

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning **2020**, and ending **2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C DALAT UNIVERSITY ALUMNI CHARITABLE TRUST 1015 NORMANDY DR CAMPBELL, CA 95008	D Employer identification number 94-6763907 E Telephone number 510-465-7076 G Gross receipts \$ 210,943.
--	--	--

F Name and address of principal officer: Same As C Above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
--	---

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
--	--------------------------------------

J Website: ▶ DUACT.ORG	L Year of formation: 2000	M State of legal domicile: CA
--------------------------------------	---	---

K Form of organization: Corporation Trust Association Other ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Education assistance through scholarship distribution and school budget supplement</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	0
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5	0
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	58,791.	148,734.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	49,335.	54,409.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	4,169.	3,607.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	112,295.	206,750.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	93,028.
14 Benefits paid to or for members (Part IX, column (A), line 4).....			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....			
16a Professional fundraising fees (Part IX, column (A), line 11e).....			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....		4,414.	6,331.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	97,442.	193,511.	
19 Revenue less expenses. Subtract line 18 from line 12.....	14,853.	13,239.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	914,465.	927,704.
	21 Total liabilities (Part X, line 26).....	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	914,465.	927,704.

Part II 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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer VAN HANH NGUYEN Type or print name and title	Date Trustee
------------------	--	-----------------

Paid Preparer Use Only	Print/Type preparer's name VAN-HANH NGUYEN	Preparer's signature VAN-HANH NGUYEN	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00370733
	Firm's name ▶ Van Hanh Nguyen CPA, INC			Firm's EIN ▶ 47-2990736	
	Firm's address ▶ 548 International Blvd. Oakland, CA 94606			Phone no. (510) 465-7076	

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission:

Education assistance through scholarship distribution and school budget supplement

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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? [] Yes [X] 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 60,000. including grants of \$ 60,000.) (Revenue \$)

FLOOD DISASTER RELIEF FOR THE HURRICANE NO. 6,7,8,9 AND 10, DAMAGING THE MIDDLE REGION OF VN

4b (Code:) (Expenses \$ 47,500. including grants of \$ 47,500.) (Revenue \$)

DISTRIBUTION OF 236 SCHOLARSHIPS TO STUDENTS WHO WERE FINANCIALLY DISADVANTAGED TO COVER TUITION AND OTHER SCHOOL EXPENDITURE.

4c (Code:) (Expenses \$ 22,580. including grants of \$ 22,580.) (Revenue \$)

GRANTS TO VARIOUS CHRISTIAN CHARITIES AND OTHER ORGANIZATIONS IN THE US.

4d Other program services (Describe on Schedule O.) See Schedule O

(Expenses \$ 62,845. including grants of \$ 62,845.) (Revenue \$)

4e Total program service expenses 192,925.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?		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		X
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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
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		X
c 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		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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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		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		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		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

Employer identification number

94-6763907

Form 990, Part III, Line 4d - Other Program Services Description

FINANCE 10 HABITATS FOR HUMANITY IN KONTUM PROVINCE FOR THE MINORITY MONTAGNARDS

SUBSIDIZED DORMITARY FOR COLLEGE STUDENTS IN DALAT AND CHRISTIAN MONASTERY IN LAM
DONG

KONTUM POVERTY RELIEF FOR MONTAGNARD TRIBALS

COVID 19 FOOD RELIEF

FINANCE EYE SURGERY FOR 205 NEEDY PATIENTS

ADMINISTRATION AND MISCELLANEOUS FEES

CASH GIFTS TO 29 NEEDY INDIVIDUALS IN VIETNAM

SUBSIDIZED SCHOOLS BUDGET IN POOR HCM CITY NEIGHBORHOOD.

SUBSIDIZING SCHOOL BUDGET TO 154 STREET CHILDREN CLASSES AT DON BOSCO DALAT

MILK FOR KINDERGARTEN KIDS IN DUC TRONG, LAM DONG

FREE FOODS FOR PATIENTS AND FAMILY AT CANCER HOSPITAL-HO CHI MINH CITY