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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Ā	For the	2013 cale	endar year, or tax year beginning		2013, a	nd endin	9	, 20			
В	Check if	applicable	C Name of organization Transparer		D Employ	er identification n	umber				
	Address	change	Doing Business As					45-2885139			
$\overline{\Box}$	Name ch	•	Number and street (or P O box if m	iail is not delivered to street addre	ess)	Room/sui	te	E Telepho	ne number		
$\overline{\sqcap}$	Initial ret	-	445 S. San Antonio Rd.			St	204		650-924-1104		
$\overline{\Box}$	Terminat		City or town, state or province, cour	ntry, and ZIP or foreign postal cor	de		<del> </del>				
$\Pi$	Amende		Los Altos, CA 94022					<b>G</b> Gross re	ecelots \$	370186	
H		on pending		er Nancy Nguyen			H/a) Is this a		subordinates? Yes		
ш	Арріісац	ion pending	445 S San Antonio Rd Ste 204	, , ,					s included? Tes		
_	Tau. 2012		✓ 501(c)(3) □ 501(c) (		n/4) or [	527			a list (see instruction		
÷		mpt status		) 4 (Insert 110 ) ( 4947(a	a)(1) or _1	<u> </u>		exemption	•	,	
K	Website		w thishfund org  Corporation Trust Associa	ation ☐ Other ▶	I Van	r of format		<del></del>			
_			<del></del>	ation Other >	Litea	ronoma	on 2011	M State	of legal domicile	CA	
F	art I	Summ				T	F L F				
_	1	-	escribe the organization's miss	_							
Activities & Governance			credible Chinese and East Asian							s work	
Ŧ			<u>er a sustainable long-term NGO</u>								
Š	2		ns box ▶☐ if the organization	-				1 - 1	its net assets.		
Ğ	3		of voting members of the gove							4	
<b>න්</b> ග	4		of independent voting member			-			· · · - <del></del> · · ·	4	
Ë	5		mber of individuals employed ii	<del>-</del>				. 5		C	
Š	6		mber of volunteers (estimate if	• •				. 6		4	
¥	7a	Total unr	related business revenue from	Part VIII, column (C), line	12 .			. 7a		0	
	<b>b</b>	Net unre	lated business taxable income	from Form 990-T, line 34			•	7b		0	
							Pnor Y	ear	Current Ye	er:	
6	8	Contribu	tions and grants (Part VIII, line	1h)		[		191686		368190	
Š	9	Program	service revenue (Part VIII, line	2g)				0		0	
Revenue	10	Investme	ent income (Part VIII, column (A	A), lines 3, 4, and 7d)		[		0		343	
Œ	11		venue (Part VIII, column (A), line					0		1653	
	12		enue-add lines 8 through 11 (r					191686	-	370186	
	13	Grants a	nd similar amounts paid (Part J	IX, column-(A), lines 1-3) .				107474		283073	
	14		paid to or for members (Part )			[		0		(	
G	15		other compensation, employee-		). lines 5	5–10)		0			
Expenses	16a		onal fundraising fees (Part IX, c					0			
per	b		draising expenses (Part IX) col			0 -	S. S. W.	,	*	- 'j	
Щ	17		penses (Part IX, Column (A), lin					18823	3	21408	
	18	Total ext	penses. Add lines 13-17 (must	equal Part IX. column (A).	line 25	) [ F		126297	,	304481	
	19	Revenue	less expenses Subtract line	8 from line-12		′.		65389		65705	
- "							Beginning of C		End of Ye		
let Assets or	20	Total ass	sets (Part X, line 16)			🖯		131063		198872	
S. E.	21		pilities (Part X, line 26)			· ·		0		100012	
ž	22		ets or fund balances Subtract I	line 21 from line 20	•	`		131063		198872	
_	art II		ture Block			• • •		101000		130072	
			ury, I declare that I have examined this	return uncluding accompanying s	chadulas	and states	ments and to	the best of r	my knowledge, and	helief it is	
tru	ie, correct	t, and comp	elete Declaration of preparer (other than	officer) is based on all informatic	on of which	ch preparer	has any know	ledge	ny lalowioogo and	DOMOI, IL IC	
_		Th.	Varantanies					101	30/2014		
Sig	an	Sign	fature of officer					ate	30/2019		
	ere	, ,	ncy Nguyen, President/D	);rector							
пе	-1 <del>C</del>	<b>—</b>	e or print name and title	,1100001							
			/pe preparer's name	Preparer's signature		Da	te		PTIN		
	ai <u>d</u> _	1 1	'' ' ' <u>'                             </u>	- Andrea Root- — -		I	/ <del>2</del> 9/ <del>2</del> 0 <del>1</del> 4	Check	IJ₫.  <i>_</i> _		
Pr	epare			1				3611-6111	. 1		
Us	se Onl							m's EIN ▶	20-12745		
		Firm's a	address ► 2151 Consulate Dr Ste				Ph	one no	407-857-90		
M≈	iv the IF	RS discus	s this return with the preparer:	snown above? (see instruc	ctions				IYes	s 🗸 No	

Form **990** (2013) 3

ortn 99	D (2013) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 285439 including grants of \$ ) (Revenue \$ )
-	Partnered with, performed project transparency and financial transparency training for over 55 NGO partners in the USA, China, Hong
	Kong, Taiwan, and Vietnam Raised funds to assist NGO partners in the USA. Shared the stories and updates for these NGOs and
	created Donor Book and Financial Book reporting to donors how each of their donated dollars were spent. Held our third annual
	conference for NGO partners in Beijing, Chengdu, and Lanzhou, to meet our NGO partners, listen to their annual project update
	presentations, and interview new partners. A total of 24 NGOs participated in these three locations. Volunteer staff performed field
	visits and due diligence reports for strategic partners. They traveled far and wide to Yunnan, Chengdu, Lanzhou, Xian, Guangxi,
	Henan, Vietnam, and Cambodia
	•••••
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
łc	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
•	(Code:
	······································
4d	Other program services (Describe in Schedule O.)
4.5	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 285439

Form 9	90 (2013)		F	Page 3
Part	IV Checklist of Required Schedules			
	1 1 504(1/0) as 40.47(1/4) (-May 4) as 5 as details 10 16 (1/4) (-May 4) as 1 as details 10 16 (1/4) (-May 4)		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	Ĺ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	14.6		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	12-ok., W.S	<b>√</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<b>√</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	_	<b>√</b>
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		1
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 III	-18		<b>v</b> <b>√</b> .
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	_		
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

art	0 (2013)  V Checklist of Required Schedules (continued)			Page 4
a r	Oncornor of Hodan ou Contained (Contained)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	
22	Did the organization report more than \$5,000 of grants or 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		1
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		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		✓
	to defease any tax-exempt bonds?	24c 24d		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24a 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		×	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38-	Did-the-organization complete-Schedule O-and provide explanations in Schedule O for Part VI, lines 11b-and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2012)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V	···	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		C#650	27,28%
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	بنيكتا	وينجفا	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-	14-71	*****
_	reportable gaming (gambling) winnings to prize winners?	1c	1039° 27°	120001
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3	15.75%;	this to a
		)		1. 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		îŝ.	V V 2 4 4
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	18-1	7
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b>.</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<b>-</b>
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶	<b>∀a</b>	17 th - 6	<u> </u>
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4 9		1 4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1.0000	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		./
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		<del>-</del>
•	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		33 5 3	. : - :
	and services provided to the payor?	7a	Mar.	'
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was	-"		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70	:	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	. 3	* 22. w
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	54.24	. , ,	,
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		* * 3	
	organization, have excess business holdings at any time during the year?	8	li.id	S. & .'
9	Sponsoring organizations maintaining donor advised funds.	22,3	-40.5	41.2K
a	Did the organization make any taxable distributions under section 4966?	9a	12 374	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	192 3	# 5 X	278
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		٠'	
11	Section 501(c)(12) organizations. Enter:		4	
``a	Gross income from members or shareholders	1 %	s ≸ Na servitias	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	19 5 3 . 2 5 3	
	against amounts due or received from them.)		.34 7 5	\$1 M
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		···- · '
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	18.35	3 1	7 * - 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	`.\\.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		****
	Note. See the instructions for additional information the organization must report on Schedule Q.	1	Enire in	
b	Enter the amount of reserves the organization is required to maintain by the states in which	4		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	<u>···</u>	✓
Section	on A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year   1a	,	165	NO
18	Enter the number of voting members of the governing body at the end of the tax year	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	ľ		
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7 - 1		*
	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3_		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6	<u> </u>	<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following:			ال شد
а	The governing body?	8a	<b>/</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
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	Ļ	<b>✓</b>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	oae.) Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	1.03	<b>√</b>
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			,
13	Did the organization have a written whistleblower policy?	12c		
14	Did the organization have a written document retention and destruction policy?	14		<del>-</del>
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?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>✓</b>
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			-,
	with a taxable entity during the year?	16a	<b> </b>	<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	l	
Section	on C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104	on 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of its fine and statements qualitable to the public during the tax years.	nterest	policy	, and
20	financial statements available to the public during the tax year.	lc 06 +L	•	
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: > vapua 7hang 445 S San Antonio Rd Ste 204 Los Altos CA 94022 650-924-1104	.อ บา เก	5	

Dago	7

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	, Highest Compensated	Employees, and
	Independent Contractors			

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per week (list any	box.	unles er and	Pos neck ss pe d a d	rson	than on the thick that the thick the	an :ee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Nancy Nguyen	40										
President		<b>✓</b>	_	✓			├-	0	0		<u>0</u>
(2) Gary Wong	22	1		1			l	,			_
Treasurer (2) Daniel Neuven	2	<del>-</del>		-			<del> </del>	0	0		<u>0</u>
(3) Daniel Nguyen Secretary	<del> </del>	1		1				0	0		0
(4) Paul Chan	2	- <u>`</u> -		<u> </u>					•		<u>~</u>
Board Member	† <del>-</del>	✓						0	1 0		0
(5)											-
(6)										-	_
(7)											_
(8)											_
(9)											_
(10)											_
(11)											_
(12)		_									_
(13)											
(14)										<u></u>	_

	(A) Name and title		(C) Position (do not check more than box, unless person is bot officer and a director/trus					one an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from related organizations		(F) Estimated amount of other compensation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		from organ and	ensation m the nization related nizations
(15)													
(16)												-	
(17)													
(18)							<del></del> -						
(19)													
(22)													
									<u> </u>				
(24)													
(25)													
1b c	Sub-total		n A					<b>▶</b>	0		0		0
<u>d</u> 2	Total (add lines 1b and 1c)	not limited						e) w	ho received m	ore than \$1	00,00	0 of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc					- 1		oloyee, or high			d <b>3</b>	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization?											al <b>3</b> 5	
Section	on B. Independent Contractors	- <del></del>											
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	sation
None													
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who		120	eren x

Part	VIII	Statement of Reverse Check if Schedule O		nonce or note t	n any line in this	Part VIII			Г
- P		Cneck if Schedule O		POLIZE OF HOLE (	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D Reve excluded under se 512-	ections
इ इ	1a	Federated campaigns	1a		₹35° ¥ 1	· > > > * * * * * * * * * * * * * * * *	> 24	,	7.01
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .				, , , , , , , , , , , , , , , , , , ,	4 ~ v		
ڳڙ ڳ	С	Fundraising events .					KARO PAR	, , , , ,	. ! .
ar if	d	Related organizations			,	, ) ; (iv. (iv. )	, , , , ,		
B.S.	е	Government grants (con			lis 🦠	17 A		- AT	· .;
Sign	f	All other contributions, gi				* *	2 1	*'	î.
her i		and similar amounts not inc		368190	mai ja maka a sa	lesse a film of the		& · · · · · · · ·	
Contributions, Gifts, and Other Similar Ar		Noncash contributions includ	L					W.,	
lo d	h Total. Add lines 1a–1f			<b>-</b>	368190	*** ×** *	, , , , , , , , , , , , , , , , , , ,	4£:	
	- 11	Total. Add lines 1a-1	<u> </u>	Business Code	200190		× 3 7	<u> </u>	** +
Ž	0-			Budiness Code		<u> </u>			ز ــــــ ن
ě	2a								
Ē	Ь								
Zi	C .								
တ္တ	d								
Ë	е								
Program Service Revenue	f	All other program serv		L		*	L	<u>,                                      </u>	
	g	Total. Add lines 2a-2			,	*	<u> </u>	` , `	· 3
	3	Investment income		_					
		and other similar amo	•	•	343	0	0	. —	343
	4	Income from investment	t of tax-exempt be	ond proceeds ►					
	5	Royalties		<u> ▶</u>				A	
			(ı) Real	(II) Personal	4 3 4 4				(%): j
	6a	Gross rents			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*	
	b	Less: rental expenses			* * C &				
	С	Rental income or (loss)							المصينا
	d	Net rental income or (	loss)	🕨					
	7a b	Gross amount from sales of	(ı) Securities	(II) Other				3 28 A	13 8.7
		assets other than inventory					, , , , , , , , , , , , , , , , , , , ,		. J
		Less: cost or other basis							ş» Ji
		and sales expenses .				· · · · · · · · · · · · · · · · · · ·		y ?	·
	С	Gain or (loss)				7: 1113: 11	1 × × × × × × × × × × × × × × × × × × ×	**	
	d	Net gain or (loss)		. , <b>&gt;</b>					
		J , ,				: - \$51 % : 63	, w	•	. }
qe.	8a	Gross income from fu	indraising			18.1 - \$18.		`	
evenue		events (not including \$	•		LANGE HOLES		diameter (		\$.i
æ,		of contributions reporte	ed on line 1c).						· 4
er F		See Part IV, line 18 .					1.00		4 4
Other	ь	Less: direct expenses	_				37/	" <del>"</del> , v	`{ `*
0	c	Net income or (loss) fi		<b>.</b>					
		Gross income from ga			7.3		**	- C-1	¥
	-	See Part IV, line 19	· · · · a			1	ν,		
	b	Less: direct expenses					1.3	× %,1 ,	
	C	Net income or (loss) fi			<u> </u>				
		Gross sales of in				. 2865 (486)		12 : 2860 1 1	· 381
	, ou	returns and allowance							
	b	Less: cost of goods s	_				1.4	3	;
	C	Net income or (loss) fi			L 323 M	&.Z		S /	
		Miscellaneous R		Business Code	280 F	ļ	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	: 4.
	11a	Defunds			1653			<u> </u>	out alexander 3
- <b>-</b>		Refunds	<del></del>		<u> </u>	<del>                                     </del>	<u> </u>	F	1653
	b			<del>-</del>		<del> </del>	<del> </del>		
	2	All other reverses				<del> </del>			
	d	All other revenue .			<del> </del>	<b> </b>	74	<b></b>	* 4!
	42	Total. Add lines 11a- Total revenue. See in			070100	300100		ļ	
	12	rotai revenue. See Ir	istructions	· · · · <u>-</u>	370186	368190		<u> </u>	1996
								Form	990 (2013)

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).  Check if Schedule O contains a response or note to any line in this Part IX										
<u> </u>	t include amounts reported on lines 6b, 7b,									
8b, 9b	, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	43563	43563		expenses					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				2-1 · · · · · · · · · · · · · · · · · · ·					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	239510	239510		* * * * * * * * * * * * * * * * * * *					
4 5	Benefits paid to or for members									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages									
9 10 11	Other employee benefits									
a b c d	Management	662	0	662	0					
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column		Maritan at Japan	A 20 19 18 18 18 18 18 18 18 18 18 18 18 18 18						
12	(A) amount, list line 11g expenses on Schedule O.)	152 6123	0	152 0	0 6123					
13 14	Office expenses	4811 2072	0		0					
15 16 17	Royalties	2366	2366	0	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19 20 21 22	Conferences, conventions, and meetings Interest									
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) expenses to line 24e amount exceeds 10% of line 25, column (A) expenses as Schodule (A)									
a b	(A) amount, list line 24e expenses on Schedule O.)  Bank/C C/PayPal Fees  Small Equipment	3276 541	0	0 541	3276					
c d	Events Expense Business Registration Fees	470 266	0	0 266	470					
25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the		0 0 285439							
<b>2</b> 0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)									

34

198872 Form **990** (2013)

131063

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 131063 83191 2 Savings and temporary cash investments . . . . . . 2 115681 3 3 4 Accounts receivable, net . . . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . 6 7 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c 11 investments-publicly traded securities . . . . 11 Investments-other securities. See Part IV, line 11 . . . 12 12 Investments-program-related. See Part IV, line 11 . . . 13 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 131063 16 198872 17 17 Accounts payable and accrued expenses . . . . . . . 18 18 Deferred revenue . . . . . . . . 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . 27 131063 27 Temporarily restricted net assets . . . 28 28 0 29 Permanently restricted net assets . . . . . 29 or Fund 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances . . . 33 . . . . . . . . . 131063 198872

Total liabilities and net assets/fund balances .

	Pa	ige <b>12</b>
	3	70186
		04481
_		65705
		31063
		2104
	1	98872
	Yes	No
\$200 g		1.75×4
1	A.	
174 G	<u> </u>	1920
2a		✓
93.50	196	- Mark 22 - 1
***	# 1 f	
2b		<b>✓</b>
	***	

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Check if Schedule O contains a response or note to any line in this Part XI . . . . .

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

☐ Consolidated basis ☐ Both consolidated and separate basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes." check a box below to indicate whether the financial statements for the year were compiled or

Form 990 (2013)

2

3

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5 6

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Part XI Reconciliation of Net Assets

Part XII Financial Statements and Reporting

Total expenses (must equal Part IX, column (A), line 25)

reviewed on a separate basis, consolidated basis, or both:

Accounting method used to prepare the Form 990: 
Cash
Accrual

Other changes in net assets or fund balances (explain in Schedule O) . . . .

#### 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 20**13** 

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization 45-2885139 Transparent Fish Fund, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 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 **d** Type III–Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (i) Name of supported (ii) EIN (vi) Is the in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section. support? 1152 (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E).

**Total** 

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

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

Section A. Public Support

	on A. Public Support	(a) 2000	<b>(b)</b> 2010	(a) 2011	(4) 2012	(0) 3	2012	/f) Total
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2	2013	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not			70.01	404000		000400	
_	include any "unusual grants.")	0	0	78421	191686	-	368190	638297
2	Tax revenues levied for the			•				
	organization's benefit and either paid		_		_	1	-	_
_	to or expended on its behalf	0	0	0	0		- +	0
3	The value of services or facilities							
	furnished by a governmental unit to the		_		_			
	organization without charge	0	0	0	0		0	0
4	Total. Add lines 1 through 3	0	0	78421	191686	· ·	368190	638297
5	The portion of total contributions by					΄.	, `	
	each person (other than a			3.3.4.4.1	1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 1, %	
	governmental unit or publicly			N Ava	- <u>&amp;</u>	1	* 3	
	supported organization) included on				ar in the second	] 3	"	
	line 1 that exceeds 2% of the amount		1 1/2 1/25 200			` '		
	shown on line 11, column (f)	2001	· · · · · · · · · · · · · · · · · · ·		**************************************	ļ		0
6	Public support. Subtract line 5 from line 4.	2 94 (82° )	, and the majoritation			<u> </u>	<u> </u>	638297
	on B. Total Support	T						
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2		(f) Total
7	Amounts from line 4	0	0	78421	191686		368190	638297
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
	sources	0	. 0	0	0	-	343	343
9	Net income from unrelated business							
	activities, whether or not the business						į	
	is regularly carried on	0	0	0	. 0		0	0
10	Other income. Do not include gain or						1	
	loss from the sale of capital assets						Ì	
	(Explain in Part IV.)	0	0	9	0		1653	1653
11	Total support. Add lines 7 through 10	7 % 1500			L * '	<u> </u>		640303
12	Gross receipts from related activities, etc.					12	<del></del>	0
13	First five years. If the Form 990 is for the							
	organization, check this box and stop he			· · · · · ·	<del></del>	• •	• • •	▶ ✓
	on C. Computation of Public Suppo						-	
14	Public support percentage for 2013 (line	• • •	-			14		<u>%</u>
15	Public support percentage from 2012 Sc					15		<u>%</u>
16a	331/3% support test—2013. If the organ						nore, cr	neck this
	box and stop here. The organization qua						001-0/	
Ь	331/3% support test—2012. If the orga							<b>.</b> —
	check this box and stop here. The organ							· <b>P</b> 📙
17a	10%-facts-and-circumstances test -2	<b>013.</b> If the orga	anization did n	ot check a box	on line 13, 16	a, or 16	b, and I	line 14 is
	10% or more, and if the organization me							
	Part IV how the organization meets the "			-	ation qualities	as a pu	DIICIY SL	
	<b>3</b>							. ▶ 🛚
b	10%-facts-and-circumstances test -2							
	15 is 10% or more, and if the organiza							
	Explain in Part IV how the organization n							
	supported organization							
<sup>-</sup> 18 <sup></sup>	Private foundation. If the organization d				•			
	instructions		. <u></u>	· · · · ·				<u> </u>

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the boy on line 0 of Port I or if the organ

(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.)

<del></del>	4 5 11: 0			,			
	on A. Public Support				1		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(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				ŀ		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513	_					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
h	Amounts included on lines 2 and 3			_	<b></b>		
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			-			
8	Public support (Subtract line 7c from	, 3 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	8778		· · · · · · · · · · · · · · · · · · ·		
Ū	line 6.)	* * * * * * * * * * * * * * * * * * * *					
Secti	on B. Total Support		\$ 100 Yes				
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(O Total
9	Amounts from line 6	(a) 2009	(6) 2010	(0) 2011	(4) 2012	(e) 2013	(f) Total
10a	Gross income from interest, dividends,						
.00	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			·			
~	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
_	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					i	
40							<del>-</del> ·
12	Other income. Do not include gain or loss from the sale of capital assets					i	
	(Explain in Part IV)						
42				_		<del></del>	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	o organization	'a first sees	d third fourth	or fifth tox w	l l	n FO1(n)(0)
14	organization, check this box and <b>stop he</b>				•		
Sacti	on C. Computation of Public Suppor			<del></del>	<u> </u>	<u> </u>	· · <u>- </u>
15	Public support percentage for 2013 (line 8			2 column (fl)		15	0/
16						16	<u>%</u>
	Public support percentage from 2012 Sci on D. Computation of Investment In			· · · · ·	· · · · ·	10	%
17	Investment income percentage for 2013 (			v line 13 colur	mp (fl)	17	%
18	Investment income percentage for 2013 (					18	
-19a	-331/5%-support tests-2013. If the organ						
134	17 is not more than 33½%, check this box						
L	33 <sup>1</sup> / <sub>23</sub> % support tests—2012. If the organiz						
b	line 18 is not more than 331/3%, check this						
20	<b>Private foundation.</b> If the organization di	_	-	-			_

cuedale v (r	Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II Sect	on B Line 10 Other Income
2013- Refui	nds 1653
<del></del>	

### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

1990. Inspection
Employer identification number

Transp	parent Fish Fund, Inc						-2885139	
Part			es Outside 1	the United States. Comp	olete if the organi	zation ansv	vered "Ye	s" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	maintain reco e grants or as	rds to substantiate the ame sistance, and the selection	ount of its grants criteria used to	and other award the		
	grants or assistance:						∐Yes	⊔ио
2	For grantmakers. Describe assistance outside the United		he organization	on's procedures for monit	coring the use o	f its grants	s and oth	er
3_	Activities per Region. (The fo	1		1	<del></del>			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in r	rvice, c type of	(f) Tot expenditu and invest in regi	res for ments
(1)						:		
(2)								
(3)								
(4)								
(5)								
(6)			<del></del>					
(7)			-					
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Sub-total				48 . 3			
	Total from continuation sheets to Part I				1	<i>"</i>		
С	Totals (add lines 3a and 3b)				/ <b>1 1 1 1 1 1 1</b>			

Page 2

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

	(if applicable)	Hong Kong China China	Documentary film NGO Capacity Build		dispersement	assista ice		appraisal, other)
			Documentary film NGO Capacity Build					
			NGO Capacity Build	20000	50000 Wire Transfer	0	0, N/A	Book
				9642	9642 Wire Transfer	0	0 N/A	Book
			Medical Treatment	16073	16073 Wire Transfer	0	N/A	Book
			Heart Surgeries	86630	86630 Wire Transfer	0	N/A	Book
	<b>ω'</b>	China	NGO Capacity Build	11305	11305 Wire Transfer	0	N/A	Book
	* ,	China	Poverty Relief	6267	Wire Transfer	0	N/A	Book
	,	China	Art Class Studio	10766	10766 Wire Transfer	0	N/A	Book
	*	China	Poverty Rehef	10000	10000 Wire Transfer	0	N/A	Book
- · · · · · · · · · · · · · · · · · · ·								
(10)								
(12)								
(13)								
(14)								
(15)	*							
(16)	ž							

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 entitles

က

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>d</b>	מיילים ממו אם מתליווי	ו מולים שלפי שלפי שמתונים וו ממשונים ופים מים ווכים כים	is liceded.					
(a) Type of (	(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)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)			_					
(16)								
(17)								
(18)								
							Sche	Schedule F (Form 990) 2013

Pa	ace	- 4

Schedule		/C	000	2012
Scriedule	г.	(COIIII	3301	2013

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)	gn Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts are Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A)	nd	☑ 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 Certain Foreign Corporations. (see Instructions for Form 5471)	-	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electin Fund. (see Instructions for Form 8621)	1,	☑ 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 Certa Foreign Partnerships. (see Instructions for Form 8865)	•	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713)		☑ No

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

# SCHEDULE (Form 990)

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

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

2013

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. **%** □ Employer identification number √ Yes 45-2885139 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance ransparent Fish Fund, Inc Department of the Treasury Internal Revenue Service Name of the organization Part II Part

		,						:5000:0:0:0ido::::::::::::::::::::::::::::	
1 (9	Name and address of or government	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) B	(1) Burma Huamn	(1) Burma Huamnitarian Mission	20, 20,69,49,4	6 404			1000	V.14	
○ <b>3</b>	(2) One Heart World-Wide	rid-Wide	1250025-02	- 1	200			N/A	Medic 1sailling
San Fr	San Francisco, CA 94116	94116	20-0443243	501 c 3	15000	0	Book	N/A	Maternal Health
(9) S	(3) Sahaya International	ational							
Davis,	Davis, CA 95616 2820	20	68-0434770	501 c 3	16526	0	Book	N/A	Shelter Project
(4)									
(2)									
9)									
<b>E</b>									
(8)									
6)									
(10)									
3									
(12)									
ი ო	Enter total	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov rganizations listed	ernment organiza in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ine 1 table			3
For Pa	perwork Red	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2013)

Pagé 2

Schedule I (Form 990) (2013) The organization collects quarterly financial reports and annual grant reports to monitor and evaluate grant funds. The organization also performs due diligence and field visits to every (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Provide the information required in Part 1, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Part I- 2. Describe in Part IV the organization s procedures for monitoring the use of grant funds in the United States (c) Amount of cash grant partner site to check on the project's progress including verifying beneficiaries Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III Part IV N က Ŋ 9

#### 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 Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Transparent Fish Fund, Inc	45-2885139
Part III- 1 Briefly describe the organization's mission	
Transparent Fish Fund, Inc. was founded to connect credible Chinese and East Asian grassroots NGO	s with individuals from the West The
greater mission behind this work is to foster a sustainable long-term NGO culture in East Asia, and in	doing so, spread a global spirit of
philanthropy i Identifying and partnering with the most promising grassroots NGOs in East Asia to p	rovide them with long-term
fundraising, marketing, capacity building resources and support from Western nonprofit culture. II E	ducating the West on nonprofit
development in East Asia and ways to support and encourage the establishment of a sustainable NGO	infrastructure abroad, and iii
Facilitating financial accountability and transparency in East Asia nonprofit organizations by requiring	and disclosing partners financial
reports publicly. We firmly believe that accountability should not end when donations reach their inten-	ded recipient, but that it should
extend to ensuring the recipient uses financial contributions publicly	
Part VI Section B 11a Describe in Schedule O the process, if any, used by the organization to review	this Form 990
The completed Form 990 is presented to the governing body at the first meeting held after the complete	ion of the documents. It is also made
available in electronic form, via email, to all members who wish to review a copy in this manner	
Part VI Section C 19 Describe in Schedule O whether and if so, how, the organization makes its gov	erning documents, conflict of interest
policy, and financial statements available to the public	
Governing documents, conflict of interest policy, and financial statements are made available to the pi	iblic upon request
	······································