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Form 990-EZ

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

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

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Description in description   Description in market   Description   Description in market   Description   Descrip	Ā			Blendar year, or tax year beginning $\frac{31}{100}$ Feb 1 , 2013, and ending $\frac{31}{100}$		<u>, 20</u>	
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Tax-exempt status (check only one) — X 501(c)(3)	Ī						
K Form of organization	J	Tax-ex			990, 99	0-EZ, or 9	990-PF)
assets (Part II, column (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90-E2. * \$ \$ 158, 683.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I	<u></u>						
assets (Part II, column (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90-E2. * \$ \$ 158, 683.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I	1	Add I	ınes 5b. 6c	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total			
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10 Grants and similar amounts paid (list in Schedule O)		9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	_	9	158,683.
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Net assets or fund balances at end of year Combine lines 18 through 20. 20 Net assets or fund balances at end of year Combine lines 18 through 20. 21 14, 109.		10	Grants an	d similar amounts paid (list in Schedule O)		10	
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20.		i	Benefits p	paid to or for members	[7	11	
P	Ε	12			7	12	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16			•		T	13	<del></del>
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	E N	l		ev rent utilities and maintenance.	<b>—</b>	-	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	S	1		publications postage and shipping	1		
Total expenses. Add lines 10 through 16	š				- ⊢		1,520.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		i .					152 791
NS E E T T S 20 Other changes in net assets or fund balances at end of year (column in Schedule O)							
21 Net assets or fund balances at end of year Combine lines 18 through 20	Ą				F	7	J, 092.
21 Net assets or fund balances at end of year Combine lines 18 through 20	νς.	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year			0 217
21 Net assets or fund balances at end of year Combine lines 18 through 20	TŢ	20					0,211.
	S				_		14 100
	BA	<u>.                                      </u>			<u> </u>		

Form 990-EZ (2013) HOI BAO TRO BIE	N DUC		26	-429	94093 Page <b>2</b>
Part II Balance Sheets (see the inst	ructions for Part II)	on in this Part II			
Check if the organization used ochec	ale o to respond to any questi	on many arthritis	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			8,217		14,109.
23 Land and buildings		[	0	23	0.
24 Other assets (describe in Schedule O)			0	. 24	0.
25 Total assets			8,217		14,109.
26 Total liabilities (describe in Schedule O)			0	_	0.
27 Net assets or fund balances (line 27 of c			8,217	. 27	14,109.
Part III Statement of Program Service A			<u> </u>	/Dog	Expenses
Check if the organization used Sch			· · · · · · · · · · · · · · · · · · ·		uired for section 501 and 501(c)(4)
What is the organization's primary exempt purpose? Se	e Organization's Primary Exem	ipt Purpose iree largest program s	ervices as	orgar	nizations and section
Describe the organization's program service accomeasured by expenses. In a clear and concise r	nanner, describe the services	provided, the number of	of persons		(a)(1) trusts, optional hers )
benefited, and other relevant information for each 28 WE SEND FOOD AND MONEY TO	<u> </u>				
7.5 70000 1 000 800 10000 1					
FOR THE EDUCATION AND HEA					
(Grants \$ 0.) If th	is amount includes foreign grain	nts check here		28 a	151,471.
29	is amount molaces foreign gran	TIO, OTTOOK TIETO TTT			1,4/1.
(Grants \$ ) If th	is amount includes foreign grai	nts, check here	<b>-</b> · · · · · · · · · · · · · · · · · · ·	29 a	
30	- Y				
			<del></del>		
(Grants \$ ) If the	s amount includes foreign grai	nts, check here	<del></del>	30 a	
31 Other program services (describe in Schee	dule O)		<u> </u>		
	s amount includes foreign grai			31 a	
32 Total program service expenses (add lin	nes 28a through 31a)		<u></u> <u></u> ►	32	151,471.
Part IV List of Officers, Directors,					
Check if the organization used School	edule O to respond to any que	stion in this Part IV.		$\overline{}$	<u> </u>
(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	Contributions to emplo	yee	(e) Estimated amount of
.,	position	(If not paid, enter -0-)	benefit plans, and defe compensation	errea	other compensation
NGOCLAN HUYNH					
PRESIDENT DIRECTOR	10.00	0		0.	0.
LISA NGUYEN					
TREASURER DIRECTOR	10.00	0		0.	0.
KIM BARBER					
SECRETARY	10.00	0	·	<u> </u>	0.
MEN THI NGO					
DIRECTOR	10.00	0	·	0.	0.
GIAN PHAM					•
DIRECTOR	10.00	0	' • <b> </b> ·	0.	0.
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			- <del> </del>		
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<del></del>	i e e e e e e e e e e e e e e e e e e e	i .	1		İ
	TEEA0812 1		_,上		Form <b>990-EZ</b> (2013)

	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	· <u> </u>
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	103	Х
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	-	<del> </del>	_^
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	<del></del>	<del> </del> -	
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	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	35 b		
C	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			
		35 c		<u> X</u>
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		v
37 =	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	30	*	X
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<del></del>		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	W	X
t	b If 'Yes,' complete Schedule L, Part II and enter the total	-		-
20	amount involved	12/2		۶۶. ۲
39	Section 501(c)(7) organizations Enter:			~
	a Initiation fees and capital contributions included on line 9			,
	Gross receipts, included on line 9, for public use of club facilities			" A,"
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		, ,	
	section 4911 , section 4912 , section 4955 , section 4955	, *,	,	
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	40 b		Х
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	N. /	, !	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	30		
	· · ·			, , 
e	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	40 e		Х
41	List the states with which a copy of this return is filed			
41				
41				
	List the states with which a copy of this return is filed			
	The organization's books are in care of NGOCLAN HUYNH  Telephone no (714)		-440	8
	List the states with which a copy of this return is filed  The organization's		- <u>4</u> 4 0	8
42 a	List the states with which a copy of this return is filed  The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP + 4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		-440 Yes	8 No
42 a	The organization's books are in care of NGOCLAN HUYNH Telephone no Telephone no Telephone no Telephone no At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
42 a	List the states with which a copy of this return is filed  The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP + 4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	350-		No
42 a	The organization's books are in care of NGOCLAN HUYNH Telephone no Telephone no Telephone no Telephone no At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	350-		No
42 a	The organization's books are in care of NGOCLAN HUYNH Telephone no Telephone no Telephone no Telephone no At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	350-		No
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	350-		No
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON IN  GARDEN GROVE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	350-		No X
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.?	350-		No
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON IN  GARDEN GROVE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	350- 42b		No X
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.?	350- 42b		No X
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.?	350- 42b		No X
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country	350- 42b		No X
42 a	The organization's books are in care of NGOCLAN HUYNH Telephone no NGOCLAN HUYNH TELEPHONE TO A ZIP + 4 NGOCLAN TELEPHONE TELEPHONE TO A ZIP + 4 NGOCLAN TELEPHONE TELEPHONE TELEPHONE TELEP	350- 42b		No X
42 a	The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country	350- 42b		No X
42 a b c c	Telephone no (714)  Total Telephone no (714)  Localed at 13181 HILTON LN GARDEN GROVE CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable 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 43	350- 42b		No X
42 a b c c	List the states with which a copy of this return is filed  The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	350- 42b 42c	Yes	No X X
42 a b c c 43	List the states with which a copy of this return is filed  The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable 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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	350- 42b 42c	Yes	No X
42 a b c c 43	List the states with which a copy of this return is filed  The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	350- 42b 42c	Yes	No X X X
42 a b c c 43	List the states with which a copy of this return is filed had been considered by the states with which a copy of this return is filed had been considered by the states with which a copy of this return is filed had been considered by the states with which a copy of this return is filed had been considered by the states with which a copy of this return is filed had been considered by the states with which a copy of this return is filed had been copy of the states with which a copy of the states with the states with the states with the sta	350- 42b 42c	Yes	No X
42 a b c c d	List the states with which a copy of this return is filed by Telephone and Telephone no books are in care of the care in care of the care of the care of the care of the care of	350- 42b 42c 42c	Yes	No X X X
42 a b c d	List the states with which a copy of this return is filed  The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable 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  of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' lo line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' provide an explanation in Schedule O	350- 42b 42c 42c	Yes	No X
42 a b c c d 45 a	The organization's books are in care of NGOCLAN HUYNH Telephone no NGOCLAN HUYNH Telephone no NGOCLAN HUYNH Telephone no NGOCLAN HUYNH TELEPHONE GROVE CA ZIP+4 NGOCLAN HUYNH TELEPHONE GROVE CA ZIP+4 NGOCLAN AND time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable 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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yo,' provide an explanation in Schedule O  Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	350- 42b 42c 42c	Yes	No X
42 a b c c d 45 a b b	List the states with which a copy of this return is filed  The organization's books are in care of NGOCLAN HUYNH  Located at 13181 HILTON LN  GARDEN GROVE  CA ZIP+4 92843  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable 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  of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' lo line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' provide an explanation in Schedule O	350- 42b 42c 42c	Yes	No X

Form <b>990-E</b>	Ž (2013) HOI	BAO TRO BIEN DU	JC	<u> </u>		<u> 26-429</u>	4093	F	Page 4
		_						Yes	No
		engage, directly or indirectly							ŢJ
	<del>,</del>	office? If 'Yes,' complete S		· · · <u>· ·</u> · · · · ·	<u> </u>	<u> </u>	46		X
Part VI	Section 50 All section 50 for lines 50	11(c)(3) organizations 501(c)(3) organization and 51.	s only is must answer que	estions 47-49b a	and 52, and	I complete the	tables		
	Check if the o	rganization used Schedule	O to respond to any qu	estion in this Part V	1				. $\square$
								Yes	No
47 Did th	ne organization e lete Schedule C	engage in lobbying activitie , Part II	s or have a section 501	(h) election in effect	during the tax	c year? If 'Yes,'	. 47		Х
48 Is the	organization a	school as described in sect	ion 170(b)(1)(A)(ii)? If `	es,' complete Sche	edule E		48		Х
		make any transfers to an ex						a	Х
b If 'Yes	s,' was the relate	ed organization a section 5	27 organization?				49	b	
		or the organization's five high n received more than \$100,					key		
	(a) Name and title o	of each employee	(b) Average hours per week devoted to position	(c) Reportable comper (Forms W-2/1099-MI	nsation contribu ISC) benefit i	Health benefits, atlons to employee plans, and deferred compensation	(e) Estimat other cor	ed amoun npensatio	
NONE									
<del>-</del> -									
- ~									
		· <del></del>							
			į						
		employees paid over \$100		<del></del>	<del></del> .			_	
51 Comp	olete this table for	or the organization's five high ne organization. If there is n	hest compensated inde	ependent contractors	s who each re	ceived more than	\$100,000	of	
<del></del>	<del></del>	ss address of each independent con	<del></del>	- 0	b) Type of service		(c) Com	pensation	
	(a) Name and busines			,			(5, 55		<u> </u>
NONE				_					
		<b>-</b>		_					
			<u>.</u>						
		<del></del>		- ]					
	<del></del>	<del></del>					_		
		<b>-</b>		-					
		<del></del>		-					
— <del>————</del>		<del></del>							
52 Did th	ie organization d	independent contractors e complete Schedule A? <b>Not</b> e attach a completed Sched	e. All section 501(c)(3)	organizations and 49	947(a)(1) none	exempt	. ► XYe		No.
					he best of my know	viedge and belief, it is	· <u> </u>	<u>-                                    </u>	
true, correct, an	d complete Declarat	that I have examined this return, inc ion of preparer (other than officer) is	based on all information of wh	ch preparer has any know	/ledge				
	Signature of off	- Lefty		· · · · · · · · · · · · · · · · · · ·	0 <u>4</u>	/30/14	_		
Sign Here	LISA NO					; SURE DIREC'	ror		
	Type or print na								
	Print/Type preparer	's name	Preparer's signature	Date		Check X if P	TIN		
Paid	MYLAN PHA	<u>.M</u>	MYLAN PHAM	04/	30/14	Oncon	002750	37	
Preparer	Firm's name ▶	BEST TAX SOLUTION	ONS					_	
Use Only	Fırm's address ►	12019 GARDEN GR		01		Firm's EIN ►			
	<u></u>	GARDEN GROVE		CA 928	43	Phone no (71	<u>4) 537-</u>	-1715	·
May the IRS	S discuss this re	turn with the preparer show	n above? See instruction	ons		<i></i>	. ► <b>Y</b> e	s 🗍	No
		<del></del>		<del>-</del> ·			Form 99	90-EZ (	2013)

#### 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.

► Attach to Form 990 or Form 990-EZ.

at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

Open to Public Inspection

Name o	fthe	organization		<u></u>				-	Employe	r identifica	ation number		
HOI	B	O TRO BIEN DU	IC						26-42	29409	3		
Part				(All organizations				oart.) S	See inst	truction	าร.		
The o	gar	nization is not a private	foundation because it	is: (For lines 1 through	11, chec	k only or	ne box )						
1	П	A church, convention	of churches or associa	tion of churches describ	ed in se	ction 17	0(b)(1)( <i>i</i>	۹)(i).					
2	П	A school described in	section 170(b)(1)(A)(i	ii). (Attach Schedule E)									
3	П	A hospital or a cooper	ative hospital service of	organization described in	section	170(b)	(1)(A)(iii	).					
4	П	A medical research or	ganization operated in	conjunction with a hosp	ital desc	nbed in	section	170(b)(	1)(A)(iii)	Enter th	ne hospital's		
		name, city, and state	-										
5	☐ 170(b)(1)(A)(iv). (Complete Part II )												
6	1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2												
7	X	An organization that n in section 170(b)(1)(A	ormally receives a sub A)(vi). (Complete Part	stantial part of its suppo II )	rt from a	governi	mental u	nit or fro	m the ge	eneral pu	ıblıc describ	ed	
8	Ц	A community trust des	cribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9		from activities related investment income an	to its exempt functions	nore than 33-1/3% of its — subject to certain exc axable income (less sec aplete Part III.)	ceptions.	and (2)	no more	than 33	3-1/3% o	fits supr	port from arc	SS	
10		•	•	lusively to test for public	-								
11		more publicly supporte	ed organizations descri	lusively for the benefit o ibed in section 509(a)(1) and complete lines 116	or section	on 509(a	functions a)(2) Se	of, or o e <b>sectio</b>	arry out on 509(a)	the purp ( <b>3).</b> Che	oses of one eck the box t	or hat	
		a Type I b		Type III - Function				<b>4</b> 🗍 .	Type III -	- Non-fu	inctionally in	tegrate	ed
e		By checking this box, I other than foundation section 509(a)(2)	l certify that the organi managers and other th	zation is not controlled d ian one or more publicly	lirectly or supporte	r indirect ed organ	ly by one	e or mor describ	ed in sec	lified pe tion 509	rsons I(a)(1) or		
f				nation from the IRS that			e II or Ty	pe III su	pporting	organız	ation,		
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followir	ng persor	าร?			
												Yes	No
		below, the gover	rning body of the supp	trols, either alone or toge orted organization?				• • • •			. 11 g (i)		
		(ii) A family membe	r of a person described	d ın (ı) above?							. 11 g (ii)		
		(iii) A 35% controlled	d entity of a person de	scribed in (i) or (ii) above	e?						· 11 g (iii)		
h		Provide the following is	nformation about the s	upported organization(s	).								
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) is organiza column (I) your go docur	ation in Histed in Verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) is organiza colum organize U S	ation in in (i) d in the	(vii) Amouni sup	of mone	etary
					Yes	No	Yes	No	Yes	No			
(A)													
<b>(5</b> )													
(B)					-			<u> </u>					
(C)			<u> </u>		ļ	_							
(D)													
(E)													
Total													

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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.)

Sec	tion A. Public Support						<del></del>
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	18,300.	21,640.	12,790.	53,020.	158,683.	264,433.
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	18,300.	21,640.	12,790.	53,020.	158,683.	_264,433.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	*****				\$	264,433.
Sec	tion B. Total Support						
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	( <b>f</b> ) Total
7	Amounts from line 4	18,300.	21,640.	12,790.	53,020.	158,683.	264,433.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	-	·*****	W.	<i>" ¾</i>		264,433.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						<b>&gt;</b> [X]
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 2013						%
15	Public support percentage from 20	112 Schedule A, Pa	art II, line 14		<i></i>	15	<u>%</u>
	33-1/3% support test — 2013. If and stop here. The organization of	jualifies as a public	ly supported orgai	nization			▶ ∐
b	33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	I not check a box of cly supported orga	on line 13 or 16a, a nization	ind line 15 is 33-1/5	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	ind stop here. Exp	olain in Part IV how	· —
	o 10%-facts-and-circumstances to or more, and if the organization mo organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a i qualifies as a pub	and <b>stop here</b> . Exp dicly supported org	olain in Part IV how Janization	the · · · · · · ►
18	Private foundation. If the organiz	ation did not check	c a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	ns ► 📋

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Г(	41 <b>L</b> alli ()	σασασισ	Schedule	: tor u	Organization	is Describe	a in	Section	DUB(a)(Z)

(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)

<u>sec</u>	<u>tion A. Public Support                                   </u>						
Calen	dar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees					İ	
	received (Do not include any 'unusual grants')						
2	Gross receipts from admis-		· · · · · · · · · · · · · · · · · · ·				
	sions, 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						
5	Its behalf						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	70 110111 11110 0.7 7	and the state of t	Durken City American	<u>後でもない。                                    </u>	100000000000000000000000000000000000000		
Sec	tion B. Total Support						
	tion B. Total Support	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen	dar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Calen	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest,	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen 9 10 a	dar year (or fiscal yr beginning in) ►  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
0 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
0 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
0 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011			(f) Total
Calen 9 10 a b c 11	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organizati	on's first, second, the	nird, fourth, or fifth	(d) 2012	(e) 2013	(f) Total
Calen 9 10 a b c 11	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organizati	on's first, second, th	nird, fourth, or fifth	(d) 2012	(e) 2013	(f) Total
Calend 9 10 a b c c 11 12 13 14 Sec	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organization here.	on's first, second, the	nird, fourth, or fifth	(d) 2012	(e) 2013	(f) Total
Calenty 9 10 a b c 11 12 13 14 Sec 15	dar year (or fiscal yr beginning in) Amounts from line 6	ofor the organization here	on's first, second, the contage of t	nird, fourth, or fifth	(d) 2012	(e) 2013 on 501(c)(3)	
Caleny 9 10 a b c 11 12 13 14 Sec 15 16	dar year (or fiscal yr beginning in) Amounts from line 6	for the organization here	on's first, second, the contage of t	nird, fourth, or fifth	(d) 2012	(e) 2013 on 501(c)(3)	►
Calent 9 10 a b c 11 12 13 14 Sec 15 16 Sec	dar year (or fiscal yr beginning in) Amounts from line 6	ofor the organization hereblic Support F 3 (line 8, column (f	on's first, second, the Percentage of divided by line 13 art III, line 15	nird, fourth, or fifth	(d) 2012	on 501(c)(3)	►
Calent 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal yr beginning in) Amounts from line 6	of for the organization here.  blic Support F 3 (line 8, column (f 12 Schedule A, Pa estment Incor 2013 (line 10c, co	on's first, second, the contage of t	ord, fourth, or fifth column (f)	tax year as a sect	on 501(c)(3)	► □
Calent 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal yr beginning in) Amounts from line 6	of for the organization here	on's first, second, the contage of t	column (f))	tax year as a section	(e) 2013  on 501(c)(3)	8 8 8
Calent 9 10 a b c c 11 12 13 14 Sec 17 18 19 a	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organization here	on's first, second, the content of t	line 13, column (f)	tax year as a section	(e) 2013  on 501(c)(3)	8 8 8 8

Schedule A	(Form 990 or 990-EZ) 2013	HOI BAO TR	O BIEN DUC		26-4294093	Page 4
Part IVं	Supplemental Informa or 17b; and Part III, line (See instructions).	tion. Provide the 12. Also complete.	ne explanations recete this part for any	uired by Part II, line 10;  additional information.	Part II, line 17a	
						<b></b> -
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### **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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization	Employer Identification number
HOI BAO TRO BIEN DUC	26-4294093
	·

How Book Value Determined

How FMV Determined

Date of Gift . . . . .

**Book Value** 

**FMV** 

1

### Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
TRANSMNISSION FEE FOR TRANSFER MONEY TO VIETNAM (PAY TO SAIGON CENTRAL POST)	1,267.
BANK FEE (PAY TO CHASE BANK)	53.
Total _	1,320.