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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)

	Revenue Se	peasury vice ► The organization may have to use a copy of this return t	to satisfy state	reporting requirements	Inspection
4 Fo	r the 201	0 calendar year, or tax year beginning 10/01, 2010	, and ending		/30,20 11
		C Name of organization		D Employer identific	ation number
3 Chec	ck if applicable	GIVE2ASIA		94-3373670)
	Address change	Doing Business As			
\Box	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	_
\vdash	Initial return	465 CALIFORNIA STREET	806	(415) 743-3	336
\vdash	Terminated	City or town, state or country, and ZIP + 4			
\vdash	Amended	SAN FRANCISCO, CA 94104		G Gross receipts \$	33,710,492.
П	return Application	F Name and address of principal officer BARNETT BARON		H(a) Is this a group return	
	pending	465 CALIFORNIA STREET SAN FRANCISCO, CA 941	.04	affiliates? H(b) Are all affiliates inclu	ded? Yes No
Τí	ax-exempt s		l i	If "No," attach a list	(see instructions)
w	/ebsite ▶	WWW.GIVE2ASIA.ORG		H(c) Group exemption nui	mber >
	orm of orga		L Year of	formation 2000 M State	
Part		ımmary			
		PART III, LINE 1			
ဥ					
nar.					
Governance	2 Chec	k this box If the organization discontinued its operations or disposed	of more than 2	 25% of its net assets	
ပ္ပို				1	22.
∞					14.
≅		number of individuals employed in calendar year 2010 (Part V, line 2a)		· · · · · · · · · · · · · · · · · · ·	0.
히				1 . 1	0.
		gross unrelated business revenue from Part VIII, column (C), line 12		7a	
		nrelated business taxable income from Form 990-T, line 34			0.
	D Net u	inclated business taxable income nonit offi 330-1, line 04		Prior Year	Current Year
	8 Conti	abutions and grants (Part VIII, line 1h)		20,834,423.	32,093,258.
왕	9 Prog	am service revenue (Part VIII, line 2g)		0.	126,100.
۱ <u>د</u>	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		25,474.	123,179.
		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		457,634.	0.
		revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)		21,317,531.	32,342,537.
- -	13 Gran	is and similar amounts paid (Part IX, column (A), lines 1=3)		22,089,716.	26,521,166.
		731		0.	0.
_ _	15 Salar	its paid to or for members (Part IX, column (A), line 4.7 1.7 2.1.2		0.	. 0.
υl		ssional fundraising fees (Part IX, column (A), line 11e)		0.	
[발	b Total	fundraising expenses (Part IX, column (D), line 25)		f7 «¾	
111	D TOTAL		<u></u>	2,166,476.	2,990,091.
			• • • • • • }	24,256,192.	29,511,257.
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	• • • • • • •	-2,938,661.	2,831,280.
		nue less expenses Subtract line 18 from line 12		-4,530,001.	
1	19 Reve			Beginning of Current Veer	End of Veer
1		accets (Part V line 16)		Beginning of Current Year	18 702 213
1	20 Total	assets (Part X, line 16)		10,699,592.	18,702,213.
1	20 Total 21 Total	liabilities (Part X, line 26)		10,699,592. 4,254,986.	18,702,213. 9,466,765.
Fund Balances	20 Total 21 Total 22 Net a	liabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20		10,699,592.	18,702,213.
Fund Balances	20 Total 21 Total 22 Net a	liabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20		10,699,592. 4,254,986. 6,444,606.	18,702,213. 9,466,765. 9,235,448.
Fund Balances	20 Total 21 Total 22 Net a	liabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20	and statements	10,699,592. 4,254,986. 6,444,606.	18,702,213. 9,466,765. 9,235,448.
Lund Balances	20 Total 21 Total 22 Net a 31 Si r penalties oct, and com	liabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20	and statements	10, 699, 592. 4, 254, 986. 6, 444, 606.	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,
Lind Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20 Total 21 Total 22 Net a 31 Si 31 Si 31 Si 31 Si 31 Si	liabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20	and statements	10,699,592. 4,254,986. 6,444,606.	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,
Lund Balances	20 Total 21 Total 22 Net a 31 Si 31 Si 31 Si 31 Si 31 Si	liabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20	and statements	10,699,592. 4,254,986. 6,444,606.	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,
Lund Balances	20 Total 21 Total 22 Net a 31 Si 31 Si 31 Si 31 Si 31 Si	Isabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20 gnature Block of perjury, I declare that I have examined this return, including accompanying schedules plete Declaration of preparer (other than officer) is based on all information of which programme of officer BALNETT F. BARON, PRESIDENT & CEO	and statements	10,699,592. 4,254,986. 6,444,606.	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,
Lude Balances Sig	20 Total 21 Total 22 Net a 31 Si r penalties oct, and com	Isabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20	and statements reparer has any	10,699,592. 4,254,986. 6,444,606. , and to the best of my knowled knowledge	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,
Lude Balances Sig	20 Total 21 Total 22 Net a 31 Si r penalties oct, and com gn re	Itabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20	and statements reparer has any	10,699,592. 4,254,986. 6,444,606. , and to the best of my knowled knowledge	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,
2 2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3	20 Total 21 Total 22 Net a 31 Si r penalties oct, and com gn Print	Ilabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20 gnature Block of perjury, I declare that I have examined this return, including accompanying schedules plete Declaration of preparer (other than officer) is based on all information of which proceed the process of the proc	and statements reparer has any	10,699,592. 4,254,986. 6,444,606. and to the best of my knowled knowledge Check if self-employed Check if self-empl	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,
2 2 2 2 2 2 2 2 3 3 3 3 4 4 4 4 4 4 4 4	20 Total 21 Total 22 Net a 31 Si r penalties oct, and com gn re Print Drive Firm'	Itabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20	and statements reparer has any	10,699,592. 4,254,986. 6,444,606. and to the best of my knowled knowledge Check if self-employed Firm's EIN 36-6	18,702,213. 9,466,765. 9,235,448. Ige and belief, it is true,

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ► 27,735,972.

Form **990** (2010)

0E1020 1 000

94-3373670

Part	Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ĺ		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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	5	ļ	
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	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		,,
_	complete Schedule D, Part III	8		Х
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,"			Х
40	complete Schedule D, Part IV	9		_^
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		^
11		i de la composición dela composición de la composición dela composición de la compos	4.74.	
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	310000		
а	Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
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.	11c		Х
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<u> </u>		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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 \cdot	14b	Х	
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	15	Х	
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	16		X
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)	17		X
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	18		Х
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	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Χ
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	20b		
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	LZUDÍ		

n 990 (2010) 94-3373670

Part	IVe 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	х	
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		Х
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	х	
24 a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	•	24a		Х
b	, , , , , , , , , , , , , , , , , , , ,	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	· · · · · · · · · · · · · · · · · · ·	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		
23 0		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
•	·· · · · · · · · · · · · · · · ·	28a	,	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
Ь		28b		Х
_	· · · · · · · · · · · · · · · · · · ·	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c	х	
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
29	· '	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
~~	Part I	31		<u> </u>
32	complete Schedule N, Part II	32	ļ	Х
00	, , , , , , , , , , , , , , , , , , ,	32		
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	33	1	Х
	, , , , , , , , , , , , , , , , , , ,	- 33		
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	24		Х
٥.		34		$\frac{\hat{x}}{x}$
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a	35		
а			1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
00	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
	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		<u>X</u>
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	

Par '	Check if Schedule O contains a response to any question in this Part V			. x
	Chock in Confedence C Contains a responde to any queetien in and rail (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	• • •	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u>, </u>		100
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		1	*****
	Did the organization comply with backup withholding rules for reportable payments to vendors and	100	n å	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			. 🥞
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a)		Sai.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	200	(E) (E)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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			i
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			157.75
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ł		
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		19652
7	Organizations that may receive deductible contributions under section 170(c).	**		· 第
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u></u>		
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
	required to file Form 8282?	7c }`		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	 ' '' 		- 3
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	S		
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	1.30		ŽŽ.
_	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter.		~ Light	Part of
а	Initiation fees and capital contributions included on Part VIII, line 12	5 1/2 mg.		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	<i>(</i>)	.48%	(Mar.)2
11	Section 501(c)(12) organizations. Enter],		
а	Gross income from members or shareholders	<i>}**</i>		5.8
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	25		- 762
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Į, I		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	News.	
	Note. See the instructions for additional information the organization must report on Schedule O		. / 4. %	`
b	Enter the amount of reserves the organization is required to maintain by the states in which	<u> </u>		
	the organization is licensed to issue qualified health plans	ļ. <u> </u>		
	Enter the amount of reserves on hand	, , , ,		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
-	με της της μείο α Ερίτη 77μ το τοροπ τρος ραγισμοίε 7 ΙΓ. "Νο." Δτολιάδιος ορογορομού να Κοροσμίο Ο	17/h		

Form 9	90 (2010) 94-3373670		1	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	b bel	ow, a	and
•	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o	r cha	nges	s in
	Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	tion 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 1a 22			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			;
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u>.</u> .	-	-
	any other officer, director, trustee, or key employee?	2_	_X	↓
3	Did the organization delegate control over management duties customarily performed by or under the direct			ļ
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х	ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_	v	
	of the governing body?	7a	X	-
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	{		1
	the year by the following		Χ	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD		_
9	Is there any officer, director, 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	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this is done	12c	X	\vdash
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	^	-
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?			ľi
_	The organization's CEO, Executive Director, or top management official	15a	Χ.	
a b	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	,00		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	à		*
	with a taxable entity during the year?	16a		X
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?	16b		
Sect	ion 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			
	X Own website			
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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANNETTE BOUSQUET 465 CALIFORNIA ST., SUITE 806 SAN FRANCISCO, CA 94 415-743-3336	1104		

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.............

X

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

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

(A) Name and Title	(B) Average	(B) (C) Average Position (check all that apply)				lv\	(D) Reportable	(E) Reportable	(F) Estimated	
Name and Thie	hours per Week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) TA-LIN HSU										
CHAIRMAN	5.00	Х		Х				0.	0.	o
(2) WILLIAM FULLER										
CO-CHAIRMAN	5.00	х		x				0.	0.	0
(3) PAUL SLAWSON										
TREASURER	2.00	Х	li	x				0.	0.	0
TRUSTEE	2.00	х						0.	0	0
(5) NAREN AGRAWAL										
TRUSTEE	2.00	х		ļ			l	0.	0	. 0
(6) ALEXANDER CALHOUN TRUSTEE	2.00	х						0.	0.	. 0
(7) FRANK L. ELLSWORTH TRUSTEE	2.00	Х						0.	0:	. 0
(8) WEILI DAI TRUSTEE	2.00	Х						0.	0	. 0
(9) EUGENE HONG TRUSTEE	2.00	Х						0.	0.	. 0
(10) JOE LUMBARDA TRUSTEE	2.00	Х						0.	0	0
(11)TERESA ORR TRUSTEE	2.00	Х						0.	0	. 0
(12)SUSAN PHARR TRUSTEE	2.00	Х						0.	0.	. 0
(13)SAFI QURESHEY TRUSTEE	2.00	Х						0.	0.	. 0
(14)MISSIE RENNIE TRUSTEE	2.00	Х						0.	0.	0
(15)LESLIE TANG SHILLING TRUSTEE	2.00	х						0.	0	. 0
(16)YI BO SHAO TRUSTEE	2.00	Х						0.	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)													
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average	Posit	ion (d	hecl	k all 1	hat app	oly)	Reportable	Reportable	i i		ımated	1
	hours per				_	_	_	compensation	compens	- 1	am	ount of	1
	week	Individual trustee or director	institutional trustee	Officer	Key employee	팔	Former	from	from rela	- 1	c	ther	
	(describe	1 ct ct	ie it	4	🚆	est oye	<u>@</u>	the	organiza		comp	ensatio	อก
	hours for	역 분	nal		ق	l g g		organization	(W-2/1099-		fro	m the	
	related	l st			8	ğ		(W-2/1099-MISC)	(11 2, 1000		orga	nızatıo	n
	organizations	ee				Sug	İ	(** 27.000 111100)		1	and	related	t
	in Schedule O)					Highest compensated employee	}				orga	nızatıor	18
(17) GEORGE SYCIP					1		 	-					
TRUSTEE	2.00	X						0.		0.			C
(18) CARTER TSENG					t								
	1 2 00	x						0.		ا ه			C
TRUSTEE	2.00	<u> ^</u>			\vdash		-	· · · · · · · · · · · · · · · · · · ·					
(19) AL NJOO	4			}				_		_			_
TRUSTEE	2.00	X			<u> </u>	<u> </u>		0.		0.			<u> </u>
(20) KAI-FU LEE									ļ				
TRUSTEE	2.00	X						0.		0.			0
(21) DAVID ARNOLD													
TRUSTEE	2.00	X				1		0.	1	0.			С
	2.00	 ^ -	 		┢			<u> </u>					
(22) ALICE YOUNG		١											_
TRUSTEE	2.00	Х						0.	ļ	0.			С
(23) GINA LIN CHU									1				
TRUSTEE CYPT	2.00	X	1					0.	i	0.			С
(24) DOUG BEREUTER			Ì										
TRUSTEE CYPT	2.00	X						0.		0.			0
	2.00	1 A			├		-	 					
(25) BARNETT BARON	٠ ا				ĺ								_
CEO	40.00	<u> </u>		Х			_	0.		0.			0
(26) ANNETTE BOUSQUET	_												
VP-CHIEF FINANCIAL OFFICER	40.00	Ì	Ι.	Х				0.		0.			0
(27) RAY KLINKE													
CFO, SECRETARY, INTERIM CEO	40.00			Х				101,339.		0.		19,	964
(28) JENNIFER LOFING		·			-								
	40.00					X		112 156				10	011
VP OF PROGRAMS	1 40.00	l	لــــا					112,156.	<u>'</u>	0.		19,	
1b Sub-total								213,495.		0.		39,8	_
c Total from continuation sheets to Part VII, Sec	ction A 💹	TTAC	HM	ΕŊΊ	ι 2			104,465.		0		L9,9	
d Total (add lines 1b and 1c)							>	317,960.		0		59,7	40.
2 Total number of individuals (including but not lin		se liste	ed al	bov	e) w	/ho re	ceiv	ed more than \$100	,000 in				
reportable compensation from the organization			3										·····
												Yes	No
3 Did the organization list any former office	er, directo	or or	tru	ste	e, I	key e	emp	loyee, or highest	compens	ated	اشنگا	1867	
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the	- a af		ماماء				*:	and other com-		fua ma			× × × ×
the organization and related organizations											. 11		
										Sucri	4		X
ındıvıdual											1		<u> </u>
5 Did any person listed on line 1a receive or													·
for services rendered to the organization? If "Y	es,"comple	te Sc	hedu	ıle .	J for	such	per	rson	<u> </u>		5	Х	
Section B. Independent Contractors								<u> </u>					
1 Complete this table for your five highest	compensat	ed in	dep	end	ent	cont	ract	tors that received	d more tha	an \$100	0,000	of	
compensation from the organization													
(A)							T	(B)			(C)		
Name and business add	ress							Description of ser	vices	C.	ompensa	ation	
ATTACHMENT 3							+	-					
WITWCHLIENT 2							+	· · · · · · · · · · · · · · · · · · ·					
							+						
							+						
2 Total number of independent contractors (iii	ncludina hi	ıt not	lım	iter	l to	thos	e li	isted above) who	received	.¥a	,	,	,1,
more than \$100,000 in compensation from th						1				1 1	7	(
·	_					_				<u> </u>			

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Pa	rt VIII	Statement of Revenue				T	T
•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1.	Federated campaigns 1a				73.	
Contributions, gifts, grants and other similar amounts	1a	1 cociatos campaigno 1 1 1 1 1 1 1			Y		
يو ق	Ь	Wilding and a control of the control		1:	*	,	
iffs,	°	. and along ording			John Salation		,
	d	reduced organizations 111111		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**	****
sin	e	Cotoninion grante (continuo ment)		1, ,			ļ
but	*	All other contributions, gifts, grants,	32,093,258	, , ,	1 1,31, 1		ç,
달달				1.		Ì	
SE	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		32,093,258	4	, 1 1 1 1 1 1 1 1 1 1 	**
	h	Total. Add lines 1a-11	Business Code	W A	3-2	***	25.5
enn	_	CDANE MANAGEMENT CEDUICEC	900099	126,100	126,100	· · · · · · · · · · · · · · · · · · ·	
Şev	2a	GRANT MANAGEMENT SERVICES	900099	126,100	126,100		
Se.	b						
Ξ̈́	C		<u> </u>				
Š	d						
ran	e		-				
Program Service Revenue	f	All other program service revenue		106 100	, <u>*</u>	**	
	9	Total. Add lines 2a-2f		126,100.	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (including dividends, interes	•				74 000
		other similar amounts)					74,090
	4	Income from investment of tax-exempt bond pro-		. 0			
	5	Royalties (1) Real	(II) Personal	0.		<u> </u>	
			(1) (1)				
	6a	Gross Rents	<u> </u>				, i
	b	Less rental expenses					
	C	Rental income or (loss)				***************************************	
	ď	Net rental income or (loss) (i) Securities	(II) Other	0			
	7a	Gross amount from sales of	(ii) Other	Mary Control	istica entro	\$\$\text{\$1.7}	122
		assets other than inventory1,417,044				*	\$5,1. 18880
	b	Less cost or other basis		***		å .	
		and sales expenses 1,367,955					134 6.95
	C	Gain or (loss)				······································	40.000
	d	Net gain or (loss)	. <u> </u>	49,089		gây 🍑 F	49,089
ne	8a	Gross income from fundraising			*	,	
en/		events (not including \$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,
è		of contributions reported on line 1c)			, , , , , , , , , , , , , , , , , , ,		, ,,
Other Revenue		See Part IV, line 18 a			12 DA	Sien war	
ŧ	b	Less direct expenses b		_ <u>````````````````````````````````````</u>		######################################	
0	C	Net income or (loss) from fundraising events		*, ,	<u> </u>	v	
	9a	Gross income from gaming activities See Part IV, line 19		· · · · · · · · · · · · · · · · · · ·			
				4. 4.	ę.		* *
	b	Less direct expenses b		0			
	C	Net income or (loss) from gaming activities		7' ('4)			
	10a	Gross sales of inventory, less returns and allowances a			, , , , , , , , , , , , , , , , , , ,		
			1		in which we	1,30	美 芸
	b	Less cost of goods sold b Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code	32.7	Take 1940 J	n with William	21.1 (2).
	4.1		†		<u> </u>		
	11a						
	b						
	, c	All all and an arrangements					
	ď	All other revenue		. 0	(log v
	12	Total. Add lines 11a-11d			, ,	ĺ	122 170
		Total revenue. See instructions		1 32,342,33/	126,100	0	123,179

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)

	nclude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants	s and other assistance to governments and				
	izations in the U.S. See Part IV, line 21	569,848.	569,848.		
2 Grants	s and other assistance to individuals in				
	S See Part IV, line 22	0.			
3 Grants	s and other assistance to governments,				
organi	izations, and individuals outside the				
USS	See Part IV, lines 15 and 16	25,951,318.	25,951,318.		
4 Benefi	its paid to or for members	0.			
5 Comp	ensation of current officers, directors,				
trustee	es, and key employees	0.			
6 Compe	ensation not included above, to disqualified				
	s (as defined under section 4958(f)(1)) and	}			
person	is described in section 4958(c)(3)(B)	0.			
7 Other	salaries and wages	0.			
	on plan contributions (include section 401(k)				
	ection 403(b) employer contributions)	0.	ļ		
	employee benefits	0.			
	Il taxes	0.			
•	for services (non-employees)				
	gement	2,180,728.	962,714.	910,772.	307,242
	genient	30,716.		30,716.	· · · · · · · · · · · · · · · · · · ·
•	unting	47,692.		47,692.	
	/ing	0.			
•	•	0.			
	sional fundraising services See Part IV, line 17 tment management fees	24,843.		24,843.	
		200,996.	139,314.	36,182.	25,500
		0.	133,3211	30,102.	
	tising and promotion	37,810.	2,182.	34,991.	637
	expenses	172,412.	2,102.	172,412.	057
	nation technology	0.		1/2,412.	
-	ties	148,738.	76,058.	46,651.	26,029
	pancy	54,965.	31,229.	12,637.	11,099
	····	34,963.	31,229.	12,037.	11,099
-	ents of travel or entertainment expenses				
	ny federal, state, or local public officials	12,399.	2,429.	5,957.	4,013
19 Confe	erences, conventions, and meetings		2,429.	5,957.	4,013
	st	0.			- "
•	ents to affiliates	0.			-
	eciation, depletion, and amortization			0.000	
23 Insura	ance	9,202.		9,202.	_
	expenses Itemize expenses not covered	^ *		*	
	(List miscellaneous expenses in line 24f If				
	4f amount exceeds 10% of line 25, column				
` '	nount, list line 24f expenses on Schedule O)	Sept.			
	AND CC FEES	52,606.		52,606.	
	TING AND PUBLICATIONS	11,134.		11,134.	
	F DEVELOPMENT	4,363.	90.	4,273.	
	ERSHIP DUES	1,191.	790.	375.	26
e TAXE	S AND ASSESSMENTS	296.		296.	
f All oth	her expenses				
25 Total 1	functional expenses Add lines 1 through 24f	29,511,257.	27,735,972.	1,400,739.	374,546
	Costs. Check here ▶ if following				
	98-2 (ASC 958-720) Complete this line if the organization reported in column				
(B) joi	int costs from a combined educational				
campa	aign and fundraising solicitation				

Pa	rt X ˈ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	7,854,520.	2	10,935,940.
	3	Pledges and grants receivable, net	1,156,373.	3	5,587,828.
	4	Accounts receivable, net		4	7,152.
	5	Receivables from current and former officers, directors, trustees, key	, ,,,	,33	
		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	, ,,,,,	. 10	
		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	
Assets	7	Notes and loans receivable, net	287,629.	7	207,985.
\ss	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			1
		other basis Complete Part VI of Schedule D 10a		,	
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,401,070.	12	1,963,308.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
İ	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,699,592.	16	18,702,213.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	4,046,840.	18	8,759,718.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ဖွ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	3.0		
ig		employees, highest compensated employees, and disqualified persons			
ľË		Complete Part II of Schedule L	The same of the sa	22	After the second party and the
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	208,146.	25	707,047.
	26	Total liabilities. Add lines 17 through 25	4,254,986.	26	9,466,765.
"		Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.	**		
ë	27	Unrestricted net assets	5,006,396.	27	3,547,620.
lan	28	Temporarily restricted net assets	1,438,210.	28	5,687,828.
B	29	Permanently restricted net assets	1,430,210.	29	3,007,020.
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and	<u> </u>	_23	
		complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net A	32	Retained earnings, endowment, accumulated income, or other funds	6 444 605	32	0.005
ž	33	Total net assets or fund balances	6,444,606.	33	9,235,448.
\Box	34	Total liabilities and net assets/fund balances	10,699,592.	34	18,702,213.

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Рa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,3	42,5	37.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,5	11,2	257.			
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Other changes in net assets or fund balances (explain in Schedule O)	5		40,4	138.			
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	9,2	35 , 4	148.			
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			Х				
			,	Yes	No			
1	Accounting method used to prepare the Form 990 CashX Accrual 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?		2a		Х			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
С	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?		2c	Х				
	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			Ì				
	X Separate basis Consolidated basis 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?		. 3a		X			
b								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2010)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Inspection

Name of the organization Employer identification number GIVE2ASIA 94-3373670 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)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the supported organization? Х 11q(i) (ii) A family member of a person described in (i) above? 11g(u) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (ii) EIN (IV) Is the (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 the organization col (i) listed in above or IRC section in col (i) of col (ı) organized your governing (see instructions)) your support? in the US? document? Yes Yes Nο Yes No (A) (B) (C) (D) (E) 38A 13

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	Section A. Public Support									
Caler	ndar 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 any "unusual grants")	29,277,917.	28,982,562	29,954,256	20,834,423	32,093,258	141,142,416			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total Add lines 1 through 3	29,277,917	28,982,562	29,954,256	20,834,423	32,093,258	141,142,416			
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)						45,797,987.			
_6	Public support Subtract line 5 from line 4						95,344,429.			
Sec	tion B. Total Support		,							
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	29,277,917.	28,982,562	29,954,256	20,834,423	32,093,258	141,142,416			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	389,599	370,670	97,793	44,975	74,090	977,127.			
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	Total support. Add lines 7 through 10			\$			142,119,543			
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	1,710,093			
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	id, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶			
Sec	tion C. Computation of Public Sup									
14	Public support percentage for 2010 (line	e 6, column (f) d	ivided by line 11,	, column (f))		14	67.09%			
15	Public support percentage from 2009 Se	chedule A, Part	II, line 14			15	65.92 %			
16a	33 1/3 % support test - 2010. If the o			box on line 13,	and line 14 is	33 1/3 % or mor	e, check			
	this box and stop here. The organization									
b	33 1/3 % support test - 2009. If the c									
	check this box and stop here. The orga									
17a	10%-facts-and-circumstances test - 2	010. If the orga	inization did not	check a box on	line 13, 16a or	16b, and line 1	4 is 10%			
	or more, and if the organization me	eets the "facts-	-and-circumstand	ces" test, chec	k this box and	stop here. E	xplaın ın			
	Part IV how the organization meets t	he "facts-and-c	rcumstances" te	est The organiz	zation qualifies	as a publicly s	upported			
	organization			<i></i>			▶ 🔲			
b	10%-facts-and-circumstances test - 2									
	15 is 10% or more, and if the orga		•							
	Explain in Part IV how the organization									
	supported organization				•	•				
18	Private foundation. If the organization									
	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.)

Sec	tion A. Public Support						
C	alendar 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 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					ŀ	
	its behalf					1	
5	The value of services or facilities						
,	furnished by a governmental unit to the						
	, ,						
	organization without charge						
6	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3					}	
ь	received from disqualified persons 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		<u> </u>				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		,				
	line 6)		/ \$			l	
	tion B. Total Support	() 0000	#1.0007	() 0000	/ I) 0000		
Ca	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on · · · · · · · · · · · · · ·						
12	Other income Do not include gain or						
	loss from the sale of capital assets						`
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	is a section 501	(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8, co	olumn (f) divided t	y line 13, column	(f))		15	%
16	Public support percentage from 2009 Schedu	ule A, Part III, line	15	<u> </u>		16	%
Sec	tion D. Computation of Investmen					1	
17	Investment income percentage for 2010 (lin						%_
18	Investment income percentage from 2009	Schedule A, Part I	II, line 17			18	<u></u> %_
19 a	33 1/3 % support tests - 2010 If the org	ganization did no	ot check the box	on line 14, and	l line 15 is mor	e than 331/3 %,	and line
	17 is not more than 331/3 %, check th	is box and stop	here The orga	anization qualifies	as a publicly	supported organ	ızatıon ▶ 🔝
b	33 1/3 % support tests - 2009 If the orga	inization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than $331/3$ %, check	this box and st	op here The or	ganization qualifie	es as a publicly	supported organ	ization 🕨 🔝
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b,	, check this bo	x and see instr	uctions ►

Page 4

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

GIV	JE2ASIA		94-3373670
Pa	Organizations Maintaining Donor Advi organization answered "Yes" to Form 99		AccountsComplete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	351.	219.
2	Aggregate contributions to (during year)	27,244,030.	4,849,228.
3	Aggregate grants from (during year)	23,825,303.	2,686,291.
4	Aggregate value at end of year	11,257,864.	7,165,285.
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in donor a	dvised
	funds are the organization's property, subject to the o		X Yes No
6	Did the organization inform all grantees, donors, and	•	
	used only for charitable purposes and not for the ben-		
	purpose conferring impermissible private benefit?		X Yes No
Pai	t II Conservation Easements. Complete if t		n 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the or	ganızatıon (check all that apply)	
	Preservation of land for public use (e.g., recreat	ion or education) Preservation of a	an historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the fo	orm of a conservation
	easement on the last day of the tax year		·····
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hist	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated by	y the organization during the
	tax year ▶		
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding		
_	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation easement	ts during the year
_	>		Al
7	Amount of expenses incurred in monitoring, inspectin	g, and emorcing conservation easements du	ring the year
8	►\$ Does each conservation easement reported on line 2	(d) above esticts the requirements of section	170/b\/4\/P\
0	· ·	• •	
9	(i) and 170(h)(4)(B)(ii)?	near/ation assements in its revenue and evo	ence statement and
3	balance sheet, and include, if applicable, the text of the		
	organization's accounting for conservation easements	=	
Pai	t III Organizations Maintaining Collections		Similar Assets.
	Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its re	venue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the fo	r assets held for public exhibition, educa	ition, or research in furtherance of
ь	If the organization elected, as permitted under S		
U	works of art, historical treasures, or other similar public service, provide the following amounts relating	r assets held for public exhibition, educa	
	(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		
	following amounts required to be reported under SF		
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2010

Par	t III 🔪 Organizations Maintainii	ng Collections o	of Art, Histo	orical Treasu	ıres, e	or Oth	<u>ner Similar</u>	Assets(c	continued	<u>1)</u>
3	Using the organization's acquisition collection items (check all that apply		l other recor	ds, check an	y of th	ne follo	owing that	are a sign	oficant us	se of its
а	Public exhibition		d 🗍	Loan or	excha	nge pr	ograms			
b	Scholarly research		e	Other			· -			
С	Preservation for future gene	erations	<u> </u>							
4	Provide a description of the organ		ns and expla	an how they	furthe	r the	organization	's exemp	purpose	ın Part
•	XIV			,			J			
5	During the year, did the organization	n solicit or receive	donations o	f art. historica	l treas	ures. d	or other simi	lar		
Ū	assets to be sold to raise funds rath							_	∀ es	No
Par	t IV Escrow and Custodial A									
	line 9, or reported an amo								_	•
1a	Is the organization an agent, trustee,	custo dian or oth	er intermedia	ry for contribu	tions o	r other	r assets not			
ıa	included on Form 990, Part X?							٢	Yes	No
ь	If "Yes," explain the arrangement in I					• • • •				
U	ir res, explain the arrangement in	rant XI v and com	piete trie ione	wing table.		1		Amount		
_	Beginning balance				4-	+		amount		
	•						 			
d	Additions during the year				_		*******			
e	Distributions during the year									
f	Ending balance								1,,	
2a	Did the organization include an amou		, Part X, line	21?		• • • •		L	Yes	No
	If "Yes," explain the arrangement in I		 							
Par	t V Endowment Funds. Com									
		(a) Current year	(b) Prior ye	ear (c) Tw	o years l	oack	(d) Three ye	ears back	(e) Four ye	ears back
1a	Beginning of year balance						1			i
b	Contributions									
С	Net investment earnings, gains,							»Vc		
	and losses						781,	Sec.		
d	Grants or scholarships						. .	7,80	-	1
е	Other expenditures for facilities .							*		
	and programs			İ			> X.	A	Ś	į
f	Administrative expenses						# (A)	1965	· } *	· · · · · · · · · · · · · · · · · · ·
g	End of year balance					***	3			1
2	Provide the estimated percentage of	the y ear end bal	ance held as:	:						
а	Board designated or quasi-endowme									
b	Permanent endowment									
С		 %								
	Are there endowment funds not in the	e pos session of	the organizat	ion that are he	eld and	admir	nistered for th	ne		
	organization by		g						Y	es No
	(i) unrelated organizations								3a(i)	10 110
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(II), are the related orga								3b	_
4	Describe in Part XIV the intended us		•							
Par						Ι.,		1 .	N =	
	Description of investment		or other basis estment)	(b) Cost or othe (other)	r basis		Accumulated epreciation	(0	l) Book value	•
1-	Land		/	(557)						
		<u> </u>				-				
	Buildings									
	Leasehold improvements	<u> </u>						 		
	Equipment	<u> </u>								
	Other	,	000 5	<u> </u>	,			-		
í otal	I. Add lines 1a through 1e (Column	(a) must equal For	m 990, Part)	x, column (B),	iine 10	ι(c)) .	▶	I		

Part VII Investments - Other Securities. See F	orm 990, Part X, line 1	2.				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method Cost or end-of-y	of valuation year market		
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other(A) MUTUAL FUNDS - EQUITIES						
(A) MUTUAL FUNDS - EQUITIES	621,082.		FMV			
(B)MUTUAL FUNDS - BONDS (C)MUTUAL FUNDS - U.S. TREASURIES	1,315,505.		FMV			
(C)MUTUAL FUNDS - U.S. TREASURIES	26,721.		FMV			
(D)						
(E)						
(F) (G)						
					•	
<u>(I)</u>						
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	1,963,308.					
Part VIII Investments - Program Related. See F		3.				
(a) Description of investment type	(b) Book value		(c) Method	of valuation		
			Cost or end-of-y	/ear market	value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)	<u> </u>					
(8)						
(10)						
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets. See Form 990, Part X, lii	ne 15.					
· · · · · · · · · · · · · · · · · · ·	Description		-		(b) Boo	k value
(1)						
(2)						
(3)						
(4)		···				
(5)						
(6)						
(7)						
(8)						
(9)						
(10)				-+		
Total (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X	Ino 25		· · · · · · · · · · · ·	▶		
1. (a) Description of liability	(b) Amount	<u> </u>	, ÿ		 	
(1) Federal income taxes	(b) Amount			377	100	· *(*)
(2) OTHER CURRENT LIABILITIES	43,79	 	*,		- 39	¥"
(3) DUE TO THE ASIA FOUNDATION	663,25		46. km	Sy	, \$	
(4)			· À 🐉 . V.S.	, q.,	**************************************	, ` 4
(5)		7		,		
(6)		7	and the same and the same		, *	
(7)		, ,,,		- Walter	•	
(8)			•	•		
(9)					4 - 5	* .
(10)		_		1,7 67		20
(11)						
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 707,04	7.	maj (n)	in iomábi	~ » ₂ ,ς,	

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)

JSA 0E1270 1 000 chedule D (Form 990) 2010 94-3373670 Page

	e D (Form 980) 2010			raye 4
Part		T	5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-	32,342,537
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1	29,511,257
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u> </u>	2,831,280
4	Net unrealized gains (losses) on investments	4	<u> </u>	-50,010
5	Donated services and use of facilities	5	ļ	
6	Investment expenses	6	<u> </u>	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		9,572
9	Total adjustments (net) Add lines 4 through 8	9		-40,438
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		2,790,842
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
1	Total revenue, gains, and other support per audited financial statements	L	1	32,292,527
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	.0.		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV) 2d			
е	Add lines 2a through 2d		2e	-50,010
3	Subtract line 2e from line 1		3	32,342,537
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	`		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
C			4c	
5	Add lines 4a and 4b	•••	5	32,342,537
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per			32,312,337
			1	29,501,685
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	· · -		27,301,003
2				
a	Donated services and use of facilities Prior year adjustments 2a 2b			
b		-		
C	Other losses 2c 2d -9,5	72		
d]	0 570
е	Add lines 2a through 2d	• • ⊦	2e	-9,572 29,511,257
3	Subtract line 2e from line 1	$\cdot \cdot \mid$	3	29,511,257
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	<u> </u>	\ \ \	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	-		
С	Add lines 4a and 4b	-	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	29,511,257
Part	XIV Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; P, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	lete		
SEE	PAGE 5			
				

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

GIVE2ASIA HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) ON INCOME OTHER THAN UNRELATED BUSINESS INCOME AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION AND EXEMPT FROM TAXES ON INVESTMENT INCOME, AND HAS BEEN RECOGNIZED BY THE CALIFORNIA FRANCHISE TAX BOARD AS EXEMPT FROM CALIFORNIA FRANCHISE TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME UNDER REVENUE AND TAXATION CODE SECTION 23701(D).

INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE

INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED TAX

POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL

STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT

INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES

NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE

EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS

OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY

RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN

INCOME TAX POSITIONS AT SEPTEMBER 30, 2011.

THE ORGANIZATION FILES ANNUAL INFORMATION TAX RETURNS IN THE U.S FEDERAL JURISDICTION AND THE CALIFORNIA STATE JURISDICTION. PURSUANT TO THE

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

STATUTE OF LIMITATIONS, THE ORGANIZATION IS OPEN TO AUDIT BY THE INTERNAL REVENUE SERVICE (IRS) FOR THE 2007-2010 TAX YEARS AND BY THE CALIFORNIA FRANCHISE TAX BOARD (FTB) TAXING AUTHORITY FOR THE 2006-2010 TAX YEARS. THE ORGANIZATION CURRENTLY DOES NOT HAVE ANY EXAMINATIONS IN PROGRESS WITH THE IRS OR FTB. THE ORGANIZATION DOES NOT ANTICIPATE THAT THERE WILL BE ANY MATERIAL CHANGES IN ITS UNRECOGNIZED TAX POSITIONS OVER THE NEXT 12 MONTHS.

THE ORGANIZATION MAY FROM TIME TO TIME BE ASSESSED INTEREST OR PENALTIES BY MAJOR TAX JURISDICTIONS, ALTHOUGH ANY SUCH ASSESSMENTS HISTORICALLY HAVE BEEN MINIMAL AND IMMATERIAL TO ITS FINANCIAL RESULTS. IN THE EVENT THE ORGANIZATION HAS SUCH AN ASSESSMENT FROM A TAXING AUTHORITY, IT IS ITS ACCOUNTING POLICY TO RECOGNIZE ANY INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE.

RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO AUDITED FINANCIAL STATEMENTS, SCHEDULE D, PART XI, LINE 8

GRANT REFUND 9,572

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN, SCHEDULE D, PART XIII, LINE 2D

GRANT REFUND (9,572)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 ► See separate instructions

of the organization Employer identification number 94-3373670

94-3373670 GIVE2ASIA General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990. Part IV. line 14b. 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 X Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (e) If activity listed in (d) is (f) Total (b) Number of (d) Activities conducted in (a) Region expenditures for a program service. offices in the region (by type) (e g , employees. describe specific type of fundraising, program and investments agents. region and independent services, investments, service(s) in region in region contractors grants to recipients located in the region) ın region (1) EAST ASIA AND THE PACIFIC GRANTMAKING 21,160,145 (2) SOUTH ASIA 0. GRANTMAKING 4.773.460 (3) EUROPE 0. 0 GRANTMAKING 17,713 (4) EAST ASIA AND THE PACIFIC PROGRAM SERVICES CONSULTING 51,206 (5) SOUTH ASIA PROGRAM SERVICES CONSULTING 40,979 (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Sub-total 26,043,503. 13 Total from continuation

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

26,043,503 Schedule F (Form 990) 2010

 94-3373670

Schedule F (Form 990) 2010

Page 2

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. Part II

(i) Method of valuation (book, FMV, appraisal, other)															
(h) Description of non-cash assistance															
(g) Amount of non-cash assistance															
(f) Manner of cash disbursement															
(e) Amount of cash grant															
(d) Purpose of grant															
(c) Region	SEE ATTACHMENT 4														
(b) IRS code section and EIN (if applicable)															
1 (a) Name of organization		(2)	(a)	(4)	(c)	(9)	(2)	(8)	(6) (水) (水) (水) (水) (水) (水) (水) (水) (水) (水	(10)	(12)	(13)	(14)	(15)	(16)

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. Enter total number of other organizations or entities

PAGE 28

Schedule F (Form 990) 2010

269.

94-3373670

Schedule F (Form 990) 2010

Page 3 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2010

PAGE 29

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)		es X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	∟ re	is ino
	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)	Ye	es X 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)	Ye	es X 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)	Ye	s X 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)	☐ Ye	s X 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)	Ye	x X No

Schedule F (Form 990) 2010

Page **5**

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 III, 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)

SCHEDULE F, PART I, LINE 2
GIVE2ASIA PROGRAM STAFF, WITH THE SUPPORT OF FIELD ADVISORS, PERFORMS
PRE-GRANT DUE DILIGENCE ON EACH ORGANIZATION AND OBTAINS A BUDGET AND
NARRATIVE DESCRIPTION FOR THE PROPOSED USE OF FUNDS. FOLLOWING BOARD
APPROVAL, A GRANT AGREEMENT WITH THE ORGANIZATION IS SIGNED STIPULATING
WHAT THE GRANT MAY AND MAY NOT BE USED FOR. DURING THE COURSE OF THE
GRANT GIVE2ASIA STAFF AND/OR FIELD ADVISORS PROVIDE OVERSIGHT OF THE
GRANT AND SEEK PERIODIC UPDATES ON PROJECTS, AS APPROPRIATE. GRANT
AGREEMENTS ALSO REQUIRE GRANTEE ORGANIZATIONS TO SUBMIT NARRATIVE AND
FINANCIAL REPORTS ON USE OF FUNDS COMPARED TO ORIGINAL BUDGET AND
DESCRIPTION.

MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES

SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047
2010
Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

å Schedule I (Form 990) (2010) (h) Purpose of grant or assistance 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 × Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 94-3373670 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Il can be duplicated if additional space is needed Part | General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN Enter total number of other organizations (a) Name and address of organization or government SEE ATTACHMENT 5 Name of the organization **GIVE2ASIA** Part II _(1)__ [7] (12) 9 [2] <u>හ</u> € 3 (<u>8</u> **(6)** (10) (11)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	r ait iii cail be uupiicated ii additiollal space is lieeded.	כם וא וומפחפת.				
	(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
-						
2						
8						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	s part to provi	de the informatic	on required in F	art I, line 2, and any	other additional information.

MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

SCHEDULE I, PART I, LINE ;

GIVE2ASIA PROGRAM STAFF, WITH THE SUPPORT OF FIELD ADVISORS, PERFORMS

BUDGET AND PRE-GRANT DUE DILIGENCE ON EACH ORGANIZATION AND OBTAINS A

FOLLOWING BOARD NARRATIVE DESCRIPTION FOR THE PROPOSED USE OF FUNDS. APPROVAL, A GRANT AGREEMENT WITH THE ORGANIZATION IS SIGNED STIPULATING

WHAT THE GRANT MAY AND MAY NOT BE USED FOR. DURING THE COURSE OF THE

GRANT GIVEZASIA STAFF AND/OR FIELD ADVISORS PROVIDE OVERSIGHT OF THE

GRANT AND SEEK PERIODIC UPDATES ON PROJECTS, AS APPROPRIATE. GRANT

AGREEMENTS ALSO REQUIRE GRANTEE ORGANIZATIONS TO SUBMIT NARRATIVE AND

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	artin car so deproduce il dedicional opere io nocedio	20 10 110000				
İ	(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
-				:		
2						
ო						
4						
r.						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to	s part to provi	de the information	n required in P	art I, line 2, and any	provide the information required in Part I, line 2, and any other additional information.

FINANCIAL REPORTS ON USE OF FUNDS COMPARED TO ORIGINAL BUDGET AND

DESCRIPTION.

PAGE 34

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization aswered "Yes" to Form 990,

Part IV, line 23

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Employer identification number 94-3373670 GIVE2ASIA

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			*
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			,
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ļ		,
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	ŀ		
				i
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	1		3
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		/
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	directors, fractions, and the electronic broader, regarding the forms directors in the fig.,	-		1
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	X Compensation committee X Written employment contract			1
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			į,
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			· 3
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b		4b		- <u>X</u>
C		4c		X
·	Participate in, or receive payment from, an equity-based compensation arrangement?	**		- 3
	The to any of lines 44-0, list the persons and provide the applicable amounts for each item in fact in	\$3 ,		***
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			!
3	compensation contingent on the revenues of			
_		5a		X
a b	The organization?	5b		<u>X</u>
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III	30		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			ļ ,
U	compensation contingent on the net earnings of	} :		
а	· · · · · · · · · · · · · · · · · · ·	6a		X
b	The organization?	6b		<u>X</u>
b	Any related organization?	00		
7	If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
'	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		х
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
8				
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			v
	In Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	q	ļ	
	NGUUIQUUII 3 SGUUUII JJ. 43JU-UIUI /		1	

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in pnor Form 990 or Form 990-EZ
-	(E)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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14	≘ ≘							
15	(E)							
. 16	≘ ≘							
							Sche	Schedule J (Form 990) 2010

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Part III Supplemental Information Schedule J (Form 990) 2010

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the	-						50	ipioyer				r		
GIVE2AS								94	-337	3670)			
Part I	Excess Benefit Transactions(s Complete if the organization answer)-EZ, I	Part V	, line	40b			
1	(a) Name of disqualified person					b) Descriptio	n of trans	action				(c)) Corrected?	
•	(a) Name of disqualified person					b) Descriptio	or trans	action				Y	es No	
(1)														
(2)														
(3)														
(4)													\top	
(5)														
(6)														
und	er the amount of tax imposed on the der section 4958						-		▶	\$_				
3 Ent	er the amount of tax, if any, on line 2,				y the organization				· · •	· \$ 				
Part II	Loans to and/or From Interest Complete if the organization answer				90, Part IV, line 26,	or Form 99	0-EZ, P	art V, I	ine 38	Ва.				
(a	(a) Name of interested person and purpose			s to or from enization?	(c) Original principal amount	(d) Balance due		(e) In default?				(g) Written agreement?		
			To	From				Yes	No	Yes	No	Yes	No	
(1)														
(2)														
(3)							•	1		·				
(4)		-												
(5)		-												
(6)							_ _ _							
(7)								Ì						
(8)														
(9)														
(10)														
Total					▶\$									
Part III	Grants or Assistance Benefiti Complete if the organization answe	ng Inter	este	d Per	sons.									
	(a) Name of interested person	(b)	Relati	onship b						d type of assistance				
(1)														
(2)														
(3)														
(4)														
(5)							•							
(6)														
(7)														
(8)								_						
(9)					· · · · · · · · · · · · · · · · · · ·									
(10)														
	work Reduction Act Notice, see the	Instructi	ons f	or For	m 990 or 990-EZ.			Sche	dule L (Form 9	90 or 9	90-EZ1	2010	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on	Form 990.	Part IV	. line 28a.	28b.	or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THE ASIA FOUNDATION	COMMON TRUSTEES	145,822.	GRANTS TO THE ASIA FOUNDATION		X
(2) THE ASIA FOUNDATION	COMMON TRUSTEES	1,586,058	REIMBURSEMENT FOR SERVICES		X
(3) THE ASIA FOUNDATION	COMMON TRUSTEES	111,150.	CONTRIBUTION TO PENSION PLAN		x
(4)					
(5)					<u>l</u>
(6)					
(7)					
(8)				<u> </u>	
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART IV

GIVE2ASIA PARTNERS WITH A NONPROFIT ORGANIZATION, THE ASIA FOUNDATION (THE "FOUNDATION"), A TAX-EXEMPT ORGANIZATION, WHOSE PURPOSE IS TO ADVANCE THE MUTUAL INTERESTS OF THE UNITED STATES AND THE ASIA-PACIFIC REGION BY COLLABORATING WITH PARTNERS FROM PUBLIC AND PRIVATE SECTORS TO BUILD LEADERSHIP, IMPROVE POLICY AND STRENGTHEN INSTITUTIONS TO FOSTER GREATER OPENNESS AND SHARED PROSPERITY IN THE ASIA-PACIFIC REGION. WITH THE ASSISTANCE OF THE FOUNDATION'S FIELD OFFICE STAFF, GIVE2ASIA CONDUCTS DUE DILIGENCE INQUIRIES BEFORE DISBURSING FUNDS AND MONITORS GRANTEES AS NEEDED. THE FOUNDATION ALSO PROCESSES CERTAIN TRANSACTIONS ON BEHALF OF GIVE2ASIA AND PROVIDES CERTAIN SUPPORTING SERVICES. DURING THE YEAR ENDED SEPTEMBER 30, 2011, GIVE2ASIA REIMBURSED THE ASIA FOUNDATION \$1,586,058 FOR GENERAL OPERATING EXPENSES PAID ON ITS BEHALF, INCLUDING PAYROLL, FACILITIES AND OTHER SERVICES AND MADE GRANTS TO THE ASIA FOUNDATION TOTALING \$145,822. SEVEN OF THE TWENTY-FOUR VOTING MEMBERS OF THE BOARD OF TRUSTEES SERVING DURING THE FISCAL YEAR (DOUG BEREUTER, ALEXANDER CALHOUN, GINA LIN CHU, SUSAN PHARR, MISSIE RENNIE, PAUL SLAWSON) WERE TRUSTEES OF THE ASIA FOUNDATION DURING FISCAL YEAR ENDED SEPTEMBER 30, 2011 AND ONE BOARD MEMBER, DAVID ARNOLD, IS THE PRESIDENT OF THE ASIA

D IV	D	Transactions	lance a legisla ar	1-44	Darassa
	RIISINASS	Transactions	invoivina	interestea	Persons
		I I WII GU GU GU GU			

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organia	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

FOUNDATION.

SCHEDULE M (Form 990)

•

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Employer identification number

GIVE2ASIA Part I Types of Property 94-3373670

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of detern noncash contribution		nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests		» ,				
4	Books and publications						
5	Clothing and household		,				
	goods		*>				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property					_	
9	Securities - Publicly traded	Х	15.	523,638.	MARKET QUOTA	TION	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ▶()					-	
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the orga	inization during the tax ve	ar for contributions for	 		
	which the organization completed F				29		
	.		,			Yes	No
30 a	During the year, did the organizat	on receive	by contribution any prope	erty reported in Part I, lin	e 1-28 that		-
	it must hold for at least three year	rs from the	date of the initial contribut	tion, and which is not red	quired to be		1
	used for exempt purposes for the er						X
b	If "Yes," describe the arrangement in					1	
31	Does the organization have a		ance policy that requires	s the review of any r	non-standard		
	contributions?		•		Ann + 4	X	
32 a	Does the organization hire or use	third parti	es or related organizations	s to solicit, process, or s	sell noncash	"	
	contributions?	•	•				Х
b	If "Yes," describe in Part II						
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a)) is checked.		,
	describe in Part II		(5) .5. 5 .3 pc 51 pro	F 101 1111 001011111 (u.	,		
For P	aperwork Reduction Act Notice, see the	Instructions f	or Form 990		Schedule M (Forn	n 990) /	2010)

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

GIVE2ASIA

Employer identification number 94-3373670

FORM 990, PART I, LINE 5, PART V, LINE 2A, PART VI, LINE 3, PART VII SECTION A

GIVE2ASIA DOES NOT HAVE EMPLOYEES. ALL STAFF ARE FULL-TIME EMPLOYEES OF
THE ASIA FOUNDATION, WHICH IS A PARTNER ORGANIZATION THAT ADMINISTERS
PAYROLL AND OTHER SERVICES FOR GIVE2ASIA THROUGH A SERVICE AGREEMENT.

FORM 990, PART VI, LINE 2

SEVEN OF THE TWENTY-FOUR VOTING MEMBERS OF THE BOARD OF TRUSTEES SERVING DURING THE FISCAL YEAR (DOUG BEREUTER, ALEXANDER CALHOUN, GINA LIN CHU, SUSAN PHARR, MISSIE RENNIE, PAUL SLAWSON) WERE TRUSTEES OF THE ASIA FOUNDATION DURING FISCAL YEAR ENDED SEPTEMBER 30, 2011 AND ONE BOARD MEMBER, DAVID ARNOLD, IS THE PRESIDENT OF THE ASIA FOUNDATION.

FORM 990, PART VI, LINE 7A

GIVE2ASIA'S BYLAWS STATE THAT THE ASIA FOUNDATION MAY DESIGNATE THE GREATER OF (A) ONE-THIRD OF THE DIRECTORS THEN IN OFFICE OR (B) EIGHT DIRECTORS.

FORM 990, PART VI, LINE 7B

AT THE CONCLUSION OF EACH DIRECTOR'S TERM, THE NOMINATING, GOVERNANCE AND SUCCESSION COMMITTEE OF THE BOARD REVIEWS THE DIRECTOR'S QUALIFICATIONS AND PERFORMANCE AND PROVIDES A REPORT AND RECOMMENDATION TO THE GIVE2ASIA BOARD FOR THE DIRECTOR'S RE-NOMINATION.

THE BOARD OF DIRECTORS, BY A MAJORITY VOTE, MAY REMOVE ANY DIRECTOR AT ANY TIME, WITH OR WITHOUT CAUSE, PROVIDED THAT THE REMOVAL OF A DIRECTOR DESIGNATED BY THE ASIA FOUNDATION HAS BEEN APPROVED BY THE ASIA FOUNDATION.

FORM 990, PART VI, LINE 11A

AN EXTERNAL TAX FIRM AND GIVE2ASIA' SENIOR MANAGEMENT WORK TOGETHER TO GATHER THE REQUIRED TAX INFORMATION NECESSARY TO COMPLETE THE TAX RETURN. THE TAX FIRM PREPARES AN INITIAL DRAFT RETURN AND REVIEWS THE INITIAL DRAFT RETURN WITH SENIOR MANAGEMENT; ITEMS ARE DISCUSSED AND REVIEWED. RECOMMENDED CHANGES ARE REFLECTED IN THE RETURN AND A DRAFT TAX RETURN IS PREPARED. THE DRAFT TAX RETURN IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD AND A COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE TAX RETURN BEING FILED WITH THE IRS.

Employer identification number

94-3373670

FORM 990, PART VI, SECTION B, LINE 12C

GIVE2ASIA REQUIRES EACH TRUSTEE, PRINCIPAL OFFICER, AND MEMBER OF A
COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO ANNUALLY SIGN A
STATEMENT WHICH AFFIRMS EACH PERSON HAS RECEIVED A COPY OF THE CONFLICT
OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO
COMPLY WITH THE POLICY, AND UNDERSTANDS THAT GIVE2ASIA IS A NON-PROFIT
ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST
ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX
EXEMPT PURPOSES. ADDITIONALLY, THE STATEMENT REQUIRES THE INDIVIDUALS TO
PROVIDE INFORMATION WITH RESPECT TO RELATED PARTIES AND TO DISCLOSE
WHETHER THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST. GIVE2ASIA ALSO
REQUIRES PERIODIC REVIEW OF TRANSACTIONS AND RELATIONSHIPS TO ENSURE THAT
THERE ARE NO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, QUESTION 15A AND 15B

GIVE2ASIA DOES NOT HAVE EMPLOYEES. DURING FISCAL YEAR ENDED SEPTEMBER 30, 2011, THE CEO AND CFO WERE FULL-TIME EMPLOYEES OF THE ASIA FOUNDATION, AN UNRELATED TAX-EXEMPT ORGANIZATION.

GIVE2ASIA HAS A COMPENSATION COMMITTEE WHICH ANNUALLY REVIEWS AND

APPROVES THE COMPENSATION OF THE CEO AND ALL OFFICERS OF THE

ORGANIZATION. THE COMMITTEE TAKES INTO ACCOUNT COMPARABLE DATA FROM PEER

Name of the organization ĠIVE2ASIA Employer identification number

94-3373670

ORGANIZATIONS AS WELL AS THE PERFORMANCE OF THE INDIVIDUALS. FOLLOWING THE COMMITTEE'S REVIEW A RECOMMENDATION IS MADE TO THE FULL BOARD FOR THEIR DISCUSSION AND APPROVAL WHICH IS THEN PROPERLY DOCUMENTED.

FORM 990, PART VI, LINE 19

GIVE2ASIA'S AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON ITS WEBSITE AND ARE PROVIDED UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GIVE2ASIA PROVIDES PHILANTHROPIC SERVICES TO INDIVIDUALS,

FOUNDATIONS, CORPORATIONS AND CHARITABLE ORGANIZATIONS IN THE UNITED

STATES AND ASIA. GIVE2ASIA MATCHES DONOR INTERESTS AND GRANTEE

CAPACITY TO MAKE INTERNATIONAL GRANT MAKING SAFE, EFFECTIVE, AND

IMPACTFUL.

Page 2

Name of the organization Employer identification number ĠIVE2ASIA 94-3373670

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(C) POSITION

COMPENSATION FROM

(A) NAME AND TITLE

(B) HOURS (1)(2)(3)(4)(5)(6) (D) ORG. (E) REL. ORG. (F) OTHER

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CHIEF PHILANTHROPY OFFICER 40.00

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ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

STAFFING, OTHER SVCS

COMPENSATION

THE ASIA FOUNDATION

465 CALIFORNIA STEET, 9TH FLOOR

SAN FRANCISCO, CA 94104

1,586,058.

TOTAL COMPENSATION

1,586,058.

FORM 990, SCHEDULE F, PART II - Grants and Other Assistance to Governments and Organizations outside the United States **GIVE2ASIA**

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numan rights, social services	Disaster Response	Health	Education	Education	Arts & Culture	Education	Education	Social Services	Civil Society	Livelihood	Health	Education	Education	Health	Social Services	Health	Social Services	Education - University	Disaster Response	Livelihood	Education	Social Services	Health, Social Services	Social Services	Education - University	Education	Education	Arts & Culture	Education - University	Education	Civil Society	Education	Health	Health	Health	Environment	Education	Environment	Social Services	Education	Education	Education	Arts & Culture, Education	Health	Education - Youth	Social Services	Health
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GIVE2ASIA FORM 990, SCHEDULE I, PART II - Grants and Other Assistance to Governments and Organizations in the United States

NOTE ALL GRANTS WERE CASH AND THEREFORE COLUMNS E, F, G ARE NOT APPLICABLE

1A	14	1A	1A	14	8	U	٥	Ξ
						IRC Section		
Name of Recipient				Zip	Recipient	<u>*</u>	Amount of	
(Government or Organization)	Street Address	City	State	Code	EIN	applicable)	Cash	Purpose of Grant (specific)
Akshaya Patra Foundation (USA)	92 Montvale Avenue, Ste 2500	Stoneham	MA	2180	01-0574950	501(c)(3)	155,126	155,126 Social Services
Build Change	169 Throckmorton Ave. No 2	Mill Valley	5	94941	35-2237155	501(c)(3)	7,500	7,500 Disaster Response
Center for Asian American Media	145 Ninth Street, Suite 350	San Francisco	5	94103	94-2801493	501(c)(3)	55,000	55,000 Arts & Culture
Foundation for the People of Burma (FPB)	225 Bush Street, Suite 590	San Francisco	క	94104	94104 94-3375666	501(c)(3)	13,000 Health	Health
Mercy Corps	45 SW Ankeny St	Portland	OR	97204	97204 91-1148123	501(c)(3)	25,000	25,000 Civil Society
Naya Jeevan for Kids, Inc	12329 Hibbing St	Artesia	S	90701	26-0551721	501(c)(3)	53,690	53,690 Disaster Response, Health
Operation Blessing International Relief and	977 Centerville Turnpike	Virginia Beach	۸۸	23463		501(c)(3)	20,000	20,000 Livelihood
Development Corporation (OBI)					54-1382657			
Pathfinder International	9 Galen Street, Suite 217	Watertown	MA	2472	53-0235320	501(c)(3)	80,000 Health	Health
Planet Water Foundation	707 South 15th Street	Omaha	NE	68102	27-1236020	501(c)(3)	9,700	9,700 Environment
The Asia Foundation	465 California Street, 9th Floor	San Francisco	S.	94104	94-1191246	501(c)(3)	145,822	145,822 Civil Society, Women & Girls, Education,
								Social Service

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of th Internal Revenue		► File a	separate ap	plication for each return.				
		Automatic 3-Month Extension, co	omplete on	Ily Part I and check this box				▶ X
•	_			ion, complete only Part II (on pag				
Do not comp	olete Part II	unlesyou have already been gran	ted an auto	matic 3-month extension on a previo	usly filed Fo	rm {	3868	
a corporation 8868 to req Return for T instructions)	required (uest an ext Fransfers A For more (to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona details on the electronic filing of th	nal (not aut forms liste al Benefit (nis form, vis	u need a 3-month automatic extentomatic) 3-month extension of time and in Part I or Part II with the exce Contracts, which must be sent to sit www.irs.gov/efile and click on e-	You can eleption of For the IRS in	lecti m { n p	ronicall 8870, i paper f	y file Form Information format (see
Part I Au	tomatic 3-	Month Extension of Time. On	ly submit	original (no copies needed).				_
Part I only	oorations (in tax returns			6-month extension - check this box a and trusts must use Form 7004 to re	quest an ext	ens		
Type or	Name of ex	empt organization			Employer id	enti	fication	number
print	GIVE2AS				94-3	337	3670	
File by the	Number, str	eet, and room or suite no. If a P.O. box	, see instruc	tions				
due date for	465 CA1	LIFORNIA STREET, SUITE	806					
filing your return See	City, town o	r post office, state, and ZIP code For a	foreign addi	ress, see instructions				
instructions	SAN FRA	ANCISCO, CA 94104						
Enter the Ret	turn code fo	r the return that this application is f	or (file a se	parate application for each return)				. 01
Application			Return	Application				Return
ls For			Code	Is For				Code
Form 990			01	Form 990-T (corporation)				07
Form 990-BL			02	Form 1041-A				08
Form 990-EZ	<u> </u>		03	Form 4720				09
Form 990-PF		·	04	Form 5227				10
	_	or 408(a) trust)	05	Form 6069				11
Form 990-T (06	Form 8870				12
Telephone If the organ If this is for for the whole a list with the 1 I reques until for the o	No ▶	EINs of all members the extension atic 3-month (6 months for a corpor	usiness in the digit Group fit is for partis for ration requi	•	ıme		 If thi and atta ——————————————————————————————————	ach
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			4720 or	6069, enter any refundable cr		<u> </u>	Ψ	
		nents made Include any prior year		•	1	3b	\$	0 .
				ent with this form, if required, by us			<u>Ψ</u>	<u> </u>
		Tax Payment System) See instruc		on will the form, it required, by us	·	3c	\$	0.
		<u></u>		with this Form 8868, see Form 8				
payment insti	-	<u> </u>		2 2 2005, 200 . 0		- '		

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2011)

Form 8868 (R	Rev 1-2012)					Page 2
If you ar	re filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II	and check this bo	x	> X
Note. Only	complete Part II if you have already been grante	ed an autor	natic 3-month extension on a	a previously filed F	Form 8868	
 If you ar 	re filing for an Automatic 3-Month Extension, c	omplete or	nly Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Ex	tension o	of Time. Only file the orig	inal (no copies i	needed)	
			Er	ter filer's identifyin		
	Name of exempt organization or other filer, see ins	tructions		Employer ider	ntification numbe	er (EIN) or
Type or						
print	GIVE2ASIA			X 94-33		
File by the	Number, street, and room or suite no. If a P.O. box	k, see instruc	tions	Social security	y number (SSN)	
due date for	465 CALIFORNIA STREET, SUITE 8					
filing your return See	City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions			
instructions	SAN FRANCISCO, CA 94104					
Enter the F	Return code for the return that this application is f	for (file a se	parate application for each i	return)		. 01
Applicatio	n	Return	Application			Return
ls For		Code	Is For	7707 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	107 B T 200 307 1	Code
Form 990		01			电影影響影响	; ,,
Form 990-	BL	02	Form 1041-A			08
Form 990-	EZ	01	Form 4720			09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	not complete Part II if you were not already gra	anted an au	utomatic 3-month extension	on a previously	filed Form 886	<u>68.</u>
	oks are in the care of BARNETT BARON					
•	one No ► 415 743-3312		FAX No ▶			
	ganization does not have an office or place of b					▶ 🛄
	for a Group Return, enter the organization's four				If the	
	ble group, check this box ▶		rt of the group, check this bo	× •	▶ and atta	ach a
	e names and EINs of all members the extension i			0/15 00 10		
	uest an additional 3-month extension of time until			8/15 , 20 12		00 11
	alendar year, or other tax year beginnin		10/0]20 10 an		<u> 09/30 </u>	50 11
6 If the	tax year entered in line 5 is for less than 12 mon	itns, check	reason Initial ret	urn Final re	eturn	
لــا	Change in accounting period	יד אוא די ייי	IME IS REQUESTED TO	ראייטיים ייטיי		
	ein detail why you need the extension ADDIT DRMATION NECESSARY TO FILE A COMP			GAINER INE		
INFC	DRMATION NECESSARY TO FILE A COMP	LEIE AN	D ACCORATE RETURN.			
		<u> </u>				
9a If thu	s application is for Form 990-BL, 990-PF, 99	00.T 4720	or 6069, enter the tent	ative tax less ar	ny I	
	efundable credits See instructions	00-1, 4720	, or ooos, enter the tent	alive tax, 1033 ai	8a \$	0.
	is application is for Form 990-PF, 990-T,	4720 or	6069 enter any refund	dable credits an		
	nated tax payments made Include any pri					
	unt paid previously with Form 8868.	. , , oa. c	Alonday Monte and Toda as	- 0.00m and an	8b \$	0.
	nce Due. Subtract line 8b from line 8a Include	vour navm	ent with this form if require	ed by using EETI		
	tronic Federal Tax Payment System) See instruc		one that this form, in require	50, 5, 50mg = 1.	8c \$	0.
(2.00	Signature and Verifica		at he completed for Pa	art li only	10014	
11-4	es of perjury. I declare that I have examined this form,		•		t of my knowledg	and holiof
	ect, and complete, and that I am authorized to prepare this fo		ompanying schedules and statem	ents, and to the best	t of my knowledg	je and beller,
Signature >	Joseph S. De Trans		Title ▶ CPA	Date	e > 4/5	112
	() Ø				Form 8868/	(Rev 1-2012)