

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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# Form **990**

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

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public

inte		De Service   ► Information about Form 990 and its instructions is at www.ii		<del></del> _	mapec			
<u>A</u>	For the	2014 calendar year, or tax year beginning January 1December 31 , 2014, and end	ing Dece	mber 31	, 20 14			
В	Check if	applicable: C Name of organization Blue Dragon Children's Foundation USA		D Employer identification number				
Ш	Address	· · · · · · · · · · · · · · · · · · ·			45-3771750			
	Name ci	nange Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telepho	ne number			
	Initial ref				(310) 948-7529			
	Final retu	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	d return Littleton, Colorado 80123		<b>G</b> Gross re	eceipts \$	289,323		
	Applicat	on pending F Name and address of principal officer	H(a) is this a	group return for	subordinates? 🗌 Yes	✓ No		
		Chung Pham, 9637 W. Brittany Ave., Littleton, CO, 80123	H(b) Are al	subordinate	s included? 🔲 Yes	□ No		
<u></u>	Tax-exe	mpt status:	If =	No," attach a	list. (see instructio	ns)		
J	Website	: ▶ www.bluedragon.org	H(c) Grou	p exemption	number 🕨			
K	Form of	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	ation: 2011	M State	of legal domicile:	DE		
P	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: Trans	forms the liv	es of the p	oorest Vietnam	ese		
8	1	children by breaking the poverty cycle through education, training, and job opportu	ınities. Offer	s legal ass	istance, counse	eling,		
<b>Governance</b>	Ì	safe accomodations, nutrition and medical care. Rescues runaway children and vice	ctims of hum	an trafficki	ng.			
9	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more tha	n 25% of	its net assets.			
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3		3		
9	4	Number of independent voting members of the governing body (Part VI, line 1)		. 4		3		
Ħes	5	Total number of individuals employed in calendar year 2014 (Part De 24)		. 5		0		
Activities &	6	Total number of volunteers (estimate if necessary)		. 6		4		
Ą	7a	Total unrelated business revenue from Part VIII, column (C) ine 12		. 7a				
	b	Total unrelated business revenue from Part VIII, column (6) ine 12  Net unrelated business taxable income from Form 990-Time 34 MAY 18 20	115 [9]	. 7b		0		
			Prior Y	ear	Current Ye	er		
0	8	Contributions and grants (Part VIII, line 1h)	17	150501		289323		
Š	9	Program service revenue (Part VIII, line 2g)	اليبيي	0		00		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		150501		289323		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		0		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
ē	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0						
ū	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0		0		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			•	<del>_</del>		
	19	Revenue less expenses. Subtract line 18 from line 12		j				
58			Beginning of C	urrent Year	End of Ye	<b>8</b> 7		
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		0		0		
₹ <u>8</u>	21	Total liabilities (Part X, line 26)						
25	22	Net assets or fund balances. Subtract line 21 from line 20						
P	art II	Signature Block						
Un	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to	the best of n	ny knowledge and	belief, it is		
		, and complete Declaration of preparer (other than officer) is besed on all information of which prepare			,			
				05/	13/2019			
Sig	jn	Signature of officer	D	ate				
He	re	CHUNG PHAM PRESIDENT						
		Type or print name and title						
Pa	id	Print/Type preparer's name Preparer's signature [	Date	Chook F	PTIN			
				Check [				
	epare e Ont		Fin	n's EIN ▶				
US		Firm's address ▶		one no				
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes	No		
			No. 11282Y			90 (2014)		

Part			_
		a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mis		·
		namese children by breaking the poverty cycle thr	
		counseling, safe accomodations, nutrition, medica by children and victims of human trafficking.	i care and recreational activities such as
	soccer and creative art. Rescues runawa	ay children and victims of numan transcring.	
2	prior Form 990 or 990-EZ?	gnificant program services during the year which	
3	If "Yes," describe these new services of the organization cease conduct	on Schedule O. ting, or make significant changes in how it	conducts any program
	services?		· · · · · · · · · · · · · · · · · · ·
4		chedule O. service accomplishments for each of its three I	largest program conject, so messured by
•		c)(4) organizations are required to report the ar	
			(D)
4a		88111 including grants of \$ 88	
		igh a model of individual assistance and aims to to	
		ologists, teachers & support staff work together to	
	***************************************	nutrition, \$15,084 on the Transition House, \$8,226	·
		ming and roller skating, \$18,848 on emergency su	
		and counselling; \$6067 on an early intervention for	
	disabilities, football programs, and learn	ning.	
	*		
	Stay in School Sponsorship program providing support recently guit due to poverty. There are o	12373 including grants of \$ 12: t to children in Bac Ninh Province at high risk of d over 800 children in the program. Support include	ropping out of school or who have
	insurance.		
4c		145581 including grants of \$ 1455	81) (Revenue \$ 145581)
	Safe and sound program.		
		and Dien Blen Provinces. Blue Dragon has rescu gistration papers for 5,166 children. Blue Dragon	
	sexual slavery and has obtained legal re	distration papers for 5.166 children. Blue Dragon	provides support to tormer victims who
	***************************************		Province outpoints in the mine.
	***************************************	and provides medical assistance and counselling.	
	***************************************		
	***************************************		
	***************************************		
	***************************************		
	***************************************		
	***************************************		
	***************************************		
	Other program services (Describe in S	chedule O.)	
	return to school or vocational training, a	chedule O.)	43258)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del>-</del> -	┝┻	
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	<b>✓</b>
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		١.
	Part III	5		✓
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	_		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<del>                                     </del>
	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		<b>✓</b>
9	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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			_
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<b>✓</b>
••	VII, VIII, IX, or X as applicable.			
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		1
D	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		_
	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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<b>✓</b>
	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		✓_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
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>✓</b>
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<del>'</del>
	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		✓_
		20b For	n <b>99</b> 0	(2014)
				V-V 17/

	0 (2014)		1	Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		1
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		1
	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 to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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 "Yes," 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		1
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	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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	29 30		1
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? <i>If "Yes," complete Schedule R, Part I </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		<b>/</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related exemptions? If "Yes," complete Schedule R, Part V, line 2.	35b		<b>✓</b>
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		 
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI </i>	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	ļ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	05-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	-,-
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	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			_
_	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>.</b>		,
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		✓
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		./
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ľ	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		-	
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<b> </b>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b>-</b>	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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		<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.							
C4	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•					
Secti	on A. Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		,					
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	,	1				
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? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>				
6 7a	Did the organization have members or stockholders?	7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	<u> </u>				
8								
а	The governing body?	8a	✓					
b	Each committee with authority to act on behalf of the governing body?	8b	✓					
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	1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C						
10-	Did the amenimation have lead chapters broughed or offlicted?	400	Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>-</b>				
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	✓					
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	✓					
	describe in Schedule O how this was done	12c	✓_	<u> </u>				
13 14	Did the organization have a written whistleblower policy?	13 14		<b>✓</b>				
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?	14						
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b		<b>✓</b>				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-						
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	16a		<b>√</b>				
	organization's exempt status with respect to such arrangements?	16b						
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed Delaware  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)				
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	•	•	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re Chung Pham, 9637 W. Brittany Ave., Littleton, CO, 80123 (301) 948-7529	cords:	<b>&gt;</b>					

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Page 7

		•
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	ī
	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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck is pe	rson	e than o is both or/trust	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of
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(21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (21) (22) (23) (24) (25) (25) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	******			}		l			L						
(22)   (23)   (24)   (25)	(20)														
(22)   (23)   (24)   (25)															
(24)   (25)   1b Sub-total   0   0   0   0   0   0   0   0   0	(21)					1				[					
(24)   (25)   1b Sub-total   0   0   0   0   0   0   0   0   0				L		<u> </u>			<u> </u>						
(24)  1b Sub-total .	(22)		ļ	l		l									
(24)  1b Sub-total .		<del></del>		<u> </u>								$-\bot$			
1b Sub-total .	(23)			İ								ł			
1b Sub-total .							_		_			<b>-</b>			
1b Sub-total	(24)		<b></b>												
1b Sub-total	<u> </u>			<u> </u>	-	_	<u> </u>					-+			
Total from continuation sheets to Part VII, Section A	(25)	***************************************	<b></b>												
Total from continuation sheets to Part VII, Section A		Cub Askal	<u> </u>	L			L		<u> </u>	ļ <u>-</u>					
Total (add lines 1b and 1c).    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			 VII Saatia	 n A	•	•		•		· · · · · · · · · · · · · · · · · · ·					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-		-		•	•		•							
reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who							od :	above	<u>,, ,,,</u>	<u> </u>	<u> </u>		) of		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	~			ו ט נו	1056	: 1151	eu a	above	;) W	no received in	ore man pro	0,000	<i>,</i> 01		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		roportable compensation nom the engan												Yes	No
employee on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any former of	ficer, direc	tor. c	or tr	uste	æ.	kev e	emp	lovee, or high	est compen	ısatec	ı [	100	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual														1 1	1
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the	sum of re	portal	ble d	com	nper	nsatio	n a	nd other comp	ensation fro	m the			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person															
For services rendered to the organization? If "Yes," complete Schedule J for such person		individual											4	1	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5										ation or indi	vidua	ı 🗀		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who		for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	16dL	ıle J f	or s	such person			5		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section	on B. Independent Contractors													
year.  (A) (B) (C) Compensation  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1														
(A) Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within tl	ne org	ganizati	on's ta	эx
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		year.								<u> </u>					
Total number of independent contractors (including but not limited to those listed above) who			•											4	
· · · · · · · · · · · · · · · · · · ·		Name and business add							_	Description of s	ervices		Compens	ation	
· · · · · · · · · · · · · · · · · · ·									<u> </u>	·					
· · · · · · · · · · · · · · · · · · ·															
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· · · · · · · · · · · · · · · · · · ·		Table stands of the desirable stands			<u> </u>	-4 -	: : ·	- d + :	AL.	اعر فحمدا					
	2		•	_					, tu	iuse iisted add	WIIO				

Par	VIII	Statement of Revo				Dark Vall		
		Check if Schedule C	contains a res	ponse or note to	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्षे क	1a	Federated campaigns	s 1a	Ī				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b		]		}	
S, G	С	Fundraising events .	1c					
Sift.	d	Related organizations	s 1d					
8, <u>E</u>	е	Government grants (cor	ntributions) 1e	133450	j			1
F S	f	All other contributions, g						
활	ļ	and similar amounts not inc	cluded above 1f	155873	]			
<b>E</b> 6	g	Noncash contributions inclu	ded in lines 1a-1f:\$					
SE	h	Total. Add lines 1a-1	f	>	289323			
			<del></del>	Business Code				
Ç.	2a							1
æ	b							
<u>.</u> 2	С							
훘	d							
Ē	е							
Program Service Revenue	f	All other program ser				· - · · · · · · · · · · · · · · · · · ·		
Ę.	g	Total. Add lines 2a-2	lf	>	0			
	3	Investment income	(including divid	ends, interest,				
		and other similar amo	ounts)	▶	o			
	4	Income from investmen	nt of tax-exempt b	ond proceeds ▶	o			
	5	Royalties		<b>.</b>	o			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	ь	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)	▶	o			<u> </u>
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	:	assets other than inventory						
	b	Less: cost or other basis			}			
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		<u> ▶</u>	0			
e	_							
Š	8a	Gross income from fu	undraising					
9 <b>.</b>		events (not including \$		1				
Other Reven		of contributions report						
Ď		See Part IV, line 18 .						
5		Less: direct expenses						
		Net income or (loss) 1		events . ►	0			<u></u>
	9a	Gross income from ga						
		See Part IV, line 19 .	_					
	b	Less: direct expenses						
		Net income or (loss) t		ivities	0			ļ
	iva	Gross sales of in returns and allowance						
	١.		=	<del></del>				
		Less: cost of goods s Net income or (loss) t						
	<u> </u>	Miscellaneous F		Business Code	0	· · · · · · · · · · · · · · · · · · ·		<del> </del>
	140	<del></del>		Subiness Code				
	11a b				<del> </del> -	<del></del>	<del></del>	<del> </del>
					<del> </del>	<del></del>		<del> </del>
	C	All other revenue .						<del> </del>
	d	Total. Add lines 11a-				<del></del>		<del> </del>
	12	Total revenue. See i			200000		<del></del>	
				<u> </u>	289323		L	1

	90 (2014)	···.			Page 1
	Statement of Functional Expenses		<u> </u>	<del></del>	(4)
Section	on 501(c)(3) and 501(c)(4) organizations must con				lumn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		289323		
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	Other employee benefits	<u> </u>			
10	Payroll taxes				
11	Fees for services (non-employees):		1		
а	Management			·	
b	Legal				
C	Accounting	· · ·			
d	Lobbying				
θ	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				•
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest		]		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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) amount, list line 24e expenses on Schedule O.)				
а					
b					·
c		<del> </del>			
ď		· · · · · · · · · · · · · · · · · · ·			
е	All other expenses	·			<del></del>
25	Total functional expenses. Add lines 1 through 24e		289323		

289323

25

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) . . . .

Р	art X	Balance Sheet	<del></del>		
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
		,	(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L			
	6	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	-	5	
ets	l _	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	····	18	
	19	Deferred revenue	<del></del>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	<del></del>	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	<u> </u>
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		27	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			'
JUCK	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
Ď	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ည္	30	Capital stock or trust principal, or current funds	-	30	-
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
é	33	Total net assets or fund balances		33	·
ž	34	Total liabilities and net assets/fund balances		34	

_	4	•
Page	1	7

O O.					90
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3	<del></del>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	XII Financial Statements and Reporting			,	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.	`	] ,		
<b>2a</b>	· · · · · · · · · · · · · · · · · · ·		2a		<b>\</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were complete.	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	······································		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	i on a		i	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c		·
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in			
	Schedule O.				_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Form	n <b>990</b>	(2014)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name	or the organization					Employer identification	number
	Dragon Children's Foundation USA					45-37	71750
Pa							ns.
	organization is not a private founda			•	•	•	
1	A church, convention of churc			ibed in <b>s</b> e	ection 17	'0(b)(1)(A)(ī).	
2	A school described in section						
3 4	A hospital or a cooperative ho						TIO Find and the
4	A medical research organization hospital's name, city, and state		onjunction with a nos	pital desc	ni padik	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for	***********	college or university	owned o	r operate	ad by a government	al unit described in
•	section 170(b)(1)(A)(iv). (Com		College of diliversity	Owned	operati	ed by a government	ai unit described in
6	A federal, state, or local gover	•	mental unit described	in secti	on 170/b	)(1)(A)( <sub>A</sub> )	
7	☐ An organization that normally						the general public
	described in section 170(b)(1)			•	Ū	-	, <b>3 p</b>
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	✓ An organization that normally				from con	tributions, members	hip fees, and gross
	receipts from activities related	to its exempt	functions-subject to	certain	exceptio	ns, and (2) no more	than 331/3% of its
	support from gross investme						x) from businesses
	acquired by the organization a				-	<u>-</u>	
10	An organization organized and						
11	An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fur	ections of, or to carry	out the purposes of
	one or more publicly supported the box in lines 11a through 11	organizations of	the type of supporting	<b>09(a)(1)</b> 0	r section	1 509(a)(2). See <b>sect</b> i	on 509(a)(3). Check
_							_
а	☐ Type I. A supporting organize the supported organization(s						
	organization. You must com			ici a majo	ority Or tin	e directors or trustee	is or the supporting
b		-		nection w	rith ite eu	pported organization	n(e) by baying
	control or management of th						
	organization(s). You must co			10 001110 p	)	nat control of manag	o the supported
c				ted in co	nnection	with, and functionally	v integrated with.
	its supported organization(s)						, .,
đ	☐ Type III non-functionally in	tegrated. A supp	porting organization of	perated i	in connec	tion with its support	ed organization(s)
	that is not functionally integr						an attentiveness
	requirement (see instructions						
ө							I, Type III
	functionally integrated, or Ty		onally integrated supp	orting or	ganizatio	n.	
f	Enter the number of supported of						
9		r	,			14.4	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed in you	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
			(See Instructions))	Yes	No		
<u></u>							
(A)					1		
(B)							
				<u> </u>			
(C)					-		
					ļ		
(D)				ļ			
	·			<del> </del>			
(E)							
		-	1.	,	<del> </del>		<del></del>
Total	1	si , , ,					

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

C41	an A Dublic Company	dilder the te	ata liated belo	w, please co	inpiete i ait i	.,	
	on A. Public Support	(=) 0010	(h) 0044	(a) 2040 T	(d) 2042 T	(a) 2014 T	(6) Tet-1
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		ŀ	.1			
2	Gross receipts from admissions, merchandise		32200	39743	150501	289323	511767
2	sold or services performed, or facilities		1	İ	ŀ	İ	
	furnished in any activity that is related to the				ŀ	ĺ	
	organization's tax-exempt purpose				0	0	
3	Gross receipts from activities that are not an					ļ.	
	unrelated trade or business under section 513		<u> </u>		0	0	
4	Tax revenues levied for the						
	organization's benefit and either paid		l i				
	to or expended on its behalf			1	o	o	
5	The value of services or facilities	,					
	furnished by a governmental unit to the			j			
	organization without charge				أه	o	
6	Total. Add lines 1 through 5		32200	39743	150501	289323	511767
	Amounts included on lines 1, 2, and 3		52233		1,0000.	200020	
-	received from disqualified persons .		l l	İ	o	o	
ь	Amounts included on lines 2 and 3		<del> </del>				
U	received from other than disqualified		1		i	į	
	persons that exceed the greater of \$5,000					į	
	or 1% of the amount on line 13 for the year		<b> </b>		l l		
_	Add lines 7a and 7b		<del>                                     </del>		0	0	0
8	Public support (Subtract line 7c from						
0	line 6.)		1	į	į		F44707
Saati	on B. Total Support	l	L1	1	1		511767
		(=) 0010	(h) 0011	(~) 0010	(40.0010	(0) 0014	(O Total
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	<del></del>	32200	39743	150501	289323	511767
10a	Gross income from interest, dividends,			ł	1	]	
	payments received on securities loans, rents,		1	1	Ì		
_	royalties and income from similar sources .						<del></del>
b						ĺ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business			ŀ			
	activities not included in line 10b, whether			ŀ		į	
	or not the business is regularly carried on						
12	Other income. Do not include gain or			T	T	Ī	
	loss from the sale of capital assets				1	l	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		32200	39743	150501	289323	511767
14	First five years. If the Form 990 is for the	ne organization	n's first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re					▶ 🗸
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2014 (line	B, column (f) di	vided by line 13	3, column (f))		15	100 %
16	Public support percentage from 2013 Scl	nedule A, Part	III, line 15 .			16	100 %
	on D. Computation of Investment In				-	· · •	
17	Investment income percentage for 2014 (			line 13, colum	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/a% support tests—2013. If the organiz		_			_	
U	line 18 is not more than 331/3%, check this						
20	<b>Private foundation.</b> If the organization di		_				

#### **SCHEDULE F** (Form 990)

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

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

Employer identification number

OMB No 1545-0047

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.

Inspection

	Dragon Children's Foundation U	SA				45-3771750
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization	on answered "Yes" on
1	For grantmakers. Does the	organization	maintain reco	ords to substantiate the am	ount of its grants and	other
	assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as	sistance, and the selection	cnteria used to awa	ird the · · ☑Yes ☐No
	gramo or accionation					· · Wites Ind
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	toring the use of its	grants and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (c a program service, describe specific type service(s) in region	expenditures for and investments
(1)						
(2)						
(3)						
(4)						
(5)					,	
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a						
b	Total from continuation sheets to Part I					
_	Totale (add lines 3a and 3h)	I 7				

Page 2

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	non-cash assistance	(ii) Description of non-cash assistance	(book, FMV, appraisal, other)
(E)			Vietnam	fund program services	289323	289323 bank wire	0	0 0	cash, n/a
Ñ									
ල									
<b>3</b>									
(2)									
(9)									
3									
(8)									
6									
9									
Ξ									
(12)									
(13)									
(4)									
(35)									
(16)			··						

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

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schedule	r (rom	99012014	

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Part	IV	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	√ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	<b>☑</b> No
4	quali Infon	the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing I (see Instructions for Form 8621)	☐ Yes	☑ No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	<b></b> ✓ No
6	"Yes	he organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to file Form 5713, International Boycott Report (see Instructions orm 5713; do not file with Form 990)	Yes	☑ No

#### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization **Employer identification number** Blue Dragon Children's Foundation USA 45-3771750 Part III Line 4d: Other program services include Legal advocacy \$26,197; child rescue \$16,530; less administrative expenses \$531 Part VI, Section A: 7b Approval is required from Blue Dragon International for a limited number of activities, such as reinvestment of income in unrelated business activites to generate future income for Blue Dragon. 8. Notes are taken at Board Meetings and at other meetings as appropriate. 9. Yes: Nancy Kellogg, 53 Moore lane, Northborough, MA 01532 Phuc Nelson Le, 931 N. Front St., #403, Harrisburg, PA 17102 Part IV, Section B: 11b. Nancy Kellogg prepared the form, with a substantial amount of correspondence with the operations in Vietnam and with Chung Pham of the board. Chung Pham reviewed the completed filing, signed it and filed it. A copy was also sent to Phuc Nelson Le. 12. There have been no activities to date that could give rise to conflicts of interest. Section C, 19: Documents are made available by either email or US mail upon request.