	ensa	
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plans deferred compensat	s and	(e) Expense account and other allowances
	CLAN HUYNH .81 HILTON LANE	PRESIDENT				
	RDEN GROVE CA 92843	20.00	0.		0.	0.
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BAA		TEEA0812 0	1/30/10			Form <b>990-EZ</b> (2009)

26-4294093

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Form 990-EZ (2009) HOI BAO TRO BIEN DUC INC

-			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
•	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions □ 37a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	37b		 X
<b>38</b> a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
ı	of 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
á	a Initiation fees and capital contributions included on line 9			
ı	Gross receipts, included on line 9, for public use of club facilities			
40 a	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►; section 4912 ►; section 4955 ►	_		
ł	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<b>40</b> b		х
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed ►	40 e		X
<b>42</b> a	The organization's books are in care of ► NGOCLAN HUYNH Telephone no ► (714  Located at ► 13181 HILTON LANE GARDEN GROVE CA ZIP+4 ► 9284		- <u>44</u> 0	18
	At any time the colored come did the consequent of the consequence of	[	Yes	No
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country'	42b		Х
Ċ	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country.	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	<u> </u>	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
AE	of Form 990-EZ	44		X
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X
BAA	TEEA0812 01/30/10 F	orm <b>990</b>	-EZ (2	2009)

	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no s for lines 50 and 5	nexempt charitabl	le trusts must answer	questions						
<b>46</b> Did th	he organization engage in direct or indirec	t political campaign act	ivities on behalf of or i	n opposition to candidates	Yes	s No					
for pu	ublic office? If 'Yes,' complete Schedule C	, Part I		,,	46	X					
	he organization engage in lobbying activiti		•		47	X					
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E											
	he organization make any transfers to an		elated organization?		49 a	X					
<b>b</b> If 'Ye	s,' was the related organization a section	527 organization?			49 b						
50 Comp	olete this table for the organization's five hovees) who each received more than \$100	nighest compensated en 0.000 of compensation f	nployees (other than of rom the organization	fficers, directors, trustees ar If there is none, enter 'None	nd key						
<u> </u>	(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation										
NONE											
					,						
					_						
f Takal	number of other employees paid over \$10	20,000		<u> </u>		<del></del>					
51 Comp	polete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent control	none, enter 'None '		(b) Type of service	(c) Compensal						
NONE											
	<del>.</del>	<del>.</del> .									
		·									
		. <b></b>									
	<del> </del>										
<b></b>	- <b></b>	·									
<b>d</b> Total	number of other independent contractors	each receiving over \$10	00.000	<u> </u>							
			,	<del></del>							
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (	nined this return, including acco	mpanying schedules and stat	tements, and to the best of my knowledge	edge and belief, i	it is					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	other than officery is based off	an intomiation of writen prepa								
Sign	- th on sec Sheer al			1 5/17/201	O						
Here	Signature of officer	1		Date							
	► NG OC LAIU T. HUTN Type or print name and title	H / PRES	IDENT		<del>_</del>	<del></del>					
Paid	Preparer's		Date	Check if Prepa	rer's Identifying N	Number					
Paid Pre-	signature DAVID DUONG		05/17/10		·						
parer's	Firm's name (or DAVID DUONG yours it self-										
Use	employed), 10141 Westminst	er Ave, Suite		EIN ►							
Only	ZiP+4 Garden Grove		CN 00040	Phone no ► (714)		) E					
	S discuss this return with the preparer sho		CA 92843	Phone no ► (714)	757-738 Yes	No					

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

		O TR														294093			
<u>Part</u>										ızatıons					) See i	<u>instruct</u>	ions		
	<u>~</u>			•					•	es 1 throu			•						
1										ches desc		section	1 <b>70(b)</b> (1	I)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).																	
3	▭					•		•											
4	_				_	nization	operate	d in cor	njunction	n with a h	ospital de	escribed	ın secti	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
5		name, d An orga				for the	henefit (	of a col	lege or i		owned o	r operat	od by a		mental i	ınıt descr	ribed in sec		
_		170(b)(	I <b>XAX</b> iv	<b>).</b> (Co	omple	ete Part	II )			_		-	-	_	iliciliai t	iiiii desci	ibea iii <b>se</b> t	,uon	
6 7	П	An orga	nizatio	n that	norn	nally red	_	substa		nit descrit t of its su					or from t	the gener	ral public d	escrib	ed
8	Ш.	A comn	nunity ti	rust d	escri	bed in <b>s</b>	ection 1	,70(b)(1	)(A)(vi).	(Complet	te Part II	)							
9	_	from ac investm	tıvıtıes ent ıncı	relate ome a	ed to a and u	its exem inrelated	npt funct	ions – ss taxal	subject : ble incor	to certain ne (less s	exception	ns, and	(2) no r	nore tha	an 33-1/	3 % of its	s, and gros s support fi organizati	rom qi	ross
10	∐.	An orga	nızatıoı	n orga	anıze	d and o	perated	exclusiv	vely to te	est for pul	blic safet	y See s	ection !	509(a)(4	<b>)</b> ).				
11		more pu	ublicly s	suppor	rted	organiza	ations de	escribe	d in sect	the benefi tion 509(a blete lines	a)(1) or s	ection 5	09(a)(2)	tions of, See <b>s</b>	or carry ection 5	out the <b>09(a)(3).</b>	purposes of Check the	of one box f	or that
		a 🔲 Ty	rpe I			ь 🗌	Type II		c [	Type II	II Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other	7
е	•	By chec than fou 509(a)(3	ındatıor	is box n man	, I ce ager	ertify tha s and ot	at the org ther than	ganızatı n one oı	on is no r more p	t controlle publicly su	ed directi ipported	y or indi organiza	rectly by	y one or escribed	r more d I in secti	lisqualifie on 509(a	ed persons i)(1) or sec	other tion	
f		If the or	ganızat nıs box	tion re	eceive	ed a wri	tten dete	erminati	ion from	the IRS t	that is a	Type I,	Гуре II о	r Type	III suppo	orting org	anization,		
g		Since A	ugust 1	7, 20	06, h	as the c	organizat	tion acc	epted a	ny gift or	contribu	tion fror	n any of	the foll	owing p	ersons?			
																		Yes	No
	(	( <b>i)</b> a b∈	person low, th	who de gov	dırect ernin	tly or inc ig body (	directly o of the su	controls opported	, either a d organia	alone or t zation?	ogether v	with pers	sons des	scribed	ın (ıı) an	ıd (ııı)	11 g (i)		
	(	(ii) a	family i	memb	er o	f a pers	on desci	ribed in	(ı) abov	/e <sup>?</sup>							11 g (ii)		
	(	(iii <b>)</b> a	35% co	ntroll	ed er	ntity of a	person	describ	oed in (i)	or (II) ab	ove?						11 g (iii)		
h		Provide	the foll	lowing	ınfo	rmation	about th	ne supp	orted or	ganızatıoı	ns								
	(1)	Name of S Organiz	Supported ation	1		(II) EIN	l	(des	Type of org scribed on ove or IRC ee instruct	lines 1-9 section	organizat	s the ion in cold in your rning ment?	the organ	rou notify nization in (i) of upport?	organizat	Is the lion in col zed in the S ?	(vii) Amour	it of Sup	pport
											Yes	No	Yes	No	Yes	No			
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				-+		_					+								
				-+											-	<del>   </del>			<del></del>
otal																			

Pai	Support Schedule for	-			(D)(T)(A)(IV) ar	id 170(b)(1	ХАХ	VI)	
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 6 or Part	.1)		<del></del>		<del></del> -	
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Tota	al
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')								
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	<b>Public support.</b> Subtract line 5 from line 4								
Sec	tion B. Total Support	, - <del>-</del>		·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc (see ins	tructions)			Ĺ	12		
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, or	fifth tax year as	a section 501	(c)(3)		► □
	tion C. Computation of Pu								
14 15	Public support percentage for 20 Public support percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)			14		%_
	33-1/3 support test — 2009. If the	, i	•	c on line 13, and t	he line 14 is 33-1	/3 % or more	15 check	this box	<u>%</u>
	and stop here. The organization	qualifies as a pub	licly supported or	ganization					<b>▶</b>
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33-	1/3% or more	e, chec	k this box	▶ 🗌
17 a	7a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ai l-circumstances'	nd-circumstances test The organiz	' test, check this b ation qualifies as a	ox and <b>stop here.</b> a publicly support	Explain in P ed organizati	art IV I on	now the	▶ []
	Private foundation. If the organiz	ation did not ched	k a box on line,	13, 16a, 16b, 17a,	or 17b, check this	box and see	ınstru	ctions	
BAA					۰2	hedule A /Fo	· 00/	000 E7	2000

#### Schedule A (Form 990 or 990-EZ) 2009 HOI BAO TRO BIEN DUC INC 26-4294093 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 **(b)** 2006 (d) 2008 Calendar year (or fiscal yr beginning in)▶ (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 16

# %

<u>Sec</u>	tion D. Computation of Investment Income Percentage
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17	%_
18	%

- 19a 33-1/3 support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
  - b 33-1/3 support tests 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 9	990 or 9	90-EZ	2009	HO]	BAO	TRO	ВІ	EN	DUC	INC		26-42940	93 Page <b>4</b>
Schedule A Part IV	Supp	emen	tal In	forma	tion.	Comp	lete ti	his j	part	to pr	ovide	the	explanations required by Pa r additional information. See	rt II, line 10;
	Part I	l, line	17a d	or 17b	; and	Part I	<u>II, lın</u> ı	e 12	2. Pr	ovide	e any	othe	r additional information. See	instructions.
		<u></u>												<del></del>
							. <b>_</b>							
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