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Short Form Return of Organization Exempt From Income Tax

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

2011

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000. at the end of the year may use this form.

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

Open to Public Inspection

A	or me	ZVII Calenda	ar year, or tax year beginning 01/01 , 2011, and en	and		12/31	, 20 11		
В	Check if ap	oplicable:	C Name of organization		D Emplo	yer ide	entification number		
Address change B			Blue Dragon Children's Foundation			45-3771750			
_	Name cha	- 1	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite E Telep			lephone number		
=	Initial retur Terminate		9637 W. Brittany Ave			31	09487529		
=	Amended		City or town, state or country, and ZIP + 4	ļ	F Grou	p Exer	nption		
\Box	Application	n pending	Littleton, Colorado 80123		Num	ber 🕨	N/A		
G	Account	ing Method:	✓ Cash Accrual Other (specify) ►	_ H C	Check >	· 🔲 if	the organization is not		
1 1	Websit	e: ► http:/	/www.bluedragon.org] r	equired	to atta	ch Schedule B		
J 1	ах-ехеп	npt status (che	ock only one) — ☐ 501(c)(3) 📝 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 5	27 (Form 99	0, 990	-EZ, or 990-PF).		
K	Check ▶	if the	organization is not a section 509(a)(3) supporting organization or a section 527 organization	anızatio	n and its	gross	receipts are normally		
	not more	e than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postca	rd) may	be requ	uired (s	see instructions). But if		
1	he orga	nization choo	ses to file a return, be sure to file a complete return.						
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	l assets	(Part II,				
li	ne 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$			
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (se	e the i	nstruc	tions	for Part I.)		
		Check if	the organization used Schedule O to respond to any question in this	Part I			🗹		
_	1	Contributio	ons, gifts, grants, and similar amounts received			1	32200		
	2	Program se	ervice revenue including government fees and contracts		[2	0		
	3	Membersh	ip dues and assessments		[3	0		
	4	Investment	tincome		[4	0		
	5a	Gross amo	ount from sale of assets other than inventory 5a		o				
	Ь	Less: cost	0						
	С	Gain or (los	5c	0					
	6	Gaming an		 					
	а	Gross inc	}	i					
9	ļ	\$15,000)	o	J					
Revenue	Ь	Gross inco	3						
é			aising events reported on line 1) (attach Schedule G if the	1	1				
_	ł	sum of suc	th gross income and contributions exceeds \$15,000) 6b		o				
	c	Less: direc	et expenses from gaming and fundraising events 6c		0				
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd sub	tract				
	1	line 6c) .				6d	0		
	7a	Gross sale	s of inventory, less returns and allowances		0	$\neg \neg$			
	ь	Less: cost	of goods sold		0				
	c					7c	0		
	8		nue (describe in Schedule O)	<u>اي ر</u>	[8	0		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 💹 . NOV 🗚 🖫 2014)SC	. ▶	9	32200		
	10	Grants and	similar amounts paid (list in Schedule O)	35	\cdot	10	32200		
	11	Benefits pa	[11	0				
8	12	Salanes, o	[12					
Net Assets Expenses	13	Salanes, other compensation, and employee benefits OGDEN, UT					0		
	14	Occupancy, rent, utilities, and maintenance					0		
	15	Printing, p		15	0				
	16	Other expe		16	0				
	17	Total expe	. ▶	17	32200				
	18	Excess or	[18	0				
	19		or fund balances at beginning of year (from line 27, column (A)) (must						
	1	end-of-yea	ar figure reported on prior year's return)		[19	0		
	20	Other char	nges in net assets or fund balances (explain in Schedule O)		[20	0		
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	0		
Fo	r Paper	work Reduct	tion Act Notice, see the separate instructions. Cat. No. 106	421			Form 990-EZ (2011)		

Pai						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[0	22	0
23	Land and buildings		<i></i> [0	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		. <i>.</i> [0	25	0
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)		27	0
Par						
	Check if the organization used Schedule	•		•	/ D	Expenses
What	is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
						nizations and section
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise not be benefited, and other relevant information for e	nanner, describe the				(a)(1) trusts; optional thers.)
28	Step Ahead: Operates through a model of individua	l assistance and aims	to take a compreher	sive approach		
	to ending poverty. Social workers, lawyers, psychol	ogists, teachers and	support staff work to	gether to help		
	395 disadvantaged children. This support includes					}
	(Grants \$ 18690) If this amount			▶ □	28a	
29	Stay in School: Sponsorship program providing su			igh risk of		
	dropping out of school or who have recently quit du			- F	}	
	Support includes school fees, bicycles, and medica	*******		program.		
	(Grants \$ 4368) If this amount		ente chook horo		29a	
20	Safe and Sound: Anti-trafficking program in Hue an				234	
30			· · · · · · · · · · · · · · · · · · ·			ì
	children from forced labor or sexual slavery. We su	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	training, receive medical assistance and counseling					
	(Grants \$ 5842) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ 3300) If this amount				31a	
	Total program service expenses (add lines 28a	 			32	L
Pari					nstruc	ctions for Part IV.)
	Check if the organization used Schedule	e O to respond to a		, _ ` ` ` ` ` 		<u> U</u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	Ö	Estimated amount of their compensation
Chui	g Pham, 9637 W. Brittany Ave, Littleton CO 80123	President/Director			1	······································
		5 hours/week	0	4	0	. 0
Kate	Hill, 1508 Palm Street, Unit 4, Houston, Texas, 77004	Director			Т	
		5 hours/week	C		0	0
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Part						
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35a	· · · · · · · · · · · · · · · · · · ·					
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		1		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	1				
b	Did the organization file Form 1120-POL for this year?	37b		1		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			,		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	ł				
39 a	Initiation fees and capital contributions included on line 9	1				
ь	Gross receipts, included on line 9, for public use of club facilities	Ì				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	Ì				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	!				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1		
41	List the states with which a copy of this return is filed. ▶					
42a		3109487529 80123				
b	Located at ▶ 9637 W. Brittany Ave, Littleton, Colorado ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80	Yes	No		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	.03	7		
	If "Yes," enter the name of the foreign country: ▶	,		_ <u></u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
C	If "Yes," enter the name of the foreign country: ▶ Vietnam					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ ∐		
A4 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	r	Yes	No		
44a	completed instead of Form 990-EZ	44a		1		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1		
c	Did the organization receive any payments for indoor tanning services during the year?	44c	 	✓		
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		1		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	130		- ▼		
7717	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1		

om 99	D-EZ (20))11)						F	age 4	
	<u>_</u> _			· · · · · · · · · · · · · · · · · · ·				Yes	No	
46	Did th	e organization engage, directly or in ndidates for public office? If "Yes,"	ndirectly, in political c	ampaign activities	on behalf of or	in opposit	ion 46		1	
Part \		Section 501(c)(3) organizations							<u> </u>	
art	— ;	501(c)(3) organizations and secti and 52, and complete the tables	on 4947(a)(1) none for lines 50 and 51	kempt charitable	trusts must ar		_		b	
	'	Check if the organization used Sc	neaule O to respond	to any question i	n this Part VI	• • •		<u> </u>	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									
48	Is the	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							1	
49a	Did the organization make any transfers to an exempt non-charitable related organization?					. 49	3	1		
b	the state of the s						. 49	5		
50		plete this table for the organization's								
	emplo	oyees) who each received more than	1 \$100,000 of compe	nsation from the or	ganization. If the	ere is non	e, enter "	None.'	•	
	(a) Na	une and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributions to benefit plans, a	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amo other compensa		
NONE	<u> </u>									
NONE										
NONE										
							~		 .	
				1						
f 51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	's five highest comp		ent contractors	who each	n receive	d more	than	
(a)	Name ar	nd address of each independent contractor pa	id more than \$100,000	(b) Type of service			(c) Compensation			
NONE										
NONE]						
NONE										
NONE						·				
NONE				1	j					
				1	ļ					
										
				4	-					
				1						
d 52	Did th	number of other independent contr ne organization complete Schedule xempt charitable trusts must attach	A? Note: All section 5	601(c)(3) organization	. ► ons and 4947(a)		► 🗸 Ye	 s 🗆	No	
Inder p	enalties rect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other that	return, including accompar n officer) is based on all info	rying schedules and stat	ements, and to the l	est of my kr	nowledge a	nd belie	f, it is	
	1			· · ·	1 11	728	14		-	
Sign	- 1	Signature of officer		, .	Date	1100	1.1.			
lere										
		Type or print name and title	•							
Paid	Prenarer's signature				Date	Check Self-emplo				

Preparer Use Only

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Firm's EIN ▶

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Attach to Form 990 or Form 990-EZ, ▶ See separate instructions. Name of the organization

Employer identification number Blue Dragon Children's Foundation 45-3771750 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.) 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). 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.) 9 An organization that normally receives; (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 b 🗌 Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? n A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 1190 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . 11g(ii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in col. (i) of your organization (described on lines 1-9 in col. (i) listed in your organization in col. governing document? above or IRC section (i) organized in the support (see instructions)) Yes No Yes Yes No (A) **(B)** (C) (D) (E)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	 					
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2007	(5) 2000	(6, 2000	(0) 20.0	(6) 20	(1) 10141
-	received. (Do not include any "unusual grants.")				}	32200	32200
2	Gross receipts from admissions, merchandise		 				
	sold or services performed, or facilities		ļ .		į		
	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		1				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		1				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						32200
7a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .		L				0
b	Amounts included on lines 2 and 3						
	received from other than disqualified				Í		
	persons that exceed the greater of \$5,000	ļ	1				
	or 1% of the amount on line 13 for the year				ļ		0
	Add lines 7a and 7b	ļ					
8	Public support (Subtract line 7c from]	İ	İ	****
01	line 6.)		L	<u> </u>	i	<u> </u>	32200
	on B. Total Support	/-> 0007	T 42 0000	(-) 0000	(-D 0010	(0) 0011	40 Tatal
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						32200
10a	Gross income from interest, dividends, payments received on securities loans, rents,	}	1				
	royalties and income from similar sources .	1]		<u> </u>		0
h	Unrelated business taxable income (less		 	 	<u> </u>		<u>~</u>
	section 511 taxes) from businesses						
	acquired after June 30, 1975	1	Ì				0
c	Add lines 10a and 10b						0
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on					i i	0
12	Other income. Do not include gain or		1	i			
	loss from the sale of capital assets			l .	1		
	(Explain in Part IV.)			<u> </u>			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	<u> </u>	<u> </u>	<u> </u>		32200
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectior	
	organization, check this box and stop he			·	· · · ·		🕨 🗸
Secti	on C. Computation of Public Suppo					T	
15	Public support percentage for 2011 (line		-			15	100 %
16	Public support percentage from 2010 Sc				<u></u>	16	N/A %
	on D. Computation of Investment In		·······		(0)	147	
17	Investment income percentage for 2011	•		•	• • • •	17	0 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17						
19a	17 is not more than 331/3%, check this box						
_	331/s% support tests—2010. If the organic		_			-	
р	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_			_	_

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2011

Employer Identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Blue Dragon Children's Foundation 45-3771750 Part 1, line 10. Grants money spent on Step Ahead program: \$18,690 Operates through a model of individual assistance and aims to take a comprehensive approach to ending poverty. Social workers, lawyers, psychologists, teachers and support staff work together to support 395 disadvantaged children. This support includes tuition fees; and legal advocacy. Stay in School and other related sponsorships: \$4,368 Sponsorship program providing support to children in Bac Ninh Province at high risk of dropping out of school or who have recently quit due to poverty. There are 565 children in the program. Support includes school fees; bicycles; and medical insurance. Safe and Sound Program: \$5842 Anti-trafficking program in Hue and Dien Bien provinces. We have rescued a total of 352 children from forced labour or sexual slavery. We support former victims to return to school or vocational training, receive medical assistance and counselling, and we support local governments to enforce policies. Other programs: \$3,300 Includes administration and communication costs; fundraising campaigns