

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

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 2019 calendar year, or tax year beginning 2019, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, 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 \$ 115,876.

F Name and address of principal officer: Same As C Above. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? If "No," attach a list. (see instructions) Yes No.

I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527. J Website: DUACT.ORG. H(c) Group exemption number

K Form of organization: Corporation X Trust Association Other. L Year of formation: 2000. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Education assistance through scholarship distribution and school budget supplement

Table with 2 columns: Description and Amount. Rows include: 2 Check this box 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) 7. 4 Number of independent voting members of the governing body (Part VI, line 1b) 0. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0. 6 Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 39 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 68,807. 58,791. 9 Program service revenue (Part VIII, line 2g) 52,170. 49,335. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,471. 4,169. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 123,448. 112,295. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 79,000. 93,028.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,343. 4,414. 14 Benefits paid to or for members (Part IX, column (A), line 4) 82,343. 97,442. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 41,105. 14,853. 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 900,112. 914,465. 21 Total liabilities (Part X, line 26) 500. 0. 22 Net assets or fund balances. Subtract line 21 from line 20. 899,612. 914,465.

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, Date, Trustee. Type or print name and title

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

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1 a 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 nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                 |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) HOANH V NGUYEN<br>CEO       | 5<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) TOAN M TO<br>Treasurer      | 5<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) CHANG V TRAN<br>Trustee     | 0<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) VAN HANH NGUYEN<br>Trustee  | 2<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) NGO DINH LONG<br>Trustee    | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) TUONG DUY NGUYEN<br>Trustee | 0<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) TAN HUYNH NGUYEN<br>Trustee | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) -----                       | -----  |   |                       |         |              |                              |        |  |   |   |
| (9) -----                       | -----  |   |                       |         |              |                              |        |  |   |   |
| (10) -----                      | -----  |   |                       |         |              |                              |        |  |   |   |
| (11) -----                      | -----  |   |                       |         |              |                              |        |  |   |   |
| (12) -----                      | -----  |   |                       |         |              |                              |        |  |   |   |
| (13) -----                      | -----  |   |                       |         |              |                              |        |  |   |   |
| (14) -----                      | -----  |   |                       |         |              |                              |        |  |   |   |

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 \$ 27,000. including grants of \$ 27,000.) (Revenue \$ )

DISTRIBUTION OF 200 SCHOLARSHIPS TO STUDENTS WHO WERE FINANCIALLY DISADVANTAGED TO COVER TUITION AND OTHER SCHOOL EXPENDITURE.

4b (Code: ) (Expenses \$ 14,190. including grants of \$ 14,190.) (Revenue \$ )

SUBSIDIZED SCHOOLS BUDGET IN POOR NEIGHBORHOOD.

4c (Code: ) (Expenses \$ 12,000. including grants of \$ 12,000.) (Revenue \$ )

FINANCE 6 HABITATS FOR HUMANITY: 4 IN VINH LONG PROVINCE AND 2 IN HUE

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

(Expenses \$ 44,252. including grants of \$ 32,752.) (Revenue \$ )

4e Total program service expenses 97,442.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

Employer identification number

94-6763907

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

GRANTS TO VARIOUS CHRISTIAN CHARITIES IN THE US.

CASH GIFTS TO 31 NEEDY INDIVIDUALS IN VIETNAM

FINANCE EYE SURGERY FOR 408 NEEDY PATIENTS

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

ADMINISTRATION AND MISCELLANEOUS FEES

SUBSIDIZING SCHOOL BUDGET TO 38 STREET CHILDREN CLASSES AT DON BOSCO DALAT

MISCELLANEOUS

**Form 990, Part VI, Line 11b - Form 990 Review Process**

No review was or will be conducted.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

No other documents available to the public.