

2007 TAX RETURN

Client Copy

Client: DUACTION

Prepared for: DALAT UNIVERSITY ALUMNI CHARITABLE TRUST
435 TRAMWAY DRIVE
MILPITAS, CA 95035
510-465-7076

Prepared by: VAN HANH NGUYEN
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548 International Blvd.
Oakland, CA 94606
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Date: August 15, 2008

Comments:

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Route to: _____

2007 Exempt Org. Return
prepared for:

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST
435 TRAMWAY DRIVE
MILPITAS, CA 95035

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Van-Hanh Nguyen - MBA
548 International Blvd.
Oakland, CA 94606

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

	2007	2006	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	45,426	52,238	-6,812
Investment income.....	17,460	18,879	-1,419
Total revenue.....	62,886	71,117	-8,231
EXPENSES			
Grants and similar amounts paid.....	74,850	54,137	20,713
Occupancy/rent/utilities/maintenance.....	1,645	0	1,645
Other expenses.....	5,275	6,734	-1,459
Total expenses.....	81,770	60,871	20,899
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-18,884	10,246	-29,130
Net assets/fund bal. at beg. of year.....	230,074	219,828	10,246
Net assets/fund bal. at end of year.....	211,190	230,074	-18,884

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DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

	2007	2006	Diff
REVENUE			
Interest.....	12,660	18,879	-6,219
Gross rents.....	4,800	0	4,800
Gross contributions, gifts, & grants.....	45,426	52,238	-6,812
 Total income.....	 62,886	 71,117	 -8,231
EXPENSES AND DISBURSEMENTS			
Contributions, gifts, grants.....	68,100	35,630	32,470
Other deductions.....	13,670	25,241	-11,571
 Total deductions.....	 81,770	 60,871	 20,899
 Excess of receipts over disbursements....	 -18,884	 10,246	 -29,130
FILING FEE			
Filing fee.....	0	0	0
Balance due.....	0	0	0
SCHEDULE L			
Beginning Assets.....	236,596	219,828	16,768
Beginning Liabilities & Net Worth.....	236,596	219,828	16,768
 Ending Assets.....	 211,190	 236,596	 -25,406
Ending Liabilities & Net Worth.....	211,190	236,596	-25,406

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Forms needed for this return

Federal : 990-EZ, Sch A, Sch B
California: 199, Sch B, RRF-1

Carryovers to 2008

None

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Rental Income Worksheet

SINGLE HOUSE-HOUSTON, TX

Gross Rental Income.....	\$	4,800.
Expenses		
Insurance.....		317.
Management Fees.....		384.
Repairs.....		250.
Taxes.....		694.
Total Expenses.....	\$	<u>1,645.</u>
Net Rental Income or Loss	\$	<u><u>3,155.</u></u>

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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
G Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
G The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C DALAT UNIVERSITY ALUMNI CHARITABLE TRUST, 435 TRAMWAY DRIVE, MILPITAS, CA 95035. D Employer identification number 94-6763907. E Telephone number 510-465-7076. F Group Exemption Number G.

?Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash, Accrual Other (specify) G.

I Website: G DUACT.ORG. H Check G if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) X 501(c) (3) H (insert no.) 4947(a)(1) or 527. K Check G if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. G\$ 62,886.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 3 columns: Description, Code, Amount. Rows include Revenue (1-9), Expenses (10-17), and Assets (18-21). Total revenue is 62,886. Total expenses is 81,770. Net assets at end of year is 211,190.

Part II Balance Sheets If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? See Statement 5		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>DI STRIBU TION OF 123 SCHOLARSH IPS TO STUDENTS WHO WERE FINANCI ALLY DI SADVANTAGED TO COVER TUIT ION AND OTHER SCHOOL EXPENDIT URE.</u> (Grants \$ 12, 500.) If this amount includes foreign grants, check here. <input type="checkbox"/> G <input checked="" type="checkbox"/> X	28a	12, 500.
29	<u>SUBSI DI ZING SCHOOL BUDGET TO AN ELEMENTARY SCHOOL IN BINH TRI EU PROVINCE , VI ETNAM FOR 300 PUPILS</u> (Grants \$ 3, 000.) If this amount includes foreign grants, check here. <input type="checkbox"/> G <input checked="" type="checkbox"/> X	29a	3, 000.
30	<u>DONG THAP PROJECT: REPAIR SCHOOL FACIL ITY TO PREVENT FLOODING DURING RAIN Y SEASON and PROVI DE TEACHING AIDS AND SCHOOL SUPPL IES FOR 200 STUDENTS IN DONG THAP AREA, VI ETNAM.</u> (Grants \$ 2, 500.) If this amount includes foreign grants, check here. <input type="checkbox"/> G <input checked="" type="checkbox"/> X	30a	2, 500.
31	Other program services (attach schedule) . See Statement 6 (Grants \$ 50, 100.) If this amount includes foreign grants, check here. <input type="checkbox"/> G <input checked="" type="checkbox"/> X	31a	50, 100.
32	Total program service expenses. Add lines 28a through 31a <input type="checkbox"/> G	32	68, 100.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7		0.	0.	0.

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Part V Other Information (Note the statement requirement in the instructions.)		See Statement 8	Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> G 37a	0.		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 G 0. ; section 4912 G 0. ; section 4955 G 0.

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
40b		X
40c		
40d		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 G 0.

d Enter amount of tax on line 40c reimbursed by the organization G 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed G None

42 a The books are in care of G VAN HANH NGUYEN-CPA Telephone no. G 510-465-7076
 Located at G 548 INTERNATIONAL BLVD OAKLAND CA ZIP + 4 G 94606

b 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)?
 If 'Yes,' enter the name of the foreign country: G _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country: G _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here G N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year G 43 N/A

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.

Please Sign Here

G _____ Date _____
 Signature of officer
 G VAN HANH NGUYEN Trustee
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature G <u>VAN HANH NGUYEN</u>	Date	Check if self-employed G <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A
Firm's name (or yours if self-employed) G <u>Van-Hanh Nguyen - MBA</u>	EIN G <u>N/A</u>		
address, and ZIP + 4 G <u>548 International Blvd. Oakland, CA 94606</u>	Phone no. G <u>(510) 465-7076</u>		

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

Employer identification number

94-6763907

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	G 0			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	G 0	

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	G 0	

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	e Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) Stmt 9	3a	X	
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a		X
	b Did the organization make any taxable distributions under section 4966?	4b		N/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		N/A
	d Enter the total number of donor advised funds owned at the end of the tax year. G <u> </u> N/A			
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. G <u> </u> N/A			
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. G <u> </u> 0			
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u> </u> 0.			

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Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					G 0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...		82,351.	27,029.	42,733.	152,113.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose.....					0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....		14,692.	12,975.	6,971.	34,638.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....		97,043.	40,004.	49,704.	186,751.
24 Line 23 minus line 17.....		97,043.	40,004.	49,704.	186,751.
25 Enter 1% of line 23.....		970.	400.	497.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... N/A... G					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)..... G					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 152,113. 16 _____ 17 _____ 20 _____ 21 _____					27c 152,113.
d Add: Line 27a total _____ 0. and line 27b total _____ 0.					27d 0.
e Public support (line 27c total minus line 27d total)..... G					27e 152,113.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f 186,751.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g 81.45 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h 18.55 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?..... If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?.....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....		
	d Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?.....		
	b Admissions policies?.....		
	c Employment of faculty or administrative staff?.....		
	d Scholarships or other financial assistance?.....		
	e Educational policies?.....		
	f Use of facilities?.....		
	g Athletic programs?.....		
	h Other extracurricular activities?..... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?.....		
	b Has the organization's right to such aid ever been revoked or suspended?..... If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check G a if the organization belongs to an affiliated group. Check G b if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations																						
(The term 'expenditures' means amounts paid or incurred.)																									
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36																							
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37																							
38	Total lobbying expenditures (add lines 36 and 37).....	38																							
39	Other exempt purpose expenditures.....	39																							
40	Total exempt purpose expenditures (add lines 38 and 39).....	40																							
41	Lobbying nontaxable amount. Enter the amount from the following table ' <table border="0" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table> </td> <td>The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table> </td> </tr> </table>	If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table>	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....	Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....	Over \$17,000,000.....	\$1,000,000.....	The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table>	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....	Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....	Over \$17,000,000.....	\$1,000,000.....	41	
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Over \$17,000,000.....	\$1,000,000.....																								
42	Grassroots nontaxable amount (enter 25% of line 41).....	42																							
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43																							
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44																							
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.																									

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount.....				
46	Lobbying ceiling amount (150% of line 45(e)).....				
47	Total lobbying expenditures.....				
48	Grassroots non-taxable amount.....				
49	Grassroots ceiling amount (150% of line 48(e)).....				
50	Grassroots lobbying expenditures.....				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers.....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.).....			
c Media advertisements.....			
d Mailings to members, legislators, or the public.....			
e Publications, or published or broadcast statements.....			
f Grants to other organizations for lobbying purposes.....			
g Direct contact with legislators, their staffs, government officials, or a legislative body.....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
i Total lobbying expenditures (add lines c through h.).....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51 a (i) Cash		X
a (ii) Other assets		X
b (i) Sales or exchanges of assets with a noncharitable exempt organization		X
b (ii) Purchases of assets from a noncharitable exempt organization		X
b (iii) Rental of facilities, equipment, or other assets		X
b (iv) Reimbursement arrangements		X
b (v) Loans or loan guarantees		X
b (vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

- (i) Cash
 - (ii) Other assets
- b Other transactions:
- (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2007

Name of organization

DALAT UNI VERSI TY ALUMNI CHARI TABLE TRUST

Employer identification number

94-6763907

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule ' see instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G\$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE NGUYEN CHARITABLE LEAD TR 548 INTERNATIONAL BLVD OAKLAND, CA 94606	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----

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Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Cash Grants and Allocations

Class of Activity:	Scholarships to students		
Donee's Name:	Various- Via Thu Nhan Scholars		
Relationship of Donee:	Affiliated		
Amount Given:		\$	15,600.
Class of Activity:	Subsidizing school budget		
Donee's Name:	Various- via Education fund		
Relationship of Donee:	Affiliated		
Amount Given:		\$	19,475.
Class of Activity:	Class room construction		
Donee's Name:	Vocational school -Binh Trieu		
Relationship of Donee:	Affiliated		
Amount Given:		\$	10,000.
Class of Activity:	Interior building equip		
Donee's Name:	Catholic nuns- Nursing homes		
Relationship of Donee:	Affiliated		
Amount Given:		\$	19,000.
Class of Activity:	Repair rain water pond		
Donee's Name:	Water project-Quang Binh		
Amount Given:		\$	1,000.
Donee's Name:	Other miscellaneous grant		
Amount Given:		\$	3,025.
Total Cash Grants and Allocations		\$	68,100.

Specific Assistance to Individuals

Direct cash assistance		\$	6,750.
Total Specific Assistance to Individuals		\$	6,750.
Total Grants and Similar Amounts Paid		\$	<u>74,850.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Administrative costs.....	\$	5,058.
Bank Charge.....		78.
Licenses Fee.....		50.
Office Supplies.....		89.
Total	\$	<u>5,275.</u>

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginni ng</u>	<u>Endi ng</u>
50% interest in Soledad House-Houston.....	\$ 50,500.	\$ 50,500.
Advance to Bao Nguyen.....	750.	189.
Other notes and loans receivable.....	100,000.	140,000.
PI edges receivable.....	24,140.	4,380.
Total	<u>\$ 175,390.</u>	<u>\$ 195,069.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts payable and accrued expenses.....	\$ 3,794.	\$ 0.
Grants payable.....	2,728.	0.
Total	<u>\$ 6,522.</u>	<u>\$ 0.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Education assistance through scholarship distribution and school budget supplement

Statement 6
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<u>Descripti on</u>	<u>Grants and Al locati ons</u>	<u>Program Servi ce Expenses</u>
STREET CHILDREN PROJECT: PROVIDE FUNDING FOR DON BOSCO COMPASSION SCHOOL IN DALAT TO EDUCATE 80 POOR STREET CHILDREN. Includes Foreign Grants: Yes	3,000.	3,000.
BINH TRIEU VOCATIONAL SCHOOL PROJECT: FUNDING THE CONSTRUCTION OF A VOCATIONAL CLASSROOM ADJACENT TO THE EXISTING ELEMENTARY SCHOOL Includes Foreign Grants: Yes	10,000.	10,000.
QUANG BINH PROJECT: PROVIDE NEEDED FINANCING TO SCHOOL PUPILS IN THE POOREST PROVINCE OF THE CENTRAL VIETNAM, PROVIDE THREE COMPUTERS FOR THE ELEMENTARY SCHOOL AND BUILD TWO WELLS TO SUPPLY CLEAN WATER. Includes Foreign Grants: Yes	9,000.	9,000.
SUBSIDIZING THE CONSTRUCTION OF A RETIREMENT HOME FOR ELDERLY NUNS OF DONG MEN THANH GIA- LAMDONG Includes Foreign Grants: Yes	19,000.	19,000.
LONG CAT COMPASSION SCHOOL PROJECT-NINH THUAN Includes Foreign Grants: Yes	6,000.	6,000.
EDUCATIONAL INCENTIVE PROJECT-HUONG MY, BEN TRE Includes Foreign Grants: Yes	3,100.	3,100.

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Statement 6 (continued)
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Includes Foreign Grants: No		
Total	<u>\$ 50,100.</u>	<u>\$ 50,100.</u>

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
TAN NGUYEN 2539 CENTRAL ROAD GLENDALE, IL 60025	CEO 0	\$ 0.	\$ 0.	\$ 0.
TOAN M TO 435 TRAMWAY DR MILPITAS, CA 95035-3641	Secretary 0	0.	0.	0.
CHANG V TRAN 357 S. CURSON AVE. APT 2L LOS ANGELES, CA 90036	Trustee 0	0.	0.	0.
HUYEN HUYNH 949 BERMUDA CT SUNNYVALE, CA 94086	Treasurer 0	0.	0.	0.
TUAN NGUYEN 6572 SILENT HARBOR DR HUNTINGTON BEACH, CA 92648	Vice President 0	0.	0.	0.
VAN HANH NGUYEN 548 INTERNATIONAL BLVD OAKLAND, CA 94606	Trustee 0	0.	0.	0.
NGO DINH LONG 13144 ESSEX DR CERRITOS, CA 90703	Trustee 0	0.	0.	0.
TUONG DUY NGUYEN 735 ELLIS STREET. SUITE 11 SAN FRANCISCO, CA 94109	Trustee 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 8
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Statement 9
Schedule A, Part III, Line 3a
Qualifications of Recipients Receiving Grants or Loans

STUDENTS WHO HAVE ACHIEVED ACADEMIC EXCELLENT BUT FINANCIALLY DISADVANTAGED

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TAXABLE YEAR **2007** California Exempt Organization Annual Information Return

FORM **199**

For calendar year 2007 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____	
IMPORTANT: Your number is required.	
California corporation number 9801196	Federal employer identification number (FEIN) 94-6763907
Corporation/Organization name DALAT UNIVERSITY ALUMNI CHARITABLE TRUST	
Address (including suite, room, or PMB no.) 435 TRAMWAY DRIVE	
City MILPITAS, CA	State ZIP Code 95035
<p>A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> @ Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation)</p> <p>If a box is checked, enter date @ _____</p> <p>B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input type="checkbox"/> 990 Fed: <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120</p> <p>C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. @ <input checked="" type="checkbox"/></p> <p>D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E Accounting method used: <u>Accrual</u></p> <p>F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>d</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust</p>	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. @	1	17,460.
	2 Gross dues and assessments from members and affiliates @	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions See Sch. B @	3	45,426.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. @	4	62,886.
	5 Cost of goods sold 5	5	
	6 Cost or other basis, and sales expenses of assets sold 6	6	
	7 Total costs. Add line 5 and line 6 7	7	
	8 Total gross income. Subtract line 7 from line 4 8	8	62,886.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 9	9	81,770.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10	10	-18,884.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F. 11	11	
	12 Penalty for failure to file on time. See General Instruction L 12	12	
	13 Use tax. See 'General Instruction M'. @ 13	13	
	14 Balance due. Add line 11, line 12, and line 13 14	14	

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17 Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources . . . \$ _____
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19 The financial records are in care of. VAN HANH NGUYEN-CPA Daytime telephone 510-465-7076
located at 548 INTERNATIONAL BLVD 94606

Please Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		
	G Signature of officer	Date	G Trustee Title @ 510-465-7076 Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature G VAN HANH NGUYEN	Date	Check if self-employed <input checked="" type="checkbox"/> @ Paid preparer's SSN or PTIN P00370733
	Firm's name (or yours, if self-employed) and address G Van-Hanh Nguyen - MBA 548 International Blvd. Oakland, CA 94606		FEIN @ 94-2926048 Daytime telephone (510) 465-7076

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts ' complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	12,660.
	3	Dividends	3	
	4	Gross rents	4	4,800.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	17,460.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. See Statement 1	9	68,100.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other. Attach schedule. See Statement 2	17	13,670.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	81,770.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		61,206.		16,121.
2	Net accounts receivable		24,140.		4,380.
3	Net notes receivable. Attach schedule		100,000.		140,000.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans: _____)				
9	Other investments. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule. St. 3		51,250.		50,689.
13	Total assets		236,596.		211,190.
Liabilities and net worth					
14	Accounts payable		3,794.		
15	Contributions, gifts, or grants payable		2,728.		
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		230,074.		211,190.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		236,596.		211,190.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books	-18,884.	7	Income recorded on books this year not included in this return.
2	Federal income tax			Attach schedule
3	Excess of capital losses over capital gains		8	Deductions in this return not charged against book income this year.
4	Income not recorded on books this year. Attach schedule			Attach schedule
5	Expenses recorded on books this year not deducted in this return. Attach schedule		9	Total. Add line 7 and line 8
6	Total.		10	Net income per return.
	Add line 1 through line 5	-18,884.		Subtract line 9 from line 6
				-18,884.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

California Copy
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

Employer identification number

94-6763907

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) G\$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE NGUYEN CHARITABLE LEAD TR ----- 548 INTERNATIONAL BLVD ----- OAKLAND, CA 94606 -----	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----

DRAFT

Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G \$ N/A

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

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Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Statement 1
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Class of Activity:	Scholarships to students	
Donee's Name:	Various- Via Thu Nhan Scholars	
Relationship of Donee:	Affiliated	
Amount Given:		\$ 15,600.
Class of Activity:	Subsidizing school budget	
Donee's Name:	Various- via Education fund	
Relationship of Donee:	Affiliated	
Amount Given:		19,475.
Class of Activity:	Class room construction	
Donee's Name:	Vocational school -Binh Trieu	
Relationship of Donee:	Affiliated	
Amount Given:		10,000.
Class of Activity:	Interior building equip	
Donee's Name:	Catholic nuns- Nursing homes	
Relationship of Donee:	Affiliated	
Amount Given:		19,000.
Class of Activity:	Repair rain water pond	
Donee's Name:	Water project-Quang Binh	
Amount Given:		1,000.
Donee's Name:	Other miscellaneous grant	
Amount Given:		3,025.
	Total	<u>\$ 68,100.</u>

Statement 2
Form 199, Part II, Line 17
Other Expenses

Administrative costs.....	\$ 5,058.
Bank Charge.....	78.
Licenses Fee.....	50.
Office Supplies.....	89.
Rental Expenses.....	1,645.
Specific Assistance to Individuals.....	6,750.
Total	<u>\$ 13,670.</u>

Statement 3
Form 199, Schedule L, Line 12
Other Assets

50% interest in Soledad House-Houston.....	50,500.
Advance to Bao Nguyen.....	189.
Total	<u>\$ 50,689.</u>

IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>CT119485</u> DALAT UNIVERSITY ALUMNI CHARITABLE TRUST <small>Name of Organization</small> <u>435 TRAMWAY DRIVE</u> <small>Address (Number and Street)</small> <u>MILPITAS, CA 95035</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>9801196</u> Federal Employer ID No. <u>94-6763907</u>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A ' ACTIVITIES

For your most recent full accounting period (beginning 1/01/07 ending 12/31/07) list:
 Gross annual revenue \$ 62,886. Total assets \$ 211,190.

PART B ' STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 510-465-7076
 Organization's e-mail address INFO@DUACT.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

	VAN HANH NGUYEN	Trustee	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
G Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
G The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C DALAT UNIVERSITY ALUMNI CHARITABLE TRUST, 435 TRAMWAY DRIVE, MILPITAS, CA 95035. D Employer identification number 94-6763907. E Telephone number 510-465-7076. F Group Exemption Number G.

?Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash, Accrual Other (specify) G.

I Website: G DUACT.ORG. H Check G if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) X 501(c) (3) H (insert no.) 4947(a)(1) or 527. K Check G if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. G\$ 62,886.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 3 columns: Description, Code, Amount. Rows include Revenue (1-9), Expenses (10-17), and Assets (18-21). Total revenue is 62,886. Total expenses are 81,770. Net assets at end of year are 211,190.

Part II Balance Sheets If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? See Statement 5		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>DI STRIBU TION OF 123 SCHOLARSH IPS TO STUDENTS WHO WERE FINANCI ALLY DI SADVANTAGED TO COVER TUIT ION AND OTHER SCHOOL EXPENDIT URE.</u> (Grants \$ 12, 500.) If this amount includes foreign grants, check here. G <input checked="" type="checkbox"/>	28a	12, 500.
29	<u>SUBSI DI ZING SCHOOL BUDGET TO AN ELEMENTARY SCHOOL IN BINH TRI EU PROVINCE , VI ETNAM FOR 300 PUPILS</u> (Grants \$ 3, 000.) If this amount includes foreign grants, check here. G <input checked="" type="checkbox"/>	29a	3, 000.
30	<u>DONG THAP PROJECT: REPAIR SCHOOL FACIL ITY TO PREVENT FLOODING DURING RAIN Y SEASON and PROVI DE TEACHING AIDS AND SCHOOL SUPPL IES FOR 200 STUDENTS IN DONG THAP AREA, VI ETNAM.</u> (Grants \$ 2, 500.) If this amount includes foreign grants, check here. G <input checked="" type="checkbox"/>	30a	2, 500.
31	Other program services (attach schedule) . See Statement 6 (Grants \$ 50, 100.) If this amount includes foreign grants, check here. G <input checked="" type="checkbox"/>	31a	50, 100.
32	Total program service expenses. Add lines 28a through 31a G	32	68, 100.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7		0.	0.	0.

DRAFT

Part V Other Information (Note the statement requirement in the instructions.)		See Statement 8	Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G 37a	0.		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 G 0. ; section 4912 G 0. ; section 4955 G 0.

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
40b		X
40c		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 G 0.

d Enter amount of tax on line 40c reimbursed by the organization G 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed G None

42 a The books are in care of G VAN HANH NGUYEN-CPA Telephone no. G 510-465-7076
 Located at G 548 INTERNATIONAL BLVD OAKLAND CA ZIP + 4 G 94606

b 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)?
 If 'Yes,' enter the name of the foreign country: G _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country: G _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here G N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year G 43 N/A

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.

Please Sign Here

G _____ Date _____
 Signature of officer
 G VAN HANH NGUYEN Trustee
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature G <u>VAN HANH NGUYEN</u>	Date	Check if self-employed G <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A
Firm's name (or yours if self-employed) G <u>Van-Hanh Nguyen - MBA</u>	EIN G <u>N/A</u>	Phone no. G <u>(510) 465-7076</u>	
G <u>548 International Blvd.</u> address, and ZIP + 4 <u>Oakland, CA 94606</u>			

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	G 0			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	G 0	

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	G 0	

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	e Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) Stmt 9	3a	X	
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a		X
	b Did the organization make any taxable distributions under section 4966?	4b		N/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		N/A
	d Enter the total number of donor advised funds owned at the end of the tax year. G <u> </u> N/A			
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. G <u> </u> N/A			
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. G <u> </u> 0			
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u> </u> 0.			

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Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					G 0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...		82,351.	27,029.	42,733.	152,113.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.....					0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....		14,692.	12,975.	6,971.	34,638.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....		97,043.	40,004.	49,704.	186,751.
24 Line 23 minus line 17.....		97,043.	40,004.	49,704.	186,751.
25 Enter 1% of line 23.....		970.	400.	497.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... N/A... G					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)..... G					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 152,113. 16 _____ 17 _____ 20 _____ 21 _____					27c 152,113.
d Add: Line 27a total _____ 0. and line 27b total _____ 0.					27d 0.
e Public support (line 27c total minus line 27d total)..... G					27e 152,113.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f 186,751.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g 81.45 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h 18.55 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?..... If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?.....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....		
	d Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?.....		
	b Admissions policies?.....		
	c Employment of faculty or administrative staff?.....		
	d Scholarships or other financial assistance?.....		
	e Educational policies?.....		
	f Use of facilities?.....		
	g Athletic programs?.....		
	h Other extracurricular activities?..... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?.....		
	b Has the organization's right to such aid ever been revoked or suspended?..... If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check G a if the organization belongs to an affiliated group. Check G b if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying).....	37		
38 Total lobbying expenditures (add lines 36 and 37).....	38		
39 Other exempt purpose expenditures.....	39		
40 Total exempt purpose expenditures (add lines 38 and 39).....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table '.....			
If the amount on line 40 is '..... The lobbying nontaxable amount is '.....			
Not over \$500,000..... 20% of the amount on line 40.....			
Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000.....			
Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000.....	41		
Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000.....			
Over \$17,000,000..... \$1,000,000.....			
42 Grassroots nontaxable amount (enter 25% of line 41).....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount.....					
46 Lobbying ceiling amount (150% of line 45(e)).....					
47 Total lobbying expenditures.....					
48 Grassroots non-taxable amount.....					
49 Grassroots ceiling amount (150% of line 48(e)).....					
50 Grassroots lobbying expenditures.....					

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers.....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.).....			
c Media advertisements.....			
d Mailings to members, legislators, or the public.....			
e Publications, or published or broadcast statements.....			
f Grants to other organizations for lobbying purposes.....			
g Direct contact with legislators, their staffs, government officials, or a legislative body.....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
i Total lobbying expenditures (add lines c through h.).....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51 a (i) Cash, a (ii) Other assets, b (i) Sales or exchanges, b (ii) Purchases, b (iii) Rental, b (iv) Reimbursement, b (v) Loans, b (vi) Performance, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains a large 'DRAFT' watermark.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? G Yes [X] No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains a large 'DRAFT' watermark.

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2007

Name of organization

DALAT UNI VERSI TY ALUMNI CHARI TABLE TRUST

Employer identification number

94-6763907

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule ' see instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE NGUYEN CHARITABLE LEAD TR ----- 548 INTERNATIONAL BLVD ----- OAKLAND, CA 94606 -----	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

DRAFT

Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----

DRAFT

Name of organization

Employer identification number

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

DRAFT

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Cash Grants and Allocations

Class of Activity:	Scholarships to students		
Donee's Name:	Various- Via Thu Nhan Scholars		
Relationship of Donee:	Affiliated		
Amount Given:		\$	15,600.
Class of Activity:	Subsidizing school budget		
Donee's Name:	Various- via Education fund		
Relationship of Donee:	Affiliated		
Amount Given:		\$	19,475.
Class of Activity:	Class room construction		
Donee's Name:	Vocational school -Binh Trieu		
Relationship of Donee:	Affiliated		
Amount Given:		\$	10,000.
Class of Activity:	Interior building equip		
Donee's Name:	Catholic nuns- Nursing homes		
Relationship of Donee:	Affiliated		
Amount Given:		\$	19,000.
Class of Activity:	Repair rain water pond		
Donee's Name:	Water project-Quang Binh		
Amount Given:		\$	1,000.
Donee's Name:	Other miscellaneous grant		
Amount Given:		\$	3,025.
Total Cash Grants and Allocations		\$	68,100.

Specific Assistance to Individuals

Direct cash assistance		\$	6,750.
Total Specific Assistance to Individuals		\$	6,750.
Total Grants and Similar Amounts Paid		\$	<u>74,850.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Administrative costs.....	\$	5,058.
Bank Charge.....		78.
Licenses Fee.....		50.
Office Supplies.....		89.
Total	\$	<u>5,275.</u>

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginni ng</u>	<u>Endi ng</u>
50% interest in Soledad House-Houston.....	\$ 50,500.	\$ 50,500.
Advance to Bao Nguyen.....	750.	189.
Other notes and loans receivable.....	100,000.	140,000.
PI edges receivable.....	24,140.	4,380.
Total	<u>\$ 175,390.</u>	<u>\$ 195,069.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts payable and accrued expenses.....	\$ 3,794.	\$ 0.
Grants payable.....	2,728.	0.
Total	<u>\$ 6,522.</u>	<u>\$ 0.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Education assistance through scholarship distribution and school budget supplement

Statement 6
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<u>Descripti on</u>	<u>Grants and Al locati ons</u>	<u>Program Servi ce Expenses</u>
STREET CHILDREN PROJECT: PROVIDE FUNDING FOR DON BOSCO COMPASSION SCHOOL IN DALAT TO EDUCATE 80 POOR STREET CHILDREN. Includes Foreign Grants: Yes	3,000.	3,000.
BINH TRIEU VOCATIONAL SCHOOL PROJECT: FUNDING THE CONSTRUCTION OF A VOCATIONAL CLASSROOM ADJACENT TO THE EXISTING ELEMENTARY SCHOOL Includes Foreign Grants: Yes	10,000.	10,000.
QUANG BINH PROJECT: PROVIDE NEEDED FINANCING TO SCHOOL PUPILS IN THE POOREST PROVINCE OF THE CENTRAL VIETNAM, PROVIDE THREE COMPUTERS FOR THE ELEMENTARY SCHOOL AND BUILD TWO WELLS TO SUPPLY CLEAN WATER. Includes Foreign Grants: Yes	9,000.	9,000.
SUBSIDIZING THE CONSTRUCTION OF A RETIREMENT HOME FOR ELDERLY NUNS OF DONG MEN THANH GIA- LAMDONG Includes Foreign Grants: Yes	19,000.	19,000.
LONG CAT COMPASSION SCHOOL PROJECT-NINH THUAN Includes Foreign Grants: Yes	6,000.	6,000.
EDUCATIONAL INCENTIVE PROJECT-HUONG MY, BEN TRE Includes Foreign Grants: Yes	3,100.	3,100.

DALAT UNIVERSITY ALUMNI CHARITABLE TRUST

94-6763907

Statement 6 (continued)
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Includes Foreign Grants: No		
Total	<u>\$ 50,100.</u>	<u>\$ 50,100.</u>

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
TAN NGUYEN 2539 CENTRAL ROAD GLENDALE, IL 60025	CEO 0	\$ 0.	\$ 0.	\$ 0.
TOAN M TO 435 TRAMWAY DR MILPITAS, CA 95035-3641	Secretary 0	0.	0.	0.
CHANG V TRAN 357 S. CURSON AVE. APT 2L LOS ANGELES, CA 90036	Trustee 0	0.	0.	0.
HUYEN HUYNH 949 BERMUDA CT SUNNYVALE, CA 94086	Treasurer 0	0.	0.	0.
TUAN NGUYEN 6572 SILENT HARBOR DR HUNTINGTON BEACH, CA 92648	Vice President 0	0.	0.	0.
VAN HANH NGUYEN 548 INTERNATIONAL BLVD OAKLAND, CA 94606	Trustee 0	0.	0.	0.
NGO DINH LONG 13144 ESSEX DR CERRITOS, CA 90703	Trustee 0	0.	0.	0.
TUONG DUY NGUYEN 735 ELLIS STREET. SUITE 11 SAN FRANCISCO, CA 94109	Trustee 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 8
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Statement 9
Schedule A, Part III, Line 3a
Qualifications of Recipients Receiving Grants or Loans

STUDENTS WHO HAVE ACHIEVED ACADEMIC EXCELLENT BUT FINANCIALLY DISADVANTAGED

DRAFT