21

Net

Total liabilities (Part X. line 26)

Net assets or fund balances. Subtract line 21 from line 20

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2010 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change PACIFIC LINKS FOUNDATION Name change 94-3397768 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-534 VALLEY WAY 510 435-3035 Amended return 135,591. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-MILPITAS, CA 95035 H(a) Is this a group return pendina F Name and address of principal officer:DIEP VUONG for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (€) ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: WWW.PACIFICLINKS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2001 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION IS TO SUPPORT THE **Activities & Governance** SUSTAINABLE DEVELOPMENT OF VIETNAMESE COMMUNITIES AND THE ENRICHMENT Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 0 0 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 526,686. 134.789. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 802. 905. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ō. Ō. 135,591.527.591. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. <u>0.</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, one compensatio 0. <u>0.</u> 620,117. 314,954. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 620,117. 314,954. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -92,526. -179,363. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 300.288. 154,495. 20 Total assets (Part X, line 16)

| Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of which prepar	er has any k	knowledge.			
Sign Here	Signature of officer DIEP VUONG, PRESIDENT Type or print name and title			Date			
Paid	Print/Type preparer's name DANIEL L. SEGUR	Preparer's signature	Date	Check if self-em	PTIN		
Preparer	Firm's name PMB HELIN DONOVA	N		Firm's EIN ▶			
Use Only	Firm's address 50 FRANCISCO STR SAN FRANCISCO, C		Phone no.	415-399-1330			
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			Yes No		

4,028.

150,467.

440.

299,848.

OMB No. 1545-0047

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: MISSION IS TO SUPPORT THE SUSTAINABLE DEVELOPMENT OF VIETNAMESE
	COMMUNITIES AND THE ENRICHMENT OF THEIR CULTURAL HERITAGE.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 253,792 • including grants of \$) (Revenue \$)
	ADAPT SEEKS TO PREVENT THE TRAFFICKING OF YOUNG GIRLS AND WOMEN BY
	ENHANCING THEIR EDUCATIONAL ATTAINMENT AND IMPROVING THEIR VOCATIONAL
	CHOICES THROUGH A SUPPORTIVE WEB OF SERVICES. SINCE AUGUST 2005 TO
	DECEMBER 2010, ADAPT HAS REACHED OUT TO OVER 9,000-PLUS CHILDREN,
	WOMEN, PARENTS, AND SOCIAL WORKERS AND COMMUNITY LEADERS TO BOLSTER
	THEIR AWARENESS OF TRAFFICKING RISKS AND TO OFFER REALISTIC
	ALTERNATIVES OF EDUCATION, JOB TRAINING AND EMPLOYMENT. ADAPT OPERATES
	TWO SHELTERS FOR TRAFFICKING SURVIVORS IN THE MEKONG DELTA AND AT THE
	VIETNAM-CHINA BORDER.
4b	(Code:) (Expenses \$ 8 , 376 • including grants of \$) (Revenue \$)
	RADIO OUTREACH PROGRAM: WEEKLY RADIO BROADCAST IN VIETNAMESE ON WOMEN
	EMPOWERMENT AND TRAFFICKING AWARENESS TOPICS IN THE BAY AREA.
40	(Code:) (Expenses \$ 6,726 • including grants of \$) (Revenue \$)
	EARLY CHILDHOOD CARE AND EDUCATION (ECCE): PALS DELIVERS CURRICULA AND
	ACTIVITIES TO STRENGTHEN COMMUNITY KNOWLEDGE IN EARLY CHILDHOOD
	DEVELOPMENT TO BUILD UP FAMILY BONDS AND RESILIENCE IN THE SAN
	FRANCISCO BAY AREA, IN COLLABORATION WITH INTERNATIONAL CHILDRENS
	ASSISTANCE NETWORK AND IN OVER 10 PROVINCES IN VIETNAM SINCE 2001. ECCE
	HAS PROVIDED OVER 200-PLUS TRAINING SESSIONS TO 5,000-PLUS ATTENDEES
	AND 52 PARENTING WORKSHOPS AND FORUMS TO OVER 1,250 ATTENDEES.
	Other program convices (Describe in Schedule O.)
4d	Other program services. (Describe in Schedule O.) (Expenses \$\frac{1}{2}\$ including grants of \$\frac{1}{2}\$ (Percents \$\frac{1}{2}\$)
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 268,894.
40	Total program service expenses ► 268,894.

032002 12-21-10

Part IV | 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		Х
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ŭ		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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		X
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		X
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		X
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		X
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	L

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			Х
	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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32		20		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	- 00		
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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			
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2 a	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	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)				
	· · · · · · · · · · · · · · · · · · ·			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		• .			77
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:		 			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the second			50		
ua	any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?		······	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		Х
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di			7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	uny un	ic during the year:	•		
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the consideration was to a second of the fact of t			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
				Form	990 ((2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a				
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨		
	DIEP VUONG - 510-435-3035			
	534 VALLEY WAY, MILPITAS, CA 95035			
		Form	990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	\vdash		Pos (all [:]		app T	ıly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DIEP VUONG										
PRESIDENT	60.00	X		Х				0.	0.	0.
ANH KIM TRAN										
BOARD CHAIR & TREASURER	15.00	Х		Х				0.	0.	0.
QUYNH TRAN										
SECRETARY	2.00	Х	L	Х	L	L	L	0.	0.	0.
HOANG NGUYEN										
BOARD MEMBER	2.00	Х						0.	0.	0.
QUYEN VUONG										
BOARD MEMBER	2.00	Х						0.	0.	0.
LANG ANH PHAM										
BOARD MEMBER	5.00	Х						0.	0.	0.
TUAN D. TRAN										
BOARD MEMBER	2.00	Х						0.	0.	0.

Form 990 (2010) PACIFIC									94-33	97'	768	Pa	ge 8
Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	oyee			High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per	(cl		Pos	C) (D) (E) ition Reportable Reportable that apply) compensation compensation						Esti	(F) mateo ount c	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0	ed other			on ed
						Ĺ		0.		0.			0.
to Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							0.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to the	nose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 in reportable			/es	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>				-				highest compensated e		[3		х
 4 For any individual listed on line 1a, is the and related organizations greater than \$1 5 Did any person listed on line 1a receive or 	50,000? If "Yes	," co	mpl	ete S	Sche	edule	e J i	for such individual			4	4	х
rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Schedu	le J f	for s	uch _i	pers	son .					5		Х
1 Complete this table for your five highest of the organization. NONE (A)	compensated in	depe	ende	ent c	onti	racto	ors t	that received more than (B)	\$100,000 of comp	ensa	ation fro		
Name and busines	ss address							Description of s	services	C	ompens		
Total number of independent contractors \$100,000 in compensation from the organ		not lii	mite	d to		se lis	stec	d above) who received n	nore than				
· · · · · · · · · · · · · · · · · · ·											Form 9	90 (2	010

Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues1b					
ts, g	С	Fundraising events1c					
<u>a</u> gi	d	Related organizations 1d					
ins,		Government grants (contributions) 1e					
e gi	f	All other contributions, gifts, grants, and	124 500				
흘뒴		similar amounts not included above 1f	134,789.				
<u>5</u> E		Noncash contributions included in lines 1a-1f: \$		124 700			
<u> </u>	h	Total. Add lines 1a-1f		134,789.			
	•		Business Code				
<u>Ş</u>	2 a						
Program Service Revenue	b						
E S	c d						
ğ	e						
품		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)		802.	802.		
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross Rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	1				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	D	Less: cost or other basis					
	_	and sales expenses					
		Gain or (loss)	>				
		Gross income from fundraising events (not					
Other Revenue	-	including \$ of					
eve		contributions reported on line 1c). See					
<u>بر</u>		Part IV, line 18 a					
풀	b	Less: direct expenses b					
١	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	······				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
		Less: cost of goods sold b					
ł	C	Net income or (loss) from sales of inventory					
ł	11 a	Miscellaneous Revenue	Business Code				
	ii a b						
	C						
		All other revenue					
		Total. Add lines 11a-11d					
_	12	Total revenue. See instructions.		135,591.	802.	0.	0.
03200	9 - 10						Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, 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 governments and			у	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
_	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	40,024.	12,921.	26,158.	945.
g 12	Other Advertising and promotion	40,024.	12,5210	20,130.	743.
13	Advertising and promotion				
14	Office expenses Information technology				
15	Royalties				
16	Occupancy	20,448.	9,273.	9,152.	2,023.
17	Travel	54,983.	49,732.	3,633.	1,618.
18	Payments of travel or entertainment expenses	-	-	-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	124 660	124 660		
а	PROGRAM EXPENSES	134,660.	134,660.		
b	OTHER COMPENSATION	39,040.	39,040.		0 501
С	OTHER EXPENSES	25,799.	23,268.		2,531.
d					
e					
f or	All other expenses	314,954.	268,894.	38,943.	7,117.
25	Total functional expenses. Add lines 1 through 24f	314,334.	400,054.	30,343•	/, 11/•
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	solicitation				Farma 990 (0010)

Cash - non-interest-bearing	Pa	rt X	Balance Sheet				
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 1,368. 4 1 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 6 Receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(8)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions) 6 6 7 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 14 14 15 Other assets. See Part IV, line 11 1 4 4,886. 15 15 Other assets. See Part IV, line 11 1 4,886. 15 15 Other assets. See Part IV, line 11 1 4,886. 15 15 Other assets. Add lines 1 through 15 (must equal line 34) 300,288. 16 154,495. 17 Accounts payable and accrued expenses 440. 17 17 18 Grants payable and accrued expenses 18 18 19 Deferred revenue 19 19 Eferred reve					(A) Beginning of year		End of year
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 1,368. 4 Accounts receivable, net 1,368. 4 Frequivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Frequivables from other disqualified persons (as defined under section 4958(n)(11)), persons described in section 4958(n)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(B) voluntary employees beneficiary organizations (see instructions) 6 Frequivables from other disqualified persons (as defined under section 4958(n)(11)), persons described in section 4958(n)(10), persons described in section 501(c)(B) voluntary employees beneficiary organizations of section 501(c)(B) voluntary employees and investments of section 501(c)(B) voluntary employees and investmen		1	Cash - non-interest-bearing		294,034.	1	154,495.
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Page 1989 Receivables from other disqualified persons (as defined under section 4958(((1))), persons described in section 4958(((3)(8)), and contributing employers and sponsoring organizations of section 501((()9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 4 4 4 0 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here are the complete Part IV and complete			employees, and highest compensated employees. C	Complete Part II			
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### ### ### ### #### #### ############			employers and sponsoring organizations of section 5	501(c)(9) voluntary			
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19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 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. Complete Part X of Schedule D 0 25 4,028 . 26 Total liabilities. Add lines 17 through 25 40 0 28 . Organizations that follow SFAS 117, check here		18	Grants payable			18	
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete		19				19	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete		20				20	
Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	S	21				21	
Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	≝	22	Payables to current and former officers, directors, tru	ustees, key employees,			
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete	Liabi					22	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete		22					
25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete		1					
26 Total liabilities. Add lines 17 through 25 440 • 26 4 , 0 28 • Organizations that follow SFAS 117, check here ► X and complete		l .			0.		4.028.
Organizations that follow SFAS 117, check here ▶ X and complete		1					
		20		X and complete		20	
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets	v			and complete			
28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets	၁င	27			67.591.	27	83,151.
29 Permanently restricted net assets	alaı	1					
	Ã	1			,		, ,
Organizations that do not follow SFAS 117, check here	Ĕ						
b complete lines 30 through 34.	F.						
30 Capital stock or trust principal, or current funds 30	ts (30				30	
31 Paid-in or capital surplus, or land, building, or equipment fund 31	SSe	1					
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Tatal not constant fund belonger.	¥.	1					
33 Total net assets or fund balances 299,848. 33 150,467.	Š				299,848.		150,467.
34 Total liabilities and net assets/fund balances 300, 288. 34 154, 495.		l .			_		

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,5 4,9			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		299	9,8	<u>48.</u>		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2:	9,9	82.		
6								
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII					X		
	•				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	•							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue							
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	dit					
	Act and OMB Circular A-133?	•		3а		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b				
			F	orm (9 90 (2	2010)		

032012 12-21-10

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PACIFIC LINKS FOUNDATION

Employer identification number 94-3397768

Part	I	Reason 1	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)													
1 [
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state:												
5 		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_													
6		section 170(b)(1)(A)(iv). (Complete Part II.) A foderal state or lead government or governmental unit described in section 170(b)(1)(A)(v)											
7 🖸	×	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
, ,		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
8 	\neg	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 [Ħ			eives: (1) more than 33 1			rom contri	hutione m	namharehi	n foos ai	nd arnee re	cainte	from
J _				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete			ix) iroiri bu	311103303 6	ioquired b	y tric orga	inzation	arter durie	30, 137	σ.
10				perated exclusively to te	st for nubl	ic safety S	See sectio	n 509(a)(4	1)				
11 <u> </u>	Ħ	-		•		-			-	v out the	nurnoses	of one	or
–	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that												
	describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I b Type II c Type III - Functionally integrated d Type III - Other												
e 🗆		• •		• •			-	-	r more disc	gualified	, ,		an
e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).													
f										, (4)(1)		· (u)(=):	
•	f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box												
g				organization accepted ar					owina pers	sons?			
3				irectly controls, either al								Yes	No
				upported organization?									
	(ii) A family member of a person described in (i) above?11g(ii)(iii) A 35% controlled entity of a person described in (i) or (ii) above?11g(iii)												
h				about the supported org									
			3	,	,	()							
(i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization (v) Did you notify the organization in col							(vii) Δι	mount o	nf				
organization			(11) = 111	organization (described on lines 1-9	in col. (i) listed in your				organizátio (i) organiz	on in col. ed in the	` '	support	
			above or IRC section		governing document? (i)		(i) of your support?		U.S.?				
				(see instructions))	Yes	No	Yes	No	Yes	No			
Γotal													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008 (d) 2009		(e) 2010	(f) Total			
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	, ,			
	membership fees received. (Do not									
	include any "unusual grants.")	354,696.	518,224.	317,948.	526,686.	149,279.	1866833.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	354,696.	518,224.	317,948.	526,686.	149,279.	1866833.			
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						1866833.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	354,696.	518,224.	(c) 2008 317, 948.	526,686.	(e) 2010 149, 279.	1866833.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	1,962.	5,615.	5,600.	905.	802.	14,884.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10						1881717.			
12	Gross receipts from related activities,	Gross receipts from related activities, etc. (see instructions)								
13	First five years. If the Form 990 is for	m 990 is for the organization's first, second, third, fourth, or fifth tax year as a sect								
	organization, check this box and stop	here					<u></u> ▶□			
	ction C. Computation of Publ									
	Public support percentage for 2010 (14	99.21 %			
15	Public support percentage from 2009		15	99.27 %						
16a	33 1/3% support test - 2010.If the o	•		•		•				
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X			
b	33 1/3% support test - 2009. If the o	•		•		•				
	and stop here. The organization qual									
17a	a 10% -facts-and-circumstances test - 2010. 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 IV how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2009. 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 IV how the									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									
					<u> </u>	/F	000 EZ\ 0040			

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support									
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1 Gifts, grants, contributions, and		, ,	. ,	` '	,	.,			
membership fees received. (Do not									
include any "unusual grants.")									
2 Gross receipts from admissions,									
merchandise sold or services per-									
formed, 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 bus-									
iness under section 513									
4 Tax revenues levied for the organ-									
ization'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 organization without charge									
· · · · · ·									
6 Total. Add lines 1 through 5									
7a Amounts included on lines 1, 2, and 3 received from disgualified 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									
c Add lines 7a and 7b									
8 Public support (Subtract line 7c from line 6.) Section B. Total Support									
	(-) 0000	(1-) 0007	(-) 0000	(-I) 0000	(-) 0040	(6) T-+-1			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
9 Amounts from line 6									
dividends, 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 IV.)									
13 Total support (Add lines 9, 10c, 11, and 12.)									
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,			
check this box and stop here						>			
Section C. Computation of Public					г г				
15 Public support percentage for 2010 (lin					15	%			
16 Public support percentage from 2009					16	<u>%</u>			
Section D. Computation of Inves					I. . I				
17 Investment income percentage for 201									
8 Investment income percentage from 2009 Schedule A, Part III, line 17									
• •	19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	<u></u> ▶∟			