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Form	33	U"	CŁ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public Open to Public

Dep	artment o	of the Treasury nue Service	► Go to www.i	irs.gov/Form990	EZ for instruct	ions and the la	itest informat	ion.	NO.	Inspection
Ā	For the	2019 calenda	ar year, or tax year beginn	ning	JAN 1ST	. 2019.	and ending		DEC 31	. 20 19
	Check if a		C Name of organization							entification number
	Address o	hange	KINH 5 FOUNDATION						4	5-1593547
	Name cha	ange '	Number and street (or P.O. be	ox if mail is not deli	vered to street add	iress)	Room/suite	E Telep		
_	Initial retu		2708 WESTMINSTER AV	E			210		71	4-723-1686
$\overline{}$	Amended	m/terminated	City or town, state or province		or foreign postal of	ode		F Grou		
=		n pending	SANTA CLARA, CA 9270	6			7		nber 🕨	
		ting Method:	Cash Accrual	Other (specify)	>		Н	Check I	<u>▶ □</u>	f the organization is not
	Vebsite	•	Kinh5foundation.org; face							ach Schedule B
J T	ax-exen		eck only one) - 2 501(c)(3)) ◀ (insert no.)	4947(a)(1) or)-EZ, or 990-PF).
					Association	Other				<u></u>
		•	7b to line 9 to determine gr				nore, or if tota	assets		
			500,000 or more, file Form						► s	
Р	art I	Revenu	e, Expenses, and Ch	anges in Net	Assets or F			instruc	tions	for Part I)
			the organization used	_			•			🗸
	1		ons, gifts, grants, and sin						1	148,592
	2	Program se	ervice revenue including	government fe	es and contra	cts			2	
	3	Membersh	ip dues and assessment	·s					3	
	4	Investment	tincome						4	
	5a	Gross amo	ount from sale of assets	other than inve	ntory	5a				· · · · · · · · · · · · · · · · · · ·
	Ь	Less: cost	or other basis and sales	expenses		5b				
	C	Gain or (los	ss) from sale of assets of	ther than inven	tory (subtract	ine 5b from li	ne 5a)		5c	
	6	Gaming an	d fundraising events:							
	а	Gross inco	ome from gaming (att	ach Schedule	G if greater	than				
Revenue		\$15,000) .				· · 6a				
Ver	b		me from fundraising eve				contribution	ıs	'	
æ			aising events reported o				•			
		sum of suc	ch gross Income and cor	itributions exce	eds \$15,000)				ļ	
	C		t expenses from gaming			<u>6</u> c	<u> </u>		- 1	
	d		e or (loss) from gaming	and fundraisir	ng events (add	l lines 6a and	d 6b and sub	otract		
	_	line 6c) .							6d	
	7a		s of inventory, less return			7a				
	b		of goods sold			<u>7b</u>				
•	C		it or (loss) from sales of i			-			7c	
	8		nue (describe in Schedu						8	440.500
	10		<mark>nue.</mark> Add lines 1, 2, 3, 4, I similar amounts paid (li			DF	, , , , , , , , , , , , , , , , , , , 		9 10	148,592
	11		aid to or for members .	at in achequie	∽ ,	. <u>' net</u>	CIVED	<u>,</u>	11	139,994
Ø	12		ther compensation, and	employee bess	ofite	.64 		그ડ다	12	
Expenses	13		al fees and other payme			MAR	0'9 '2020'	3	13	
ě	14		y, rent, utilities, and mair	•		.찌]		14	14	
弘	15		ublications, postage, and				ENI III		15	
_	16	•	enses (describe in Sched			<u>: 0GD</u>	CIV. UI	النينا	16	
	17	-	enses. Add lines 10 thro	•					17	139,994
	18		deficit) for the year (sub			<u> </u>			18	8,598
ě	19		or fund balances at be			, column (A))	(must agree	with		
A SS			r figure reported on prio					/	19	39,510
Net Assets	20	Other chan	iges in net assets or fund	d balances (ext	olain in Schedu	ıle O)		1	20	
Ž	21		or fund balances at end			=		. ▶ [21	48,109
For	Paper		ion Act Notice, see the se				No. 10642I			Form 990-EZ (2019)

	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		\square
		······································		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			39,510	22	48,109
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			39,510	25	48,109
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	39,510	27	48,109
Par	t III Statement of Program Service Accom			Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III		Expenses
What	t is the organization's primary exempt purpose?					ulred for section c)(3) and 501(c)(4)
as m	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest p services provided	rogram services, d, the number of		inizations; optional for
28	NHA MAY DU HIEU, PHU NHAI					
	3rd year and on going support this under develop vil	lage to create job for	women to work in s	ewing facility		
	located in North Vietnam regime.					
	(Grants \$ 32,513) If this amount	includes foreign gra	nts, check here .	▶ ☑	28a	32,513
29	LM LUAN/THAN/CHU/LUNG					
	This project support homeless, disability, and poor of	hildren directly throu	gh Priest and Nun to	help the basic		
	training, food, basic living ads, and school material.					
	(Grants \$ 22,635) If this amount	includes foreign gra	nts, check here .	▶ ☑	29a	22,635
30	URGENT CARE CENTER					1
	Maintain and on going support for this urgent care fa	cility was built by Kir	nh5 Foundation for b	asic medical care		
	to the poor, included weekly and quarity checkup, va	cine, medication, and	preventing disease	s program.		
	(Grants \$ 13,597) If this amount				30a	13,596
31						
	(Grants \$ 70.889) If this amount	Includes foreign gra	nto shook here	▶ □	31a	71,250
	(Ciralits \$ 70,889) It this amount	miciades foreign gra	nts, check here .	▶ ☑		71,200
	Total program service expenses (add lines 28a	hrough 31a)		🕨	32	139,994
32 Pari	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	one even if not com	pensated—see the ir	32	139,994
	Total program service expenses (add lines 28a	hrough 31a) Employees (list each	one even if not com ny question in this	► pensated—see the ir Part IV	32	139,994
	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	one even if not com	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	32 struc 	139,994 ctions for Part IV)
Part	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a)	one even if not com y question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	32 struc 	139,994 ctions for Part IV)
Part HIEN	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a)	one even if not com y question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 struc 	139,994 ctions for Part IV)
Pari	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Q PHAN	through 31a)	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 ee (e)	139,994 ctions for Part IV)
Pari HIEN 43495	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Q PHAN 5 LOS CABELLERO WAY, TEMECULA, CA 95292	through 31a)	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 ee (e)	139,994 ctions for Part IV)
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HIEN 43495 TAN 1 1602 CHI H	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Q PHAN 5 LOS CABELLERO WAY, TEMECULA, CA 95292 V NGUYEN OAKMONT PLACE, SANTA ANA, CA 92701	chrough 31a)	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 ee (e)	139,994 ctions for Part IV)
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rait				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	. L No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		163	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33		1
35a	change on Schedule O. See instructions	34		1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	-		
ь 38a	Did the organization file Form 1120-POL for this year?	37b		✓
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	- ∤	• •	``.
a	Initiation fees and capital contributions included on line 9	()	,	,
b	Gross receipts, included on line 9, for public use of club facilities	- ``., \		•
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	, .		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		, .	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	√
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			, '
	Financial Accounts (FBAR).	· 7.	, 	;
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	
44a	Did the executation maintain any densy advised funds during the year? If "Ves." Farm 000 must be	r	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	1	-
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		_
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		y
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		,:	- •
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	(***** * **	

46	Did the organization engage, directly or into candidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities on	behalf of or in	opposition	46	
Part		s Only				bles for	lines
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI .			<u> </u>
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio			47	es No
48 49a b	Is the organization a school as described in Did the organization make any transfers the "Yes," was the related organization a second control of the school	n section 170(b)(1)(A)(i to an exempt non-cha ection 527 organizatio	i)? If "Yes," complete in itable related organizers	Schedule E . zation?		48 49a 49b	\frac{1}{\sqrt{1}}
50	Complete this table for the organization's employees) who each received more than	s five highest compen n \$100.000 of compe	sated employees (oth esation from the orgal	er than officers nization. If there	, directors, 1 e is none. er	trustees, iter "Nor	, and key ne."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions to el benefit plans, and compensati	efits, mployee (e) E deferred ot	Estimated a	amount of
None							
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors wh	no each rec	eived m	ore than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Com	pensation	
None							
••••••							
52	Total number of other independent control Did the organization complete Schedu completed Schedule A	ule A? Note: All se	· ·	nizations must		∕ Yes [□ No
Under p	enalties of perjury, I declare that have examined this rect, and complete. Declaration of prepare <u>r (other tha</u>	return, including accompan n officer) is based on all info	ying schedules and stateme prmation of which preparer b	ents, and to the bes nas any knowledge.	t of my knowler	dge and be	elief, it is
Sign Here	Signature of officer Henry Phan	hen		Date	3-2-	202 <u>1</u>	2
Paid	Print/Type preparer's name	Preparer's signature	Da	10	heck if	PTIN	
Prep.	■			Firm's E			
	Firm's address ▶	r chown chave? Con	instructions	Phone n		7 1	- Ne
iviay tr	e IRS discuss this return with the prepare	Shown above? See	instructions		<u>▶</u> ∟] Yes [No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number

KINE	15 FOUNDATION						93547
Pa	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The	organization is not a private foundat	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	A church, convention of church	nes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	α
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	\ <u>\</u>
3	A hospital or a cooperative hos	pital service org	anization described in	n section	170(b)(1)(A)(iii).) '
4	A medical research organizatio						(iii). Enter the
	hospital's name, city, and state					• • • • • • • • • • • • • • • • • • • •	
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6	☐ A federal, state, or local govern	ment or govern	mental unit described	in secti o	on 170(b)	(1)(A)(v).	
7	An organization that normally a described in section 170(b)(1)(port from	a gover	nmental unit or fron	n the general public
8	☐ A community trust described in			Part II.)			
9	An agricultural research organization	zation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or university or a non-land-grar university:	nt college of agri	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related	eceives: (1) more to its exempt fui	e than 331/3% of its sunctions—subject to co	ipport fro ertain exc	m contrib eptions.	outions, membership and (2) no more tha	p fees, and gross n 331/3% of its
	support from gross investment	income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
	acquired by the organization af	•	· · · · · · · · · · · · · · · · · · ·		•		
11	An organization organized and						
12	An organization organized and						
	of one or more publicly suppo-						
	Check the box in lines 12a throu	•	**		-		•
а							
	the supported organization					he directors or trust	ees of the
	supporting organization. You	•					
b							
	control or management of t				persons	that control or man	age the supported
	organization(s). You must o	-					
C	Type III functionally integree its supported organization(s						ally integrated with,
d	🔲 Type iii non-functionally i	ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s
	that is not functionally integ						d an attentiveness
	requirement (see instruction	•	•				
е							e II, Type III
	functionally integrated, or T	• •	-	-	organizati	ion.	
Ť	Enter the number of supported o		-4-1				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10	(IV) is the c	rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	Instructions)	Instructions)
				Yes	No		
				168	NO		
(A)							
(B)							
(C)		!					
(D)							
(E)							
Tota	1			بتسيسه			

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 99,023 92,337 193,967 121,742 148,592 655,661 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 121,742 148,592 655,661 4 99,023 92,337 193,967 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4 655,661 Section B. Total Support (c) 2017 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (f) Total 7 Amounts from line 4 193,967 121,742 148,592 99,023 92,337 655,661 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 655,661 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 100 % 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 15 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	e A (Form 990 or 990-EZ) 2019			##C1 14=-			Page 3
Part							adam Daniell
	(Complete only if you checked the						ider Part II.
Coati	If the organization fails to qualify	under the te	sts listed del	ow, piease co	ompiete Part	II.)	
	on A. Public Support	1) 0015	# \ 0040	() 0047	L 12 0010	1 (10040	/n T
_	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				/	Y	
2	Gross receipts from admissions, merchandise				 		
-	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose				/		
3	Gross receipts from activities that are not an				 		
·	unrelated trade or business under section 513				/		
4	Tax revenues levied for the				/	<u> </u>	
7	organization's benefit and either paid to						
	or expended on its behalf				1		
5	The value of services or facilities	•					.,
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3		/	/			
	received from disqualified persons .		/				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from	£.	<i>y.</i>		.		
	line 6.)	15		, , , , , , , , , , , , , , , , , , ,			, ,
	on B. Total Support		r				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.	/					
L	•	-/					
D	Unrelated business taxable income (less section 511 taxes) from businesses	/					
	acquired after June 30, 1975	1			Ì		
c	Add lines 10a and 10b	<u> </u>		<u> </u>	 	İ	
11	Net income from unrelated business	<u></u>					
• •	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or			<u> </u>			
	loss from the sale of capital assets]				

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here		
Secti	on C. Computation of Public Support Percentage		
15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%_
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%
Secti	on D. Computation of Investment Income Percentage		
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income, percentage from 2018 Schedule A, Part III, line 17		%
19a	331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more	e tha	n 331/3%, and line
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly suppor	ted or	ganization . 🕨 🔲
b	331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16	s more	e than 331/3%, and
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly sup	porte	d organization 🕨 📋
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box at	nd see	instructions 🕨 🗌

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

) C (II	on A. An Supporting Organizations		17	-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type i or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c	= =	÷
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	!	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	700 to	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	· '		
	below, the governing body of a supported organization?	11a]
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		,	
	controlled the organization's activities. If the organization had more than one supported organization,	-		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	,)	Ι,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		_	
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 4		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		l t	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	اً	Ĺ <u>.</u>	
	income or assets at all times during the tax year? If "Yes," describe in Part V! the role the organization's			
	supported organizations piayed in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			} i
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			İ .
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		<u> </u>
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		l]]
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1.	,] }
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	35	l	i

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	j tru niza	ıst on Nov. 20, 1970 (expla tions must complete Sections	in in Part VI). See ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		-
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		-
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	, ,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		'	
emergency temporary reduction (see instructions).	6		n
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Sect	ection D—Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014	· · · · · · · · · · · · · · · · · · ·		,		
b	From 2015					
C	From 2016					
d	From 2017					
9	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years	ı				
	Applied to 2019 distributable amount		`			
i	Carryover from 2014 not applied (see instructions)					
I	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			4		
4	Distributions for 2019 from Section D, line 7: \$	1 4				
a	Applied to underdistributions of prior years	11				
b	Applied to 2019 distributable amount					
C						
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	,				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			,		
8	Breakdown of line 7:					
а						
Ь						
c	Excess from 2017			,		
d	Excess from 2018	,				
Θ	Excess from 2019			ł		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer Identification number

KINH 5 FOUNDATION 45-1593547 FORM 990-EZ LINE 10 EMERGENCY FUNDS 3,045.00 FOOD FOR THE ORPHAN 200.00 HOMELESS CHILDREN 7,912.00 LCTX LONG CHUA THUONG XOT 11,672.00 LM LUAN / THAN / CHU / LUNG 22,635.00 NHA KHUYET TAT- KIENGIANG 4,670.00 NHA MAY DU HIEU, PHU NHAI 32,513.00 PHYSICAL CHALLENGE 12,080.00 QUAN COM NHAN AI K5 4,166.00 RETIREMENT CENTER 11,243.00 SR MEN-KONTUM, VN 10,358.50 URGENT CARE 13,596.50 VUI LONG CHUA, AM LONG NGUOI 5,903.00 **TOTAL LINE 10** 139,994.00