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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see instructions.

▶ Do not enter social security numbers on this form as it may be made public.

2016

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. January 01 For calendar year 2016 or tax year beginning , 2016, and ending December . 20 Name of foundation A Employer identification number MINH BUI, MD FOUNDATION 20-3815288 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 3076 Caminito Ave (530) 673-8913 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ ☐ Yuba City, CA 95991 ☐ Initial return Check all that apply: ☐ Initial return of a former public charity D 1. Foreign organizations, check here . . . ▶ □ ☐ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation . E If private foundation status was terminated under Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method: Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), ☐ Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ 319,288.78 (Part I, column (d) must be on cash basis.) Part i Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal xpenses per books income purposes the amounts in column (a) (see instructions).) (cash basis only) 15,000.00 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► ☐ if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 103.91 103.91 103.91 137.34 137.34 137.34 4 Dividends and interest from securities 5а b Net rental income or (loss) 148.66 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 148.66 7 Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain 148.66 8 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . . 11 Other income (attach schedule) 15.389.91 389.91 389.91 12 Total. Add lines 1 through 11 . . 500 13 Compensation of officers, directors, trustees, etc. Expenses 0 14 Other employee salaries and wages 0 15 Pension plans, employee benefits 0 16a Legal fees (attach schedule) Accounting fees (attach schedule) ٥ Administrative Other professional fees (attach schedule) . . . O 0 17 47.82 18 Taxes (attach schedule) (see instructions) Ō Depreciation (attach schedule) and depletion . 19 0 20 21 0 Travel, conferences, and meetings Operating and 0 22 419.57 23 Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 967.39 25 Contributions, gifts, grants paid 13,180.00 13,180.00 14,147.39 14,147.39 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 1,242.52 389.91 **Net investment income** (if negative, enter -0-) . 389.91 c Adjusted net income (if negative, enter -0-) .

D۵	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
	البيدات	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	70,647.42	61,566.04	61,566.04
	2	Savings and temporary cash investments	227,618.83	257,722.74	257,722.74
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	0		
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶	o		
	5	Grants receivable ,	0		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0		
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶	o		,
ম	8	Inventories for sale or use	0		
Assets	9	Prepaid expenses and deferred charges	0	······································	
As	10a	Investments—U.S. and state government obligations (attach schedule)	0		
1	b	Investments – corporate stock (attach schedule)	0		
	c	Investments – corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
	-	Less: accumulated depreciation (attach schedule) ▶	ol		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	19,780.01	0	0
	14	Land, buildings, and equipment: basis ▶	1		
	• •	Less: accumulated depreciation (attach schedule) ▶	ol		-
	15	Other assets (describe ►)	0		
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	318,046.26	319,288,78	319,288.7
	17	Accounts payable and accrued expenses	0		, , , , , , , , , , , , , , , , , , , ,
	18	Grants payable	i al		
es	19	Deferred revenue	0		!
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0		, i
ap	21	Mortgages and other notes payable (attach schedule)	0		
	22		0	· · · · · · · · · · · · · · · · · · ·	
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0		} {
	20	Foundations that follow SFAS 117, check here ▶ □		 	1
es		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			1
<u>=</u>	25	Temporarily restricted			
_	26	Permanently restricted		- · · · · · · · · · · · · · · · · · · ·	
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ □		· · · · · · · · · · · · · · · · · · ·	
ß		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	318,046.26	319,288.78	
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0		
Se	29	Retained earnings, accumulated income, endowment, or other funds	0		t
As :	30	Total net assets or fund balances (see instructions)	318,046.26	319,288.78	
et	31	Total liabilities and net assets/fund balances (see	0.0,0.0.20		
Z	• •	•	318,046.26	319,288.78	ı
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances	U 10,070.20	0.0,200.10	<u></u>
		I net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with	Γ
•		of-year figure reported on prior year's return)			318,046.26
9		r amount from Part I, line 27a			1,242.52
3					1,242.32
4		er increases not included in line 2 (itemize) lines 1, 2, and 3		4	319,288.78
_	_				0
e S	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II column (b) lie	ne 30 6	319,288.78
		act accepts of faria balances at one of your (into + finites line of -	, oolullii (b), III		0.0,200.70

		ne kınd(s) of property sold (e.g., real estate use, or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	Publicly Traded Securities			P	Various	04/04/2016
b						
<u>c</u>						
<u>d</u>	· · · · · · · · · · · · · · · · · · ·					
<u> </u>				<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g)
<u>a</u>	27,566.00	00		27,417.34		148.66
<u>b</u>			·			
<u>c</u>						
<u>d</u>						
е	Complete only for secret ob-	wine con a polyment (b) and average	nu dha fa ua datian	on 10/01/00		
	Complete only for assets sho	owing gain in column (h) and owned t				I (h) gain minus t less than -0-) or
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) . (j), if any		from col. (h))
<u>a</u>						
b			·			
<u>c</u>						, , , , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , _ , _ , _ , _ , _ , _ , _ , , , , , , , , , , , , ,
<u>d</u>						· · · · · · · · · · · · · · · · · · ·
е				·		
2	Capital gain net income o		also enter in Pa enter -0- in Pa		2	148.66
3		n or (loss) as defined in sections 1, line 8, column (c) (see instruc				
					3	148.66
Part		ler Section 4940(e) for Redu		let Investment		
		ivate foundations subject to the s			·- · · · · · · · · · · · · · · · · · ·	
	•	•			,	
	tion 4940(d)(2) applies, leav	•				
		section 4942 tax on the distribut qualify under section 4940(e). Description 4940(e) and the distribution are section 4940(e).			pase period?	☐ Yes ☐ No
1	Enter the appropriate amo	ount in each column for each yea	ır; see the instr	uctions before ma	aking any entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use as		(d) tribution ratio divided by col. (c))
	2015				(60 (6)	a.v.a.co by co.: (c))
	2014	- 				···
	2013					
	2012					
				· · · · · ·		
	2011					1.17
	2011					
	2011 Total of line 1, column (d)				. 2	
	Total of line 1, column (d)	for the 5-year base period—divid			·	
	Total of line 1, column (d) Average distribution ratio		de the total on I	ine 2 by 5, or by	the	
	Total of line 1, column (d) Average distribution ratio	for the 5-year base period—divid	de the total on I	ine 2 by 5, or by	the	
	Total of line 1, column (d) Average distribution ratio number of years the found	for the 5-year base period—divid	de the total on l ss than 5 years	ine 2 by 5, or by 	the 3	
3	Total of line 1, column (d) Average distribution ratio number of years the found	for the 5-year base period—divid dation has been in existence if lea	de the total on I ss than 5 years om Part X, line	ine 2 by 5, or by	the 3	
3	Total of line 1, column (d) Average distribution ratio number of years the found Enter the net value of non Multiply line 4 by line 3	for the 5-year base period—dividuation has been in existence if lescharitable-use assets for 2016 fr	de the total on I ss than 5 years rom Part X, line	ine 2 by 5, or by 5	the . 3 4	
3 4 5 6	Total of line 1, column (d) Average distribution ratio number of years the found Enter the net value of non Multiply line 4 by line 3 Enter 1% of net investme	for the 5-year base period—dividuation has been in existence if lead at the charitable-use assets for 2016 fr	de the total on I ss than 5 years rom Part X, line	ine 2 by 5, or by 5	the . 3 . 4 . 5 . 6	
3 4 5	Total of line 1, column (d) Average distribution ratio number of years the found Enter the net value of non Multiply line 4 by line 3 Enter 1% of net investme Add lines 5 and 6	for the 5-year base period—dividuation has been in existence if lead at the charitable-use assets for 2016 fr	de the total on less than 5 years om Part X, line	ine 2 by 5, or by	the . 3 . 4 . 5 6 7	

Part		nstru	<u>ictio</u>	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	•		
ı.	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	-	7 70	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7.79	
С	here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
·	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2		7.79	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		7.79	
6	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 0			
a	2016 estimated tax payments and 2015 overpayment credited to 2016			
b	Tax paid with application for extension of time to file (Form 8868) . 6c 0			
d	Backup withholding erroneously withheld 6d 0			
7	Total credits and payments. Add lines 6a through 6d		0	-
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		7.79	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0	
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11		0	
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
_	participate or intervene in any political campaign?	1a		1
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		•
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		~
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$			-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		-
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		~
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	┝∸		
	CALIFORNIA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	-	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		~
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	Y	L

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		*
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	H		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		-
			1	L
14	Website address ► The books are in care of ► NHUNG HO Telephone no. ► (53)	0) 670	0012	
14	The books are in care of ► NHUNG HO Telephone no. ► (53)	0) 673		
46	Located at ► 3076 Caminito Ave. Yuba City, CA ZIP+4 ►	9599	1 	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	
40	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	the foreign country			
Dos		<u> </u>		L
Far	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	l		[
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	——————————————————————————————————————			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	termination of government service, if terminating within 90 days.)			,
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	- <u>-</u>		
	<u> </u>	1b		<u> </u>
С	Organizations relying on a current notice regarding disaster assistance check here			
·	were not corrected before the first day of the tax year beginning in 2016?		-	ر ا
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		<u> </u>
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
•	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
~	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		مد
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		<u> </u>
=	≥ 20, 20, 20, 20, 20			!
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			,
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		- 1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	[
	foundation had excess business holdings in 2016.)	3ь		·
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			_
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		"
		ليتنسب		

Page	(

Part	VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Be R	equire	ed (contii	nued)_			
5a	During the year did the foundation pay or incur a	any am	ount to:								
	(1) Carry on propaganda, or otherwise attempt						☐ Yes	☑ No			,
	(2) Influence the outcome of any specific public	c electi	ion (see sect	ion 495	5); or to ca	arry on,	1			İ	
	directly or indirectly, any voter registration di	ive?					☐ Yes	₩ No			
	(3) Provide a grant to an individual for travel, stu	idy, or	other similar	purpos	es?		☐ Yes	∠ No			
	(4) Provide a grant to an organization other than						1	_			1
	section 4945(d)(4)(A)? (see instructions)						☐ Yes	☑ No			
	(5) Provide for any purpose other than religious	, charit	able, scientif	ic, litera	ary, or educ	cational		_			
	purposes, or for the prevention of cruelty to							No No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	e transa	actions fail to	qualify	under the	excepti	ons descr	ribed in			,
	Regulations section 53.4945 or in a current notice								5b	i i	,
	Organizations relying on a current notice regardi	ng disa	aster assistan	ce che	ck here .			▶□			
С	If the answer is "Yes" to question 5a(4), does to					the tax					
	because it maintained expenditure responsibility				·			□No			
	If "Yes," attach the statement required by Regula	ations s	ection 53.49	45–5(d)	_				1 1		
6a	Did the foundation, during the year, receive any					emiums	;				
	on a personal benefit contract?						☐Yes	No.			
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indire	ctly, on	a personal	benefi	contract	_	6b		
	If "Yes" to 6b, file Form 8870.	•		,,							
7a	At any time during the tax year, was the foundation	a party	to a prohibited	d tax sh	elter transac	tion?	Yes	⊘ No			
b	If "Yes," did the foundation receive any proceed	s or ha	ve any net inc	come a	ttributable 1	to the t	ransaction	n? .	7b		
Part	VIII Information About Officers, Direct	tors,	Γrustees, F	ounda	tion Mana	gers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, foundatio	n mana	agers and th	eir con	npensatior	ı (see i	nstructio	ns).	·		
	(a) Name and address		e, and average irs per week		mpensation		Contribution		(e) Expe	nse acco	ount,
	(a) Name and address		ed to position	(If not paid, enter -0-)		employee benefit plans and deferred compensation			other a	allowanc	es
Minh	Bul	Presid	ent		0			0			0
3076 C	aminito Ave. Yuba City, Ca 95991	2 hrs									
Nhung	Но		resident		0			0	_		0
same	address	3 hrs								_	
Jonati	nan Bul	Directo .25 hrs			0			0			0
same	address										
Vivian	Bul	Directo			0			0			0
same	address										
2	Compensation of five highest-paid employed "NONE."	es (oth	er than tho	se incl	uded on li	ne 1 —	see instr	uctions	s). If no	one, e	nter
			(b) Title and		I		(d) Contribu	utions to			
	a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v	veek -	(c) Comper	sation	employee	benefit		nse acco	
			devoted to p	osition			compens		Otilioi (210114110	50
None			1								
			L								
											_
			<u> </u>								
Total	number of other employees paid over \$50,000 .							. ▶			
									orm 99	0-PF	2016)

- 50° A	VIII Information About Officers Directors Trustees Foundation Manager I light Deld Foundation	- <u>i</u>
- 41	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	pioyees,
_ 3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	93
_ <u>-</u> -	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
Tota	number of others receiving over \$50,000 for professional services	
Dar	IX-A Summary of Direct Charitable Activities	
	Odminary of Direct Chartable Activides	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
	Providing scholoships to 56 Students with financial hardship at Hue Medical College in Vietnam	
'	(\$230.00/each)	\$12,800.00
		V. 2,000.00
2	Granting one honor award to the top graduate at Hue Medical Calloge, school year 2015-2016	
		\$300.00
3		
4		
7		
	IX-B Summary of Program-Related Investments (see instructions)	
Par		
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount

All other program-related investments See instructions.

Total. Add lines 1 through 3

Form **990-PF** (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn found	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	}	
а	Average monthly fair market value of securities	1a	19,402.54
b	Average of monthly cash balances	1b	316,571.21
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	335,973.75
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	335,973.75
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	5,039.60
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	330,934.15
6	Minimum investment return. Enter 5% of line 5	6	16,546.70
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ► □ and do not complete this part.)	oundatio	ns
1	Minimum investment return from Part X, line 6	1	16,546.70
2a	Tax on investment income for 2016 from Part VI, line 5		7 "
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b 0		
C	Add lines 2a and 2b	2c	7.79
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,538.91
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	16,538.91
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	16,538.91
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	14,147.39
b	Program-related investments – total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	14,147.39
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,147.39
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	whethe	r the foundation
	quantics for the section 4040(c) reduction of tax in those years.		000 DE

Part	Undistributed Income (see instruction	ons)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7				16,538.91
2	Undistributed income, if any, as of the end of 2016:				
а	Enter amount for 2015 only			2,391.52	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2016:				
а	From 2011 3,500.51				
b	From 2012 2,471.42				
С	From 2013				
d	From 2014				
e	From 2015				
f	Total of lines 3a through e	5,971.93			
4	Qualifying distributions for 2016 from Part XII,			i	
	line 4: ► \$ 14,147.39				
а	Applied to 2015, but not more than line 2a .			2,391.52	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		0		
C	Treated as distributions out of corpus (Election		1		
	required—see instructions)	0		·	
d	Applied to 2016 distributable amount				14,147.39
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2016	2,391.52			2,391.52
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,580.41			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed			•	
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions		0		
8	Undistributed income for 2015. Subtract line				
	4a from line 2a. Taxable amount-see			0	
	instructions			0	
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1. This amount must be				0
_	distributed in 2017				
7	Amounts treated as distributions out of corpus	<u> </u>			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
a	Excess distributions carryover from 2011 not				
8	applied on line 5 or line 7 (see instructions).	1,108.99			
9					
-	Subtract lines 7 and 8 from line 6a	2,471.42			
10	Analysis of line 9:				
а	Excess from 2012 2,471.42				
ь	Excess from 2013 0				
c	Excess from 2014 0				
ď	Excess from 2015 0				
e	Excess from 2016 0				

Part	90-PF (2016)	one (one inst-	iotions and Dad	VII A minotion 0	<u> </u>	Page 10
	XIV Private Operating Foundati If the foundation has received a ruling)	
	foundation, and the ruling is effective for					
ь	Check box to indicate whether the found		_		ction 1 4942(i)((3) or 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	each year listed			-		
	85% of line 2a	 	<u> </u>			
C	Qualifying distributions from Part XII,					
А	line 4 for each year listed	 	<u> </u>			
u	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c	· · · · · · · · · · · · · · · · · · ·				
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)					
_	Part X, line 6 for each year listed					
С	"Support" alternative test-enter:			İ		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	(Complete th	nis part only if t	he foundation ha	ad \$5,000 or mo	ore in assets at
	any time during the year—s		ns.)			
1	Information Regarding Foundation M					
а	List any managers of the foundation will before the close of any tax year (but on	no nave contribi	uted more than 2%	% of the total contr	oction 507(d)(2)	by the foundation
Minh I		ly ii liioy iiavo o		ιαπ φο,σσο): (σσο στ	2011011 301 (d)(2).)	
b	List any managers of the foundation we ownership of a partnership or other entitle.					rge portion of the
None		,, =: 		g. cator into		
2	Information Regarding Contribution,	Grant, Gift, Loa	ın, Scholarship, e	tc Programs:		
	Check here ▶ ☐ if the foundation or			•	organizations and	does not accept
	unsolicited requests for funds. If the for other conditions, complete items 2a, b,		gifts, grants, etc.	(see instructions) to	o individuals or or	ganizations under
а	The name, address, and telephone num	ber or e-mail ac	dress of the person	on to whom applica	ations should be a	ddressed:
Minh I 3076 (Bul Caminito Ave. Yuba City, Ca.95991					
	The form in which applications should batton and purpose and the course of studion		d information and	materials they shou	uld include:	
С	Any submission deadlines:		······································			
None						
d	Any restrictions or limitations on awa	rds, such as b	y geographical a	reas, charitable fie	lds, kinds of inst	titutions, or other

factors:

	t XV Supplementary Information (cont.				
3	Grants and Contributions Paid During t		ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	• •				
Scho	elarships to 56 Students at Hue Medical College	No relationship	None	Attending School	\$12,880.00
One	award for the top graduate of Hue Medical College	No relationship	None	Award	\$300.00
		•			
			İ		
			İ		
	Total			▶ 3a	\$13,180.00
b	Approved for future payment				
			ļ		
					}
					ĺ
			<u> </u>		1
	Total			31	4

		Analysis of income-Producing Ad					 _
Ente	r gros	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	⊣ (e)
			(a)	(b)	(c)	(d)	Related or exempt function income
			Business code	Amount	Exclusion code	Amount	(See instructions.)
1	Prog	ram service revenue:			L		,
	а _						
	b ¯						
	c						
	ď						
	e				<u> </u>		
	ř -						
	<u> </u>				-		
_	-	fees and contracts from government agencies					
2		nbership dues and assessments	<u> </u>				 -
3		est on savings and temporary cash investments	522100	103.91		·	ļ
4	Divid	dends and interest from securities	523000	137.34			<u> </u>
5	Net	rental income or (loss) from real estate:					
	a C	Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory		148.66			<u> </u>
		income or (loss) from special events	 	. 10.00			
9			 		 		
10		ss profit or (loss) from sales of inventory					
11		er revenue: a	<u> </u>				
	p _		ļ 				<u> </u>
	C						
	d _						
	e		<u> </u>	389.91			
12	Subt	total. Add columns (b), (d), and (e)					
13	Tota	II. Add line 12, columns (b), (d), and (e)				13	389.91
13 See	Tota work	total. Add columns (b), (d), and (e)	s.)			13	389.91
See	work	sheet in line 13 instructions to verify calculation	s.)			13	389.91
See Pa	work	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work rt XV	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
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See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		
See Par Lin	work t XV e No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishme	ent of Exemp	t Purposes		

Part	XVII	•	n Regarding Tran ganizations	isters to and transa	ctions and r	Relationship	S WITH N	10ncnai	птаріе	
1	Did t			engage in any of the follo	owing with an	y other organiz	zation des	scribed	Yes	No
				section 501(c)(3) organiz					\	
	orga	nizations?	•		·		• .			
а	Trans	sfers from the rec	porting foundation to	o a noncharitable exemp	t organization	of:				
-		ash	_						1a(1)	"
	• •	ther assets .							1a(2)	1
ь		r transactions:						•		 •
_			a noncharitable exe	empt organization					16(1)	1
				able exempt organization				• •	1b(2)	~
				er assets				• •	1b(3)	~
								• •	1b(4)	1
			-	· · · · · · · · · · · · · · · · · · ·				• •	1b(5)	1
				nip or fundraising solicita				• •	1b(6)	
_	• •			sts, other assets, or paid					1c	1
C		-	• •	sts, other assets, or paid s," complete the following						V
q				s, complete the following the reporting the complete the						
				ement, show in column						
(a) Line		(b) Amount involved		hantable exempt organization		aption of transfers				
1-7	-		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,7,	,				
	-									
	+					 _				
	_									
				 						
	\neg					 -				
	<u> </u>									
										
	-+									
	7	· · · · · · · · · · · · · · · · · · ·								
										
		·								
	o		-		- 					
	\neg									
	$\neg \uparrow$									
									-	
2a	is th	e foundation dire	ectly or indirectly af	filiated with, or related t	o, one or mo	re tax-exempt	organiza	ations		
				other than section 501(c)					Yes 🔽	No
b			following schedule		,			-	00 02	
		(a) Name of organ		(b) Type of organiz	ation	(c) Description	n of relation	nship	
										
		· · · · · · · · · · · · · · · · · · ·					·			
				 						
					·					
	Und	er penalties of penury. I	declare that I have examine	f ed this return, including accompar	nying schedules and	d statements, and to	the best of	my knowled	lge and belief.	ıt is true
Sign		ect, and complete. Decl	aration of preparer (other th	an taxpayer) is based on all inform	nation of which prep	parer has any knowl	edge.			
Here	1 N .	Meun Ita	i de a	105/10/20	1/1Ce-Presider	nt		with the p	RS discuss this reparer shown	below
11616		nature of officer or true	stee	Date	Trtle			(see instru	ctions)? TYes	□No
	1 5.9	Print/Type preparer		Preparer's signature		Date		T _F	PTIN	
Paid		יייייייייייייייייייייייייייייייייייייי		opaior o orginataro			Check self-e	k [] ıf [
Prep		<u> </u>		J 		J		mployed	 	_
Use (Only						Firm's EIN ▶			
		Firm's address >				<u></u>	Phone no.		orm 990-P l	E (0010
								FC	7 7 7 7 6 11111	(2016

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Organization type (check one):						
Filers o	of:	Se	ction:			
Form 9	90 or 990-EZ		501(c)() (enter number) organization		
			4947(a)(1) non	exempt charitable trust not treated as a private f	oundation	
			527 political o	rganization		
Form 9	90-PF	\mathbf{Z}	501(c)(3) exem	pt private foundation		
			4947(a)(1) non	exempt charitable trust treated as a private found	dation	
			501(c)(3) taxat	ole private foundation		
	Only a section 501(c)(7		•	neral Rule or a Special Rule. zation can check boxes for both the General Rule	and a Special Rule. See	
Genera	il Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Specia	l Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Cautio	n: An organization that	t isn'	t covered by th	e General Rule and/or the Special Rules doesn't	file Schedule B (Form 990,	

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MINH BUI, MD FOUNDATION

Employer identification number 20-3815288

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		(d) Type of contribution			
	Minh Van Bui 3076 Caminito Ave. Yuba City CA 95991	\$ 15,000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number Name of organization Noncash Property (See Instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. (d) from Description of noncash property given **Date received** Part I (See Instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I (c) FMV (or estimate) (a) No. (d) from Date received Description of noncash property given (See instructions) Part I (a) No. (c) (d) Date received (b)

Description of noncash property given from FMV (or estimate) (See instructions) Part I (c) FMV (or estimate) (a) No. (d) from Description of noncash property given **Date received** Part ! (See instructions) (a) No. (c) FMV (or estimate) (d) (b) **Date received** Description of noncash property given (See instructions) Part i

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of or	ganization			Employer identification number						
Part III	(10) that total more than \$1,000 fo	or the year from any of atlons completing Part the year. (Enter this inf	one contributor. Ill, enter the total ormation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and al of exclusively religious, charitable, etc., see instructions.) \$						
(a) No.		1		T						
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held						
Parti		ļ								

-	(e) Transfer of gift									
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
Γ										
	<u> </u>									
1	<u> </u>									
ļ ·										
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held						
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
				~**************************************						
<u> </u> _										
	(e) Transfer of gift									
L	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee							
į i										
1										
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held						
j										
				***********************************						
1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·							
L		<u> </u>								
1	(e) Transfer of gift									
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee							
1										
1										
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f glft	(d) Description of how gift is held						
	(e) Transfer of gift  Transferee's name, address, and ZiP + 4  Relationship of transferor to transferee									
<u> </u>		T		<del></del>						
- 1	**************************************			**************************************						

## SCHEDULES FOR MINH BUI, MD FOUNDATION

Form 990-PF--Year 2016

#### Part 1:

Line 3: Interest from Bank of America Savings Account: \$103.91

Line 4: Dividend from Vanguard Mutual Funds: \$137.34 (see attached)

Line 7: Capital gain from Vanguard Mutual Funds: \$148.66 (see attached)

# Line 13: Compensation for Foundation representative

In Vietnam:

\$500.00

Dr Chat Vo 4/317 Dien Bien Phu Hue, Vietnam

### Line 18: Taxes

4/12/16	US Treasury:	\$ 17.82
4/12/16	Franchise Tax Board:	\$10.00
1/06/16	CA Secretary of State:	\$20.00

Total: \$47.82

## Line 23: Other expenses:

Postal fee:	\$23.12
Norton Security Software	\$49.99
Postage:	\$6.46
Wire fee	\$40.00
Vietnam Account Maintenance fee:	\$300

Total: \$419.57