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## Return of Organization Exempt From Income Tax

2010

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

Open to Public  
Inspection

## A For the 2010 calendar year, or tax year beginning

, 2010, and ending

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

FOUNDATION FOR THE PEOPLE OF BURMA  
(FPB)  
225 BUSH STREET #590  
SAN FRANCISCO, CA 94104

## D Employer identification number

94-3375666

## E Telephone number

415-217-7015

## G Gross receipts \$ 2,010,146.

## I Tax-exempt status

501(c)(3)  501(c) ( ) ▶ (insert no)  4947(a)(1) or  527

H(a) Is this a group return for affiliates?

H(b) Are all affiliates included?

If 'No,' attach a list (see instructions)

H(c) Group exemption number ▶

## J Website: ▶ WWW.FOUNDATIONBURMA.ORG

## K Form of organization

Corporation  Trust  Association  Other ▶

## L Year of formation

2000

## M State of legal domicile

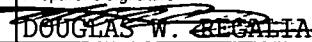
CA

## Part I Summary

<b>Activities &amp; Governance</b>  <b>Revenue</b>  <b>Expenses</b>  <b>Net Assets or Fund Balances</b>	1 Briefly describe the organization's mission or most significant activities <u>FPB PROVIDES HUMANITARIAN AID TO BURMESE PEOPLE OF ALL ETHNIC BACKGROUNDS AND RELIGIOUS BELIEFS</u>
	2 Check this box ▶ <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e)
	12 Total revenue – add lines 8 through 11 (must equal Part VII, column (A), line 12)
	<b>RECEIVED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px 5px;">062</span> AUG 08 2011       </div> <span style="border: 1px solid black; padding: 2px 5px;">IRSC</span>
	<b>Prior Year</b> <b>Current Year</b> 810,410.      2,008,629. 2,504.      1,517. 812,914.      2,010,146. 465,879.      1,196,634. 258,426.      319,580. 551,862.      309,672. 1,276,167.      1,825,886. -463,253.      184,260.
	<b>Beginning of Current Year</b> <b>End of Year</b> 1,542,359.      2,244,861. 76,158.      154,319. 1,466,201.      2,090,542.

## Part II Signature Block

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

<b>Sign Here</b>	 Signature of officer <b>H. NATHAN</b> Type or print name and title		25 July 11 Date	
			PRESIDENT & CEO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	DOUGLAS W. REGALIA		JUL 19 2011	PTIN P00186389
	Firm's name	► REGALIA & ASSOCIATES, CPAS		
Firm's address	► 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526			Phone no (925) 314-0390

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No
 g17

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

FPB HAS BEEN IMPLEMENTING PROJECTS AND SUPPORTING COMMUNITY-BASED ACTION SINCE 1999. THE PROGRAMS PROVIDE DIRECT ASSISTANCE TO COMMUNITIES THAT HAVE BEEN SEVERELY AFFECTED BY INJUSTICE.

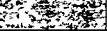
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If 'Yes,' describe these new services on Schedule O

 Yes  No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

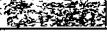
If 'Yes,' describe these changes on Schedule O

 Yes  No4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code:  ) (Expenses \$ 1,020,910. including grants of \$ 911,442. ) (Revenue \$ \_\_\_\_\_)

**EDUCATION**

WE BELIEVE EDUCATION IS THE CORNERSTONE OF CIVIL SOCIETY. OUR SUPPORT FOR COMMUNITY-BASED EDUCATION IN BURMA AND ALONG ITS BORDERS REACHES MORE THAN 115,611 STUDENTS, 7,500 TEACHERS AND 1,202 SCHOOLS, PROVIDING CLASSROOM SUPPLIES, TEACHER TRAINING AND SALARIES, LUNCH AND SNACK PROGRAMS, SCHOOL-BASED HEALTH OUTREACH, LIFE SKILLS AND ARTS COURSES, SCHOLARSHIPS AND SHELTER. WE PARTNER WITH 62 COMMUNITY-BASED ORGANIZATIONS TO SUPPORT PRE-SCHOOLS, PRIMARY AND SECONDARY EDUCATION, ADVANCED STUDY, ADULT LITERACY, VOCATIONAL TRAINING, LEADERSHIP SKILLS, PROJECT MANAGEMENT, COMMUNITY EDUCATION COURSES, AGRICULTURE, AND FINANCIAL LITERACY FOR MIGRANT WORKERS. FOR ADDITIONAL INFORMATION, PLEASE REFER TO SCHEDULE O.

**4b** (Code:  ) (Expenses \$ 329,335. including grants of \$ 118,163. ) (Revenue \$ \_\_\_\_\_)

**COMMUNITY DEVELOPMENT**

WE WORK WITH OUR LOCAL PARTNERS TO INTEGRATE HEALTH, EDUCATION AND COMMUNITY DEVELOPMENT. TOGETHER, WE TAILOR SOLUTIONS TO A COMMUNITY'S SPECIFIC NEEDS IN ANY GIVEN VILLAGE, SLUM, MIGRANT WORKER ENCLAVE OR REFUGEE ENCAMPMENT. PROJECTS INCLUDE IRRIGATION, TOILETS, CLEAN WATER, CISTERNS, FOOTBRIDGES, SCHOOL CONSTRUCTION, INCOME-GENERATING AGRICULTURE AND ORGANIZATION OF FINANCIAL AND AGRICULTURAL CO-OPERATIVES. THIS INTEGRATED APPROACH RESPONDS TO THE INTERLOCKING CHALLENGES OF REAL LIFE AND CREATES AN ENVIRONMENT CONDUCIVE TO SHARING AND LEVERAGING RESOURCES - A KEY BENEFIT OF PLANET CARE/GLOBAL HEALTH ACCESS PROGRAM AND FOUNDATION FOR THE PEOPLE OF BURMA JOINING FORCES.

**4c** (Code:  ) (Expenses \$ 246,729. including grants of \$ 145,172. ) (Revenue \$ \_\_\_\_\_)

**HEALTH**

WE BELIEVE THAT HEALTHY FAMILIES BUILD STRONG COMMUNITIES. OUR SUPPORT OF COMMUNITY-BASED PUBLIC HEALTH AND CLINICAL CARE IN BURMA AND ALONG ITS BORDERS REACHES MORE THAN 1 MILLION PEOPLE - MANY OF THEM DISPLACED AND LIVING IN UNSTABLE CONFLICT-AFFECTED ZONES WITH NO OTHER HEALTH CARE AVAILABLE. WE FOCUS ON EVIDENCE-BASED PUBLIC HEALTH AND CLINICAL CARE INITIATIVES THROUGH INNOVATIVE TRAINING AND PARTNERSHIP WITH LOCAL HEALTH CLINICS, BACKPACK MEDICS AND VILLAGE-BASED HEALTH WORKERS.

FOR ADDITIONAL INFORMATION, PLEASE REFER TO SCHEDULE O.

**4d** Other program services (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ \_\_\_\_\_)

including grants of \$ \_\_\_\_\_

) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ►

1,596,974.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI

b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII

c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f	X	
12a	X	
12b		X
13		X
14a	X	
14b	X	
15	X	
16	X	
17		X
18		X
19		X
20		X
20b		

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization 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	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	34	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	1a	4	
b	1b	0	
c			
2a	2a	7	
b			
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a			
b			
4a			
b			
5a			
b			
c			
6a			
b			
7			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a			
b			
c			
d	7d		
e			
f			
g			
h			
8			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a			
b			
<b>10 Section 501(c)(7) organizations.</b> Enter			
a	10a		
b	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
a	11a		
b	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
b			
c			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
14a			
14b			

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	8	
b Enter the number of voting members included in line 1a, above, who are independent	1b	7
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? <b>SEE SCHEDULE O</b>	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? <b>SEE SCH O</b>	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a The governing body?	8b	X
b Each committee with authority to act on behalf of the governing body?	9	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 <b>SEE SCHEDULE O</b>	12a	X
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12b	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done <b>SEE SCHEDULE O</b>	13	X
13 Does the organization have a written whistleblower policy?	14	X
14 Does the organization have a written document retention and destruction policy?	15	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X
a The organization's CEO, Executive Director, or top management official <b>SEE SCHEDULE O</b>	15b	X
b Other officers of key employees of the organization <b>SEE SCHEDULE O</b>	16a	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	16b	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public **SEE SCHEDULE O**

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► S. COMSTOCK 225 BUSH STREET, SUITE 590 SAN FRANCISCO CA 94104 415-217-7015

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) H. NATHAN PRESIDENT & CEO	20	X		X	X		0.	0.	8,797.
(2) A. SENAUKA SECRETARY	2.5	X		X			0.	0.	0.
(3) G. SENECA TREASURER	2.5	X		X			0.	0.	8,797.
(4) T. U MAUNG DIRECTOR	2.5	X					0.	0.	0.
(5) E. MONCOEUR DIRECTOR	2.5	X					0.	0.	0.
(6) J. DUDLEY DIRECTOR	2.5	X					0.	0.	0.
(7) J. KORNFIELD, PH.D. DIRECTOR	2.5	X					0.	0.	0.
(8) R. HIRAI DIRECTOR	2.5	X		X			0.	0.	0.
(9) T. CAQUETTE EXEC DIRECTOR	40				X		88,250.	0.	0.
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									

## Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									
(29)									
<b>1b Sub-total</b>							<b>88,250.</b>	<b>0.</b>	<b>17,594.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>88,250.</b>	<b>0.</b>	<b>17,594.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

## Part VIII | Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,008,629.			
	g Noncash contributions included in lns 1a-1f		\$ 2,849.			
<b>h Total.</b> Add lines 1a-1f		► 2,008,629.				
PROGRAM SERVICE REVENUE	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		►			
3 Investment income (including dividends, interest and other similar amounts)		►	1,517.		1,517.	
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6a Gross Rents	(i) Real	(ii) Personal				
b Less. rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)		►				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events		►				
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities		►				
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d		►	2,010,146.	0.	0.	
<b>12 Total revenue.</b> See instructions		►			1,517.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,857.	18,857.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,177,777.	1,177,777.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,250.	45,623.	28,944.	13,683.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	178,367.	94,870.	63,164.	20,333.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	31,091.	14,253.	6,103.	10,735.
10 Payroll taxes	21,872.	10,468.	6,605.	4,799.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	5,959.		5,959.	
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	8,057.	4,184.	2,313.	1,560.
14 Information technology	5,421.	2,352.	1,887.	1,182.
15 Royalties				
16 Occupancy	19,216.	9,580.	6,206.	3,430.
17 Travel	45,090.	28,364.	2,992.	13,734.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,624.		3,624.	
23 Insurance	2,589.		2,589.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROJECT EXPENSES	186,216.	185,958.	238.	20.
b EVENTS	16,075.	1,328.	715.	14,032.
c PRINTING AND PUBLICATIONS	10,153.	3,360.	2,344.	4,449.
d SERVICE CHARGES	5,834.		5,834.	
e STAFF AND BOARD DEVELOPMENT	1,438.		1,328.	110.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,825,886.	1,596,974.	140,845.	88,067.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	1,357,340.	1	1,605,858.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	32,730.	3	421,868.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	145,359.	7	213,256.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	12,388.		
	b Less. accumulated depreciation	10b 8,509.	10c	3,879.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
LIABILITIES	15 Other assets See Part IV, line 11	337.	15	
	16 Total assets Add lines 1 through 15 (must equal line 34)	1,542,359.	16	2,244,861.
	17 Accounts payable and accrued expenses	40,958.	17	32,771.
	18 Grants payable	35,200.	18	121,548.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
NET ASSETS OR FUND BALANCES	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	76,158.	26	154,319.
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	886,268.	27	1,229,058.
	28 Temporarily restricted net assets	579,933.	28	861,484.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,466,201.	33	2,090,542.
	34 Total liabilities and net assets/fund balances	1,542,359.	34	2,244,861.

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,010,146.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,825,886.
3	Revenue less expenses Subtract line 2 from line 1	3	184,260.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,466,201.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	440,081.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,090,542.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<input checked="" type="checkbox"/> 2a X	
2b	Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/> 2b X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<input checked="" type="checkbox"/> 2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/> 3a X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<input checked="" type="checkbox"/> 3b	

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**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.

**2010**Open to Public  
Inspection

Name of the organization	FOUNDATION FOR THE PEOPLE OF BURMA (FPB)	Employer identification number
		94-3375666

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box)

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')	813,768.	1,002,854.	2,418,088.	810,410.	2,005,780.	7,050,900.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	813,768.	1,002,854.	2,418,088.	810,410.	2,005,780.	7,050,900.
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)						1,121,309.
6 <b>Public support.</b> Subtract line 5 from line 4						5,929,591.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	813,768.	1,002,854.	2,418,088.	810,410.	2,005,780.	7,050,900.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,322.	2,107.	2,478.	2,504.	1,517.	34,928.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	119.					119.
11 <b>Total support.</b> Add lines 7 through 10						7,085,947.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	83.7 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	80.1 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ► b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ► 17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33-1/3% support tests – 2010.** 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 – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Schedule A (Form 990 or 990-EZ) 2010

**SCHEDULE D**  
(Form 990) .

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Employer identification number

FOUNDATION FOR THE PEOPLE OF BURMA  
(FPB)

94-3375666

**Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements.

b Total acreage restricted by conservation easements.

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		12,388.	8,509.	3,879.
e Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

3,879.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total</b> (Column (b) must equal Form 990 Part X, column (B) line 12) ►		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total</b> (Column (b) must equal Form 990, Part X, column (B) line 13) ►		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total</b> (Column (b) must equal Form 990, Part X, column(B), line 15) ►	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total</b> (Column (b) must equal Form 990, Part X, column (B) line 25) ►	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

SEE PART XIV

**Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	2,010,146.
2 Total expenses (Form 990, Part IX, column (A), line 25)	1,825,886.
3 Excess or (deficit) for the year Subtract line 2 from line 1	184,260.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV) SEE PART XIV	440,081.
9 Total adjustments (net) Add lines 4 through 8	440,081.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	624,341.

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	2,010,146.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	2,010,146.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,010,146.

**Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	1,825,886.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,825,886.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,825,886.

**Part XIV | Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART X-FIN48 FOOTNOTE****INCOME TAXES**

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME

TAXES, UNDER ASC 740, FPB IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE

TO VARIOUS TAX POSITIONS TAKEN BY THE ORGANIZATION AND REQUIRES A TWO-STEP PROCESS

THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER

A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX

POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES THAT THE

**Part XIV Supplemental Information (continued)****PART X- FIN 48 FOOTNOTE (CONTINUED)**

ORGANIZATION HAS ADEQUATELY ADDRESSED ALL TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES.

FPB HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 27301D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE ORGANIZATION CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS. FPB MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME REQUIRING THE ORGANIZATION TO FILE SEPARATE TAX RETURNS UNDER FEDERAL AND STATE STATUTES. UNDER SUCH CONDITIONS, FPB CALCULATES AND ACCRUES THE APPLICABLE TAXES PAYABLE.

**Schedule F**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

FOUNDATION FOR THE PEOPLE OF BURMA

Employer identification number

94-3375666

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) BURMA			SEE NEXT PAGE		0.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			0.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. □

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	BURMA	CMMNTY DEVEL	105,130.	LOCAL FUNDS					
(2)	BURMA	EDUCATIO N	203,162.	LOCAL FUNDS					
(3)	BURMA	HEALTH PRGMS	73,761.	LOCAL FUNDS					
(4)	THAILAND	CMMNTY DEVEL	13,033.	LOCAL FUNDS					
(5)	THAILAND	EDUCATIO N	708,280.	LOCAL FUNDS					
(6)	THAILAND	HEALTH PRGMS	71,411.	LOCAL FUNDS					
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

4 \_\_\_\_\_  
2 \_\_\_\_\_

Schedule F (Form 990) 2010

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) HEALTH PROGRAMS	YANGON, MYANMAR	1	3,000.	LOCAL FUNDS			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see instructions for Form 926)  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, *Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A *Annual Information Return of Foreign Trust With a U.S. Owner* (see instructions for Forms 3520 and 3520-A)  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, *Information Return of U.S. Persons with respect to Certain Foreign Corporations* (see instructions for Form 5471)  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see instructions for Form 8621)  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, *Return of U.S. Persons with respect to Certain Foreign Partnerships* (see instructions for Form 8865)  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, *International Boycott Report* (see instructions for Form 5713)  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US**

ONCE GRANTS ARE APPROVED, RECIPIENT ORGANIZATION MUST SIGN FPB LETTER OF AGREEMENT STATING THE TERMS OF GRANT AND REPORTING SCHEDULE. A BUDGET IS PREPARED IN ADVANCE OF ALL INTERNATIONAL WORK. VOLUNTEERS AND REMUNERATED INDIVIDUALS WORKING IN THE DESIGNATED FOREIGN COUNTRIES PROVIDE ONGOING REPORTS REGARDING PROGRESS OF WORK. FINANCIAL AND NARRATIVE REPORTS ARE REQUIRED AT LEAST ONCE AT THE END OF THE PROJECT PERIOD. HOWEVER, IN CASES WHERE THE PROJECT PERIOD EXTENDS 9 MONTHS, REPORTING IS REQUIRED OF GRANTEE TWO TIMES; INTERIM REPORT AND FINAL REPORT. PROGRAM GRANTS MANAGER HANDLES THE DOCUMENTATION FOR SUCH REPORTING. EXPENDITURES ARE MADE AGAINST BUDGET AMOUNTS AND ANALYZED CONTINUOUSLY BY US-BASED MANAGEMENT. DISCUSSIONS, E-MAILS, AND OTHER TECHNIQUES OF COMMUNICATION ARE EMPLOYED TO ENSURE THAT FUNDS ARE UTILIZED ACCORDING TO THE ORIGINAL INTENT. ACCOMPLISHMENTS ARE DOCUMENTED IN WRITING AND SUBMITTED TO THE HEAD OFFICE IN SAN FRANCISCO.

FPB PROVIDED FUNDING FOR A VARIETY OF ACTIVITIES IN LOCATIONS THROUGHOUT BURMA AS DETAILED ON SCHEDULE F, PAGE 2:

COMMUNITY DEVELOPMENT PROGRAMS: \$118,163

PROJECTS INCLUDE IRRIGATION, TOILETS, CLEAN WATER, CISTERNS, FOOTBRIDGES, SCHOOL CONSTRUCTION, INCOME-GENERATING AGRICULTURE AND ORGANIZATION OF FINANCIAL AND AGRICULTURAL CO-OPERATIVES.

EDUCATION FUNDING: \$911,442

FPB PARTNERS WITH 62 COMMUNITY-BASED ORGANIZATIONS TO SUPPORT PRE-SCHOOLS, PRIMARY AND SECONDARY EDUCATION, ADVANCED STUDY, ADULT LITERACY, VOCATIONAL TRAINING,

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US (CONTINUED)**

LEADERSHIP\_SKILLS, PROJECT MANAGEMENT, COMMUNITY EDUCATION\_COURSES, AGRICULTURAL AND FINANCIAL LITERACY FOR MIGRANT WORKERS.

HEALTH\_PROGRAMS: \$145,172

HEALTH\_FUNDING\_SUPPORTS CLEAN BIRTHS AND EMERGENCY OBSTETRIC CARE FOR MOTHERS LIVING IN REMOTE VILLAGES; MALARIA SCREENING, TREATMENT AND PREVENTION FOR VILLAGERS LIVING IN A COUNTRY WITH THE HIGHEST NUMBER OF MALARIA DEATHS IN SOUTHEAST ASIA; TRAUMA MANAGEMENT IN A COUNTRY WITH ONE OF THE HIGHEST NUMBER OF LANDMINE INJURIES AND DEATHS IN THE WORLD; VITAMIN A DISTRIBUTION TO PREVENT BLINDNESS AND HELP CHILDREN SURVIVE AND THRIVE; HEALTH SYSTEMS STRENGTHENING TO IMPROVE COMMUNITY-BASED INFRASTRUCTURE AND ASSESSMENT OF HEALTH NEEDS AND SERVICES.

**SCHEDULE I**  
(Form 990)**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**OMB No 1545-0047  
**2010**Department of the Treasury  
Internal Revenue ServiceComplete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Name of the organization

**FOUNDATION FOR THE PEOPLE OF BURMA****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
► Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					(1)	(2)		
(1)	-----	-----	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----	-----	-----
(7)	-----	-----	-----	-----	-----	-----	-----	-----
(8)	-----	-----	-----	-----	-----	-----	-----	-----

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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TEEA3901L 10/29/10

2 0

3 0

Schedule I (Form 990) 2010

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COMMUNITY DEVELOPMENT	1	18,857.			
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Name of the organization **FOUNDATION FOR THE PEOPLE OF BURMA  
(FPB)**

Employer identification number  
**94-3375666**

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

**ADDITIONAL INFORMATION REGARDING EDUCATION**

WE SUPPORT LEARNING FOR CHILDREN TOO POOR TO AFFORD SCHOOL FEES; VILLAGERS DISPLACED BY CONFLICT; TEACHERS AND HEALTH WORKERS; ADULTS TACKLING BASIC LITERACY, MATH AND MONEY SKILLS; WOMEN AND GIRLS RECOVERING FROM EXPLOITATIVE EMPLOYMENT; MIGRANT WORKERS; STREET KIDS HUNGRY FOR STABILITY AND LIFE SKILLS; ADVANCED STUDENTS WHOSE CAPACITY TO SOLVE COMMUNITY PROBLEMS IS STRENGTHENED BY TECHNICAL TRAINING AND HIGHER EDUCATION.

OUR STUDENTS ATTEND SCHOOL IN JUNGLE LEAN-TOS, BAMBOO CLASSROOMS, NIGHT DROP-IN CENTERS, MONASTERIES AND NUNNERIES, STILT HOUSES, RICE FIELDS AND RUBBER PLANTATIONS, FACTORIES, HEALTH CLINICS, UNIVERSITY CAMPUSES, AND UNIVERSITIES.

**ADDITIONAL INFORMATION REGARDING HEALTH**

USING A TRAIN-THE-TRAINERS MODEL, WE HAVE PARTNERED WITH MORE THAN 60 COMMUNITY-BASED ORGANIZATIONS ON MALARIA, TUBERCULOSIS, FILARIASIS (ELEPHANTIASIS), REPRODUCTIVE HEALTH, TRAUMA CARE, HEALTH SYSTEMS STRENGTHENING, CHILDHOOD IMMUNIZATIONS AND CHILD NUTRITION IN A COUNTRY WHERE 1 IN 3 CHILDREN ARE MALNOURISHED.

OUR HEALTH BRANCH SUPPORTS CLEAN BIRTHS AND EMERGENCY OBSTETRIC CARE FOR MOTHERS LIVING IN REMOTE VILLAGES; MALARIA SCREENING, TREATMENT AND PREVENTION FOR VILLAGERS LIVING IN A COUNTRY WITH THE HIGHEST NUMBER OF MALARIA DEATHS IN SOUTHEAST ASIA;

TRAUMA MANAGEMENT IN A COUNTRY WITH ONE OF THE HIGHEST NUMBER OF LANDMINE INJURIES

Name of the organization	FOUNDATION FOR THE PEOPLE OF BURMA (FPB)	Employer identification number 94-3375666
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**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

AND DEATHS IN THE WORLD; VITAMIN A DISTRIBUTION TO PREVENT BLINDNESS AND HELP

CHILDREN SURVIVE AND THRIVE; HEALTH SYSTEMS STRENGTHENING TO IMPROVE COMMUNITY-BASED

INFRASTRUCTURE AND ASSESSMENT OF HEALTH NEEDS AND SERVICES.

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

BOARD MEMBERS H. NATHAN AND G. SENECA ARE MARRIED TO EACH OTHER (HUSBAND AND WIFE).

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

ON DECEMBER 31, 2010, GLOBAL HEALTH ACCESS PROGRAM ("GHAP") TRANSFERRED

SUBSTANTIALLY ALL OF ITS ASSETS TO FPB. IN CONNECTION WITH SUCH COMBINATION OF THE

TWO ORGANIZATIONS, FPB CHANGED ITS LEGAL NAME TO COMMUNITY PARTNERS INTERNATIONAL

("CPI"), EFFECTIVE MARCH 29, 2011. IN RECOGNITION OF THE COMBINATION, FPB AMENDED

ITS ARTICLES OF INCORPORATION AND FILED THEM WITH THE STATE OF CALIFORNIA IN ORDER

TO CHANGE ITS NAME TO CPI. BOTH FPB AND GHAP WILL PREPARE AND FILE SEPARATE TAX

RETURNS FOR THE YEAR ENDED DECEMBER 31, 2010. THE ASSETS, LIABILITIES AND NET ASSETS

OF GHAP WERE RECORDED BY FPB ON DECEMBER 31, 2010. WITH THE EXCEPTION OF \$386,904 IN

TEMPORARILY RESTRICTED NET ASSETS TRANSFERRED FROM GHAP TO FPB (WHICH WERE REFLECTED

AS RESTRICTED FOUNDATION CONTRIBUTED INCOME BY FPB), NONE OF GHAP'S REVENUES OR

EXPENSES HAVE BEEN REFLECTED IN THESE AUDITED FINANCIAL STATEMENTS. THE TRANSFER OF

GHAP'S TEMPORARILY RESTRICTED NET ASSETS HAS BEEN REFLECTED AS A GRANT DISBURSEMENT

ON GHAP'S TAX RETURN AND AS CONTRIBUTED INCOME ON FPB'S TAX RETURN. IN CONNECTION

WITH THE COMBINATION, GHAP CONTRIBUTED UNRESTRICTED NET ASSETS OF \$440,081 AND THIS

AMOUNT HAS BEEN REFLECTED AS AN "ADJUSTMENT TO NET ASSETS FROM COMBINATION" IN THIS

TAX RETURN.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY

THE ORGANIZATION'S MANAGEMENT, A MEMBER OF THE BOARD OF DIRECTORS, AND THE MANAGING

Name of the organization FOUNDATION FOR THE PEOPLE OF BURMA  
(FPB)Employer identification number  
94-3375666**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)**

DIRECTOR. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT SIGNS AND MAILED THE RETURN TO THE DEPARTMENT OF THE TREASURY.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG**

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. THE ORGANIZATION DOES NOT HAVE ANY TOP MANAGEMENT MEMBERS WITH A SALARY IN EXCESS OF \$150,000. NONE OF THE CORPORATE OFFICERS RECEIVE COMPENSATION. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF

Name of the organization FOUNDATION FOR THE PEOPLE OF BURMA  
(FPB)

Employer identification number  
94-3375666

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

SALARIES AND ALL RELATED BENEFITS. SPECIFICALLY, OPPORTUNITY KNOCKS WAGE AND

COMPENSATION SURVEY RESULTS INFORM OUR STAFF SALARIES AND BENEFITS. ALL DECISIONS

ARE THEN DOCUMENTED IN PERSONNEL FILES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL

FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY

TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO

WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE

ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAN FRANCISCO, CALIFORNIA (FOR A

PHYSICAL INSPECTION).

2010

**FEDERAL SUPPORTING DETAIL**  
**FOUNDATION FOR THE PEOPLE OF BURMA**  
**(FPB)**

CLIENT 29010

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**CONTRIBUTIONS, GIFTS, AND GRANTS**  
**OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.**

INDIVIDUAL CONTRIBUTIONS	\$ 465,642.
FOUNDATION CONTRIBUTIONS	1,540,012.
CORPORATE CONTRIBUTIONS	126.
<b>TOTAL</b>	<b>\$ <u>2,005,780.</u></b>

**2010****FEDERAL SUPPLEMENTAL INFORMATION****PAGE 1****CLIENT 29010****FOUNDATION FOR THE PEOPLE OF BURMA  
(FPB)****94-3375666**

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**PROPERTY AND EQUIPMENT****PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT DECEMBER 31, 2010 AND 2009:**

	<b>2010</b>	<b>2009</b>
COMPUTERS AND EQUIPMENT	\$ 5,235	5,235
OFFICE FURNITURE	2,002	1,092
WEB SITE	5,151	5,151
<b>SUBTOTAL</b>	<b>12,388</b>	<b>11,478</b>
ACCUMULATED DEPRECIATION	(8,509)	(4,885)
<b>PROPERTY AND EQUIPMENT, NET</b>	<b>\$ 3,879</b>	<b>6,593</b>

**DEPRECIATION EXPENSE AMOUNTED TO \$3,624 AND \$2,815 FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, RESPECTIVELY.****COMBINATION**

ON DECEMBER 31, 2010, GLOBAL HEALTH ACCESS PROGRAM ("GHAP") TRANSFERRED SUBSTANTIALLY ALL OF ITS ASSETS TO FPB. IN CONNECTION WITH SUCH COMBINATION OF THE TWO ORGANIZATIONS, FPB CHANGED ITS LEGAL NAME TO COMMUNITY PARTNERS INTERNATIONAL ("CPI"), EFFECTIVE MARCH 29, 2011. IN RECOGNITION OF THE COMBINATION, FPB AMENDED ITS ARTICLES OF INCORPORATION AND FILED THEM WITH THE STATE OF CALIFORNIA IN ORDER TO CHANGE ITS NAME TO CPI. BOTH FPB AND GHAP WILL PREPARE AND FILE SEPARATE TAX RETURNS FOR THE YEAR ENDED DECEMBER 31, 2010. THE ASSETS, LIABILITIES AND NET ASSETS OF GHAP WERE RECORDED BY FPB ON DECEMBER 31, 2010. WITH THE EXCEPTION OF \$386,904 IN TEMPORARILY RESTRICTED NET ASSETS TRANSFERRED FROM GHAP TO FPB (WHICH WERE REFLECTED AS RESTRICTED FOUNDATION CONTRIBUTED INCOME BY FPB), NONE OF GHAP'S REVENUES OR EXPENSES HAVE BEEN REFLECTED IN THESE AUDITED FINANCIAL STATEMENTS. THE TRANSFER OF GHAP'S TEMPORARILY RESTRICTED NET ASSETS HAS BEEN REFLECTED AS A GRANT DISBURSEMENT ON GHAP'S TAX RETURN AND AS CONTRIBUTED INCOME ON FPB'S TAX RETURN. IN CONNECTION WITH THE COMBINATION, GHAP CONTRIBUTED UNRESTRICTED NET ASSETS OF \$440,081 AND THIS AMOUNT HAS BEEN REFLECTED AS AN "ADJUSTMENT TO NET ASSETS FROM COMBINATION" ON THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS.

**FOREIGN BANK ACCOUNT**

FPB HAS SIGNATORY CONTROL OVER A BANK ACCOUNT IN THAILAND, SPECIFICALLY AT THE BANK OF KASIKORN BANK MAE SOT. FPB PREPARES AND FILE FORM TD F 90-22.1 IN ACCORDANCE WITH IRS REGULATIONS AND PROCEDURES.

2010

**SCHEDULE O - SUPPLEMENTAL INFORMATION**

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FOUNDATION FOR THE PEOPLE OF BURMA  
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**FORM 990, PART XI, LINE 5**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ADJUSTMENT TO NET ASSETS FROM COMBINATION

TOTAL	\$	440,081.
	\$	<u>440,081.</u>

2010

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4**

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FOUNDATION FOR THE PEOPLE OF BURMA  
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**SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ADJUSTMENT TO NET ASSETS FROM COMBINATION

TOTAL	\$	440,081.
	\$	<u>440,081.</u>

2010

**SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5**  
FOUNDATION FOR THE PEOPLE OF BURMA  
(FPB)

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**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
OTHER INCOME					119.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 119.</u>

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

►

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ►

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization  <b>FOUNDATION FOR THE PEOPLE OF BURMA (FPB)</b>	Employer identification number  <b>94-3375666</b>
	Number, street, and room or suite number. If a P.O. box, see instructions  <b>225 BUSH STREET #590</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>SAN FRANCISCO, CA 94104</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► S. COMSTOCK

Telephone No ► 415-217-7015 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above

The extension is for the organization's return for

- calendar year 20 10 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Paperwork Reduction Act Notice, see Instructions.**

Form 8868 (Rev. 1-2011)