						7	9949	006	50/001
(a. (<u>.</u> 99	n	Return of Org	ganization Exem	pt From I				OMB No 1545-0047
•		_	Under section 501(c), 527, or		-				2019
lev Ja	inuary 2	020)		al security numbers on thi					Open to Public
		he Treasury e Service		gov/Form990 for instruction				1910	Inspection
			dar year, or tax year beginning		, 2019, and end		12/	31	, 20 19
		plicable.	C Name of organization Blue Dra	<u> </u>	n USA			D Employ	yer Identification number
	dress ch		Doing business as						45-3771750
] Na	me char	nge	Number and street (or P O box	if mail is not delivered to street	address)	Room	/surte	E Telepho	one number
=	ıal retum		9133 W. Coco Drive			l		 	3109487529
=		/terminated	City or town, state or province, o	country, and ZIP or foreign post	al code			G Gross r	receipts \$ 660,491
=	ended r	eturn pending	Littleton, Colorado 80128 F Name and address of principal of	fficer		$\overline{}$	H(a) Is this a gr		subordinates? Yes V
7 VP	pileation	rpending	Chung Pham, 9133 W. Coco I		h				s included? Yes No
Tax	c-exemp	ot status	√ 501(c)(3)		7(a)(1) or 422		If "No,"	attach a list	(see instructions)
		▶ bluedra	<u> </u>		<u></u>		H(c) Group e	1	
			Corporation Trust Associ	ation	L Year of for	mation	2011	M State o	f legal domicile DE
Part		Summa		even ex most significant o	ativutuse: Tenne	clarma	the lives o	of the nee	rost Vietnamese
- 1			cribe the organization's mis- breaking the poverty cycle the						
Activities & Governance			odations, nutrition and medic						
<u></u>			box ▶ ☐ if the organization						
			voting members of the gove					3	;
á .	4 N	lumber of	independent voting member	ers of the governing body	(Part VI, line	1b)		4	
			per of individuals employed	•	art V, line 2a)			5	
	6 T	otal numb	per of volunteers (estimate if	necessary)	766 (7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.		—.—j	6	
۲			ated business revenue from			. ريد:	- 1 √	7a 7b	
+-	b N	iet unreiai	ted business taxable income	iom Form 990-17 line 3		<u> </u>	Prior Yea		Current Year
_	8 C	Contributio	ons and grants (Part VIII, line	1h)	AUG 932	(C) (C) -	12.1	553233	660,496
≒			ervice revenue (Part VIII, line	1 :	 -		<u> </u>	-	
1	0 Ir	vestment	t income (Part VIII, column (/	A), lines 3, 4, and 7d)	OGDÆN,	ΨĪ			
1			nue (Part VIII, column (A), Im				·············		
1:			ue-add lines 8 through 11 (553233	660,490
1:			similar amounts paid (Part						
, 1 , 1		•	aid to or for members (Part I her compensation, employee			.			
ادة			al fundraising fees (Part IX,		(A), intes 5–10)	' ├─			
			aising expenses (Part IX, co			-			
ŭ 1			enses (Part IX, column (A), lir						
1	8 T	otal expe	nses Add lines 13-17 (must	t equal Part IX, column (A	A), line 25)			553233	660,49
1	9 R	levenue le	ess expenses. Subtract line	18 from line 12	· · · · ·	-		0	
Fund Balances			(5.1)(1.10)			Beg	inning of Curi	rent Year	End of Year
Bala			s (Part X, line 16)					0	(
8 2 2			ties (Part X, line 26) or fund balances. Subtract	line 21 from line 20	•	\vdash		0	
Part			re Block	inc 21 from time 20 .	· · · · · · · · · · · · · · · · · · ·			<u>v</u>	
Jnder	penaltie	es of periury	. I declare that I have examined this	return, including accompanying	g schedules and si	tatemer	nts, and to the	e best of my	y knowledge and belief, it is
rue, c	orrect, a	and complet	e Declaration of predarer (other tha	n officer) is based on all informa	ition of which prep	oarer ha	s any knowle	dge	
								7-13	412020
ign		Signati	ure of officer	M. DLI A AA	0 - 1	.1	Date	• •	•
lere		Tuna	r print name and title	1C+ PHAM-	· rreside	MI			
			preparer's name	Preparer's signature		Date		Chast	7 .f PTIN
aid		Initiality	proparer a name	, reparer a signature		Jule		Check L self-emple	<i>_</i> # "
•	arer	Firm's nar	ne >	<u> </u>			Firm's	s EIN ▶	<u> </u>
Jse	Only	Firm's add					Phon		
/lay th	ne IRS		this return with the preparer	shown above? (see insti	ructions)			·	☐ Yes ☐ No
			on Act Notice, see the separa			at No 1	11282Y		Form 990 (2019
			•						1 1 Cz
									(カビ)
									· · · /

r Oiiii 33	30 (2013)	rage &
Part		-
	Check if Schedule O contains a response or note to any line in this Part III	<u> L</u>
1	Briefly describe the organization's mission:	
	Transforms the lives of the poorest Vietnamese children by breaking the poverty cycle through education, training and job	
	opportunities Offers legal assistance, counseling, safe accomodations, nutrition, medical care and recreational activities su	uch as
	soccer and creative art. Rescues runaway children and victims of human trafficking.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		✓ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	✓ No
	if "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: Stepahead) (Expenses \$ 225500.83 including grants of \$ 225500.83) (Revenue \$)
	The Step Ahead program operates through a model of individual assistance and aims to take a comprehensive approach to e	ndıng
	poverty. Social workers, lawyers, psychologists, teachers and support staff work together to support 230 disadvantaged chil	dren
	In 2019, this support includes \$19,452 23 for nutrition and health, \$69,974.92 for shelters, \$14,000 on case management, \$75,0)54 84 for
	Youth Development, \$50,600 for crisis care, \$811 for children with disabilities, and \$5,954 for other expense	
	(Onder 010) / [
4b	(Code: SIS) (Expenses \$ 5,831.34 including grants of \$ 5,831.34) (Revenue \$)
	Stay in School is a program providing support to children in Bac Ninh Province at high risk of dropping out of school or who have recently quit due to poverty. There are 55 children in the program. Support includes school fees, bicycle and med	 ical
	insurance.	
	<u> </u>	
4c	(Code: SAS) (Expenses \$ 10,143.30 including grants of \$ 10,143.30) (Revenue \$)
	Safe and Sound is an antitrafficking program in Hue and Dien Bien Provinces. In 2019, There are 292 victims who received be	
	from the Safe & Sound program, including medical assistance, counselling, vocational training or assistance in returning to s	chool
	······································	
À.•	Other areas and (December of Cohodule C.)	
4d	Other program services (Describe on Schedule O) (Expenses \$ 418,765 including grants of \$ 418,765) (Revenue \$)	
40	(Expenses \$ 418,765 including grants of \$ 418,765) (Revenue \$)	

MOPD

Рап	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	:	√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		1
31 32	Did the organization required the complete Schedule N, Part II Light the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<i>y</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 .	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	(, 63	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		ي ا
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	, `	
•	reportable gaming (gambling) winnings to prize winners?	1c		L

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ <u>.</u>
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b		-
b	· · · · · · · · · · · · · · · · · · ·	30		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			j
5a	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year? .	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		<u>√</u> ,
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		*
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 9		√
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	.,,		,, , 1
Ū	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]]
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			1
U	against amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	(Pg all)	` t- '	77.17
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which		, , ,	
_	the organization is licensed to issue qualified health plans		***]
с 14а	Enter the amount of reserves on hand	14a		\\ \'\'
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O			
		Forr	n 990	(2019)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a :			ı
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b :			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rolationship with any other officer, director, trustee, or key employee?	2	فنسه	· · · · ·
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a		ļ
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	√	
Saati	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ode l	
Section	on B. Policies (This Section B requests information about policies not required by the internal riever		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓_	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u></u>	*	التماء
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	نست 16a	سيدالاساء	
b	with a taxable entity during the year?			٠, -
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Delaware			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (Sec	tion !	501(c)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	▶	
	Chung Pham, 9133 W. Coco Dr. Littleton, CO 80128, 310 9487529	Forn	n 990	(2019)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any current	officer, director,	or trustee
				(C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours	office				or/trus		compensation	compensation	of other
	per week (list any	악쿴	'n	Q	6	en H	Б	from the organization	from related organizations	compensation from the
	hours for	d v	1	Officer	ě	Pe gr	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	용교	ğ	•	P P	yee c	ļ -			related organizations
	organizations below	֓֞֞֓֓֓֟֝֟֓֓֟ <u>֚</u>	a 국		Key employee	ğ				
	dotted line)	Individual trustee or director	Institutional trustee		١	Highest compensated employee				1
			ď		ł	ted				
(1) Chung Pham	10									
			<u> </u>		<u> </u>		<u> </u>	0	0	
(2) Phuc Nelson Le	11									
		ļ	_	ļ	 	ļ	<u> </u>	0	0	. !
(3) Michael Bertini	11		l							
(4)			 	ļ	-		H	0	0	
			1				ĺ			
(5)					T					
(6)										
			L			ļ	ļ			
(7)	ļ						i		•	
(0)	ļ	ļ								
(8)	ļ					}				
(0)		├			-	-				
(9)							1			
(10)			-	 	\vdash		 			
(10)	<u> </u>	ŀ								
(11)										
					L.					
(12)				l						
				L	L.	<u> </u>				
(13)	ļ									
7.3				ļ	-	<u> </u>				
(14)	}									

Part	(A) Name and title	(B) Average hours per week (list any	(B) (C) Position (do not check more than o box, unless person is both officer and a director/truster						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amoun of other compensation from the organization and		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Former	(W-2/1033 WIGG)	(** 2) 103.	, who co	related organization	
(15)													
(16)						ļ		<u> </u>					
(17)								-					
(18)													
(19)													
(20)											· ··· = · ·		
(21)													
(22)				-				_				- , 	
(23)													
(24)								-					
(25)													
1b	Subtotal			•	•			>					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-					•	<u> </u>					
2	Total number of individuals (including but reportable compensation from the organi		to th	iose	e list	ted :	above	e) w	ho received more	e than \$1	00,000	of	
3	Did the organization list any former of	officer, dire								t compe	ensated		lo ,
4	employee on line 1a? If "Yes," complete is For any individual listed on line 1a, is the organization and related organizations individual.	sum of re	portal	ble (con	nper	nsatio	n a	nd other comper				<u></u>
5	Did any person listed on line 1a receive of for services rendered to the organization									ion or inc	dividual 		/
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization Rep												
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation	
					_								
								_					
2	Total number of independent contractor received more than \$100,000 of compens	-	_					th	nose listed abov	c) who	یہ بنامی در او	*	-

	.*									_
	90 (201			,	· 					Page \$
Part	WILL	Statement of Re					lina in thia Da	. " '	•	
	•	Check if Schedule	0 60	ntains a re	spor	ise or note to ar				· · · · <u> </u>
				•			(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								function revenue	business revenue	from tax under sections 512-514
S S	1a	Federated campaig	ns .		1a			SWITTER IN		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b		14131111			
ج ق	С	Fundraising events			1c					
fts, r A	d	Related organizatio	ns .		1d					
E	е	Government grants	(cont	tributions)	1e					
Sin	f	All other contribution	ns, gi	fts, grants,						
e ti		and similar amounts not included above 1f				660,496				
O. Ti	g									
ng u		lines 1a-1f			1g	<u> \$</u> 0				
a C	h	Total. Add lines 1a-	-1f		· · ·	•	660,496	The second of the second of		
ø)	_			•		Business Code				
<u>vi</u>	2a					<u> </u>				
gram Ser Revenue	b									
m S	c d		·						,	· · · · · · · · · · · · · · · · · · ·
gra Re	e									
Program Service Revenue	f	All other program se				-			, ,	
	g	Total. Add lines 2a-		, , ,		•			WIND TO SERVICE	
	3	Investment income		ludina divi	dend	s, interest, and			2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
		other similar amoun	•	-			,			., .
	4	Income from investr	ment o	of tax-exem	npt bo	ond proceeds ▶				
	5	Royalties				.		,		
		,		(i) Rea	1	(ıı) Personal				
	6a	Gross rents	6a							
	b	Less rental expenses	6b							
	С	Rental income or (loss)		····		L	47.344.05		有种种种类型的	RELIAMENTS.
	d _.	Net rental income o	r (loss	<i></i>		•	hi, saparatro pur, rege borer	1	The State of the S	778830.30.25.2024 to 20.1 for 2 kg
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
	۰>	sales of assets	- -							
4		other than inventory	7a							
une	D	Less cost or other basis and sales expenses	7b		, ,	-				
ப ப	С	·	7c							
Other Rev	d	Net gain or (loss)		l			ALA AL ESPICIO AL ACADESIS	The Property of the Control of the C	- 15 X X 15 LOLD 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Action Continued to Assess the
her	_	Gross income from	n fu	ndraising		1			COLUMNIC	
ŏ		events (not including	œ.							
	1	of contributions rej		d on line				4.5		
		1c). See Part IV, line	e 18		8a					
	b	Less direct expense			8b					
	С	Net income or (loss)) from	ı fundraisin	g eve	ents 🔊		第二十二十二		•
	9a	Gross income f								
		activities. See Part I			9a					
		Less: direct expens			9b	[Province in the second		MITTER YEAR
		Net income or (loss)			tivitie	es 🕨	ALL THEMAN EXPLORES TRANSPORT	u importanti kan 186 ta .66	a wyshowstrativet will set the	FAMILIA TO STRUMBER MINE CONTROL
	10a	Gross sales of in		ory, less	ا					
		returns and allowan			10a					
		Less cost of goods			10b		55.6年全省公司中国高级	BACKERS OF STREET	TANGE TO SERVICE OF THE SERVICE OF T	Total Carried
	С	Net income or (loss)	irom	sales of in	ivento		第 2 世 	ELECTROPHE ENGLA	CHI ZWF LINGS	SAPER CHEST
iscellaneous Revenue	110			v		Business Code	112年3月15日11日11日日本	《新聞歌》,《《新聞歌》,《《新聞歌》,《《《明》》》,《《《明》》》,《《《明》》》,《《明》》《《明》》》《《明》《《明》》《《明》《《《明》《《明》《《明》《《明》《《《明》《《明》《《明》《《《明》《《《明》《《《明》《《《明》《《《明》《《《明》《《《明》《《《明》《《《《明》《《《明》《《《《明》《《《《《《	THE STATE OF THE S	建筑是是是是是是是是是
scellaned Revenue	11a b			·		1.				
e ≅	υ υ			· 	·					
Re Sc	d	All other revenue				,	· · · · · · · · · · · · · · · · · · ·			,
!	_		-		•	i e		t		

660,496

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX	Statement o	f Functional	Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All	other organizations	must complete colu	umn (A)
	. Check if Schedule O contains a response	e or note to any line	e in this Part IX .		🔲
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		ف		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		-		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	660,496			
4	Benefits paid to or for members			经证券的收益的	台灣。2011年2月
5	Compensation of current officers, directors, trustees, and key employees	,			3
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		,,		
7	Other salaries and wages				٠
. 8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	`		r
9	Other employee benefits			e t	
10	Payroll taxes				1
11	Fees for services (nonemployees)				
а	Management	`	_		'
· b	Legal	' ,	_	, - w ,	-
С	Accounting		-	'	
d	Lobbying		**	4	•
е	Professional fundraising services. See Part IV, line 17		发育1000000000000000000000000000000000000	工业的"实际"	
f	Investment management fees :	,			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		. ,,		-
13	Office expenses			,	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				, ,
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings			•.	
20	Interest		,		,
21	Payments to affiliates			• 1	
22	Depreciation, depletion, and amortization .				,
23	Insurance	•			N 1
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If				A Marin Stranger Comme
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule ()				
а	,	D4-03	ST. IB. B. A. BOOK ST. ST. S. VANIAL I.	PARTICIPATE SELVINOR PROPERTY OF THE PARTY	There are the same of the same of the
b				† · · · · · · · · · · · · · · · · · · ·	4
c	,		,		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	660,496			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				r
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).			7-	`

° P	art X	Balance Sheet	* * .	•	
		Check if Schedule O contains a response or note to any line in this Pa	art X · ' ·		<u> </u>
			(A) - Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	, ,	2	
	3	Pledges and grants receivable, net		3	•
•	4	Accounts receivable, net	, .	4	1
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ţ	7	Notes and loans receivable, net	. ,,	7	., . , , .
Assets	. 8	Inventories for sale or use	à	8	
Ä	9 .	Prepaid expenses and deferred charges		9	
4	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	, p	Less accumulated depreciation [10b]	·	10c	, ; .
	11	Investments—publicly traded securities	,	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	•
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		.15	1 1
	16	Total assets. Add lines 1 through 15 (must equal line 33)	* * * 0	16	X
	17	Accounts payable and accrued expenses	(*)	17	1 1
	18	Grants payable	•	18	f · 1.
	19	Deferred revenue	* • • • •	19	*
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Part 200 and the Stand Bit 2 and \$4.1 and	21	4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	,	23	
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		(
seou		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>8</u>	27	Net assets without donor restrictions		27	
ă	28	Net assets with donor restrictions	1	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	,
ěţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds \cdot, \cdot, \cdot		31	
ë	32	Total net assets or fund balances		32	
Ž	33 .	Total liabilities and net assets/fund balances	0	33	(

_	4	•
Page		-

01111 33	0 (2019)			1 4	90 -
Part	XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			66	0,496
2	Total expenses (must equal Part IX, column (A), line 25)			6E	0,496
3	Revenue less expenses Subtract line 2 from line 1				0
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))				0
Part	XII. Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		····	
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting Method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın		,	}
	Schedule O	_			لبــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	نا	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	-			لببا
ь	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	ı a 🏻	٠.		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis	-			لــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	· -	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	on		í	
	Schedule O	_ -			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t				
	Single Audit Act and OMB Circular A-133?	_ ⊢	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo to		26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	نـــــــــــــــــــــــــــــــــــــ	3b		L
			Fom	ո 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

		n Children's Foundation USA						71750	
Pai		Reason for Public Cha						ns.	
	•	zation is not a private founda						h	7
1 2		church, convention of churc school described in section						1)	
3		hospital or a cooperative ho							•
4		medical research organization						(iii). Ent	er the
•		ospital's name, city, and state	•	,			,	•••	
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit	described in
6 7	☐ Ar	federal, state, or local governous organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the g	eneral public
8		community trust described i			Part II.)				
9		n agricultural research organ				erated in	conjunction with a l	and-gra	ant college
	or ur	university or a non-land-graniversity:	nt college of agr	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the co	llege or
10	re	n organization that normally inceipts from activities related apport from gross investment by the organization a	to its exempt full t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	eptions, le (less se	and (2) no more tha ection 511 tax) from	n 331/39	% of its
11		n organization organized and							
12	of	n organization organized and one or more publicly supported the	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e sect i	on 509(a)(3).
_	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g								
a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.								
С	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.								
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization					ganızation(s)			
_	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.					e III			
f		er the number of supported o	•						
<u>g</u>	Pro	vide the following information			1				
	(ı) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									-
Total									

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

(Complete only	y if you checked the box	on line 10 of Part I or if the organization failed to qualify under	er Part II.
If the organization	tion fails to qualify unde	the tests listed below, please complete Part II.)	

	if the organization fails to qualify	under the tes	is listed beig	w, piease coi	inplete Fait i	<u>.</u>	
	on A. Public Support		# \ aa.ia	() 00 in T	(n oodo T	() 0040	(0 T-1-1
	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						
2	received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise	435815	477265	775034	553233	660,490	2,901,843
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the				l		
	organization's benefit and either paid to				,		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the				ŀ		
	organization without charge						
6	Total. Add lines 1 through 5	435815	477265	775034	553233	660,49	2,901,843
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						
_	Add lines 7a and 7b						1/2 0
8	Public support. (Subtract line 7c from						1795184
Cooti	on B. Total Support	L			I		121010
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	435815	477265	775034	553233	660,49	
10a	Gross income from interest, dividends,	433813	4//265	773034	333233	000,431	2,301,643
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether	•					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	435815	477265	775034	553233	660,490	
14	First five years. If the Form 990 is for the	-	's first, second	d, third, fourth,	or fifth tax ye	ar as a secti	on 501(c)(3)
	organization, check this box and stop he						· · · > 🗆
	on C. Computation of Public Suppor					Т Т	
15	Public support percentage for 2019 (line		-	3, column (f))	• • • •	15	100 %
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	100 %
	on D. Computation of Investment In				(f)	147	0/
17	Investment income percentage for 2019 (•		17	<u>%</u>
18	Investment income percentage from 2018					18	% and line
19a	331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box						
		-	_				
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this						
00			-				===
20	Private foundation. If the organization di	u not check a b	ox on line 14,	isa, or isb, cr	IECK (IIIS DOX 8	and see instru	JULIONS P 📙

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization

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

Blue Dragon Children's Foundation USA 45-3771750 Part III, Line 1d: Other program services include Project X, \$49,617.32; Legal Registration \$176,733.69, Teriary \$10,022.34, Dragon Farm 100,000.00; Education Fund 82,391.74; and Psychology and Social work 255 Project X works with 177 girls and young women rescued by Blue Dragon from brothels and forced marriages in China. Legal services are provided for street children, victims of human trafficking, and children in conflict with the law. Blue Dragon's legal team obtained legal registration papers for 1866 people and also represents trafficking victims in court. Dragon Farm is a retreat for kids with deep traumas and victims of human trafficking. Blue Dragon also operate staff training and employee events there. Blue Dragon also utilizes the farm to grow vegetables for the free lunch program. 209 children now joined the program. Education Fund provides scholarships and job placements for disadvantage children. It keeps 598 children in school and 100 disadvantaged kids in universities. Total children received counselling and psy support: 54 Part VI Section A Approval is required from Blue Dragon InternationI for a limited number of activities such as reinvestment of income in unrelated business activities to generrate future income for Blue Dragon. So far, we haven't had any such activities. 8 Notes are taken at Board Meetings and at other meetings as appropriate. 9. Yes: Phuc Nelson Le, 1315 W. Ardmore Avenue, Chicago IL 60660 Michael Bertini, 4301 Dean Lakes Blvd, Shakopee MN 55379 PART VI Section B 11b. Chung Pham prepared the Form with correspondence from the operations in Victnam. Nelson Le and Michael Bertiny reviewed the completed Form. Chung Pham submits the forms. A copy was sent to Nelson Le and Michael Bertini. 12 There have been no activities to date that could give rise to conflicts of interest. Section C, 19. Documents are made available by either email or US mail.

SCHEDULE F . (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name o	of the organization					Employer id	lentification number
Blue D	Dragon Children's Foundation U	SA				4	5-3771750
Par	General Information Form 990, Part IV, line	n on Activit 14b	ies Outside	the United States. Con	iplete if the orga	nization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility	n maintain red for the grant	ts or assistance, and the s	amount of its grasselection criteria	ants and used to	✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	g the use of its	grants and	d other assistance
3	Activities per Region (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	al space is need	ed.)	,
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	rvice, c type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)							
(4)							
(5)		(
(6)						<u> </u>	
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(15)							
(16)							
(17)							•
За	Subtotal			, , , , , , , , , , , , , , , , , , , ,		, -	
b	Total from continuation sheets to Part I				ą <u>į</u> ju	-	
С	Totals (add lines 3a and 3b)				•		

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

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation . (book, FMV, appraisal, other)
(E)			Vietnam	Fund program service	660,4961	660,496 bank wire	00	. 0	Cash
(2)	((2)			e					
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(12)									
(13									-
(14)								-	,5,
(15)									
(16)	(16)		,				+	•	
8	Enter total nur. by the IRS, or	nber of recipie for which the o	int organizations list	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	gnized as charities	s by the foreign coun	try, recognized as ta	x-exempt	

by the INS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities.

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Schedule F (Form 990) 2019

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² art	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	 ✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	, Yes	☑ No

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Supplemental Information

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

We receive newletters and reports from the founder and CEO, as well as communicating by conference calls and during the founder's
visits to the USA. Although we do not visit annually, every board member has visited the Hanoi operations, and we have each visited in
different years. When we visit, we meet with staff, tour facilities and receive reports on operations. In addition, one Board member, Chung
Pham, is from Hanoi and keeps in touch with Blue Dragon employees.
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