

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JANUARY 01**, 2014, and ending **DECEMBER 31**, 2014

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization VIETNAMESE AMERICAN YOUNG LEA	D Employer identification number 33-1143213
<input type="checkbox"/> Name change	Doing business as VAYLA NEW ORLEANS	E Telephone number (504) 253-6000
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13235 CHEF MENTEUR HWY A	G Gross receipts \$ 353,853
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS LA 70129	
<input type="checkbox"/> Amended return	F Name and address of principal officer: SEE ATTACHMENT #1	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. (see instructions)
	J Website: WWW.VAYLA-NO.ORG	H(c) Group exemption number ▶
	K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2008 M State of legal domicile: LA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE CULTURAL AWARENESS, DEVELOPMENT AND ADVOCATE FOR YOUTH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	60
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 626,658	Current Year 349,629
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,346	4,224
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	629,004	353,853
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	397,740	272,784
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	231,019	117,976	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	628,759	390,760	
19 Revenue less expenses. Subtract line 18 from line 12	245	-36,907	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 40,429	End of Year 3,522
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	40,429	3,522

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MINH THANH NGUYEN	Date			
	Type or print name and title EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name BERNICE HARRELL	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01219690
	Firm's name ▶ HRB TAX GROUP INC	Firm's EIN ▶ 431871840			
	Firm's address ▶ 9954 LAKE FOREST BLVD STE 1	Phone no.			
	NEW ORLEANS LA 70127	5042444431			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROMOTE CULTURAL AWARENESS, DEVELOPMENT AND ADVOCATE FOR YOUTH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 329,084 including grants of \$) (Revenue \$)
SEE ATTACHMENT #3

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 329,084

Part IV Checklist of Required Schedules

Table with columns for question number, description, Yes, and No. Contains 26 rows of questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a	Section 501(c)(3), 501(c)(4), and 501(C)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, sub-column (e.g., 1a, 1b), and Yes/No columns. Rows include questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7) organizations, Form 501(c)(12) organizations, Form 4947(a)(1) non-exempt charitable trusts, and Form 501(c)(29) qualified nonprofit health insurance issuers.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SEE ATTACHMENT #4

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MINH THANH NGUYEN EXECUTIVE DIRECTOR	40.00	X			X	X		62,000		
TUNG BEACH LY PRESIDENT	5.00			X						
MIKE TRONG NGUYEN SECRETARY	2.00			X						

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,000				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, & similar amounts not included above	1f	344,629				
	g Noncash contributions included in lines 1a-1f: \$ \$						
	h Total. Add lines 1a-1f		349,629				
Program Service Revenue	2a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a REFUNDS AND OTHERS			4,109				
b FEES AND INTEREST			125				
c _____							
d All other revenue							
e Total. Add lines 11a-11d			4,224				
12 Total revenue. See instructions			353,853				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	62,000			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	186,407			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,884			
10	Payroll taxes	20,493			
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	68,539			
12	Advertising and promotion				
13	Office expenses	24,018			
14	Information technology				
15	Royalties				
16	Occupancy	22,558			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	413	413		
23	Insurance	1,484			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TROPHIES	964			
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	390,760	413		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash -- non-interest-bearing	40,429	1	3,522
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		40,429	16	3,522
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	40,429	30	3,522
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	40,429	33	3,522	
34 Total liabilities and net assets/fund balances	40,429	34	3,522	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	353,853
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,760
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,429
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,522

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS **Employer identification number** 33-1143213

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	160,057	324,496	491,912	597,802	344,628	1,918,895
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	160,057	324,496	491,912	597,802	344,628	1,918,895
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,918,895

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	160,057	324,496	491,912	597,802	344,628	1,918,895
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	160,057	324,496	491,912	597,802	344,628	1,918,895

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests -- 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests -- 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS

Employer identification number

33-1143213

THE INFORMATION IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST (LN 19) . -
LN 19

A DRAFT OF THE 990 WAS PRESENTED IN A METING (LN 11) - LN 11

ALL VOTING MEMBERS OF THE GOVERNING BODY HAVE EQUAL VOTING RIGHTS -
PART V

2014 990 LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN

ATTACHMENT 2: FORM 990 PAGE 1, LINE TR.H(C)

OPEN TO PUBLIC

INSPECTION For calendar year 2014, or tax period beginning 01-01-2014, and ending 12-31-2014.

Name of Organization

Employer Identification Number

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS

33-1143213

Name and Address of Affiliated Organization Included in this Group Return	Organization EIN

2014 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2014, or tax period beginning	01-01-2014, and ending	12-31-2014.
Name of Organization			Employer Identification Number
VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS			33-1143213

990, Page 1, Line F

Principal officer name..... MINH THANH NGUYEN

or

Business Name:

Street Address 13235 CHEF MENTEUR HWY STE A

U.S. Address:

Zip code 70129 City NEW ORLEANS State LA

or

Foreign Address

City

Province or State

Country

Postal code

2014 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION For calendar year 2014, or tax period beginning 01-01-2014, and ending 12-31-2014.

Name of Organization VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS Employer Identification Number 33-1143213

Part III - Statement of Program Service Accomplishments

Code: Expenses: 329,084 including Grants of: Revenue:

Exempt Purpose Achievements

THE PROGRAM PROVIDES OPPORTUNITY FOR VOLUNTEERS AND YOUTH TO ENHANCE THEIR LEASERSHIP SKILLS. TUTORING IS OFFERED FOR THE STUDENTS. A VARIETY OF OTHER PROGRAMS ARE OFFERED TO ENHANCE CULTURAL AWARENESS.

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC

INSPECTION For calendar year 2014, or tax period beginning 01-01, and ending 12-31-2014.

Name of Organization VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS Employer Identification Number 33-1143213

Part VI - Line 20

Individual Name MINH THANH NGUYEN

or

Business Name:

Street Address 13235 CHEF MENTEUR HWY STE A

U.S. Address:

Zip code 70129 City NEW ORLEANS State LA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (504) 253-6000

Fax Number

2014 FORM 990 SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 5 : FORM 990 PAGE 10, PART IX, LINE 22
 OPEN TO PUBLIC
 INSPECTION

Name of Organization: VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS
 For Calendar year 2014, or tax year period beginning 01-01-2014 and ending 12-31-2014
 Employer Identification Number 33-1143213

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
DEPRECIATION						
Total:						

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return: VIETNAMESE AMERICAN YOUNG LEADDO NOT CARRY
Business or activity to which this form relates:
Identifying number: 33-1143213

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 5: 500000. Line 11: 500000. Line 13: 413.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for Part II. Line 14, 15, 16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 413.

Section B -- Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a through i.

Section C -- Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a, b, c.

Part IV Summary (See instructions.)

Table with 2 main rows for Part IV. Line 21: 413. Line 22: 413. Line 23.

For Paperwork Reduction Act Notice, see separate instructions.

2014 DETAIL STATEMENTS

VIETNAMESE AMERICAN YOUNG LEAD
33-1143213

STATEMENT #1 - FUNDRAISING EVENT (990-EO PG 9 LINE 1C)

SPECIAL EVENTS..... 5,000

TOTAL CARRIED TO 990-EO PG 9 LINE 1C..... 5,000

STATEMENT #2 - GOVERNMENT GRANTS (990-EO PG 9 LINE 1E)

GRANTS

TOTAL CARRIED TO 990-EO PG 9 LINE 1E

STATEMENT #3 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)

INDIVIDUAL AND BUSINESS CONTRIBUTIONS..... 38,810
CORPORATE GRANTS..... 10,000
FOUNDATIONS GRANTS..... 145,000
NONPROFITS GRANTS..... 150,819

TOTAL CARRIED TO 990-EO PG 9 LINE 1F..... 344,629

STATEMENT #4 - COMPENSATION OF OFFICERS, ETC (990 EO PG 10 LINE 5A)

EXECUTIVE DIRECTOR..... 62,000

TOTAL CARRIED TO 990 EO PG 10 LINE 5A..... 62,000

STATEMENT #5 - OTHER SALARIES AND WAGES (990 EO PG 10 LINE 7A)

SALARIES..... 186,407

TOTAL CARRIED TO 990 EO PG 10 LINE 7A..... 186,407

STATEMENT #6 - OTHER EMPLOYEE BENEFITS (990 EO PG 10 LINE 9A)

HEALTH INS..... 3,884

TOTAL CARRIED TO 990 EO PG 10 LINE 9A..... 3,884

STATEMENT #7 - PAYROLL TAXES (990 EO PG 10 LINE 10A)

FICA..... 19,003
FUTA..... 368
SUTA..... 1,122

2014 DETAIL STATEMENTS

VIETNAMESE AMERICAN YOUNG LEAD
33-1143213

TOTAL CARRIED TO 990 EO PG 10 LINE 10A..... 20,493

STATEMENT #8 - OFFICE EXPENSES (990 EO PG 10 LINE 13A)

MAILING SERVICE..... 213
TELEPHONE AND TELECOMMUNICATIONS..... 3,250
SUBSCRIPTION / ONLINE..... 1,650
OFFICE SUPPLIES..... 15,365
PRINTING..... 3,540

TOTAL CARRIED TO 990 EO PG 10 LINE 13A..... 24,018

STATEMENT #9 - OCCUPANCY (990 EO PG 10 LINE 16A)

RENT..... 22,558

TOTAL CARRIED TO 990 EO PG 10 LINE 16A..... 22,558

STATEMENT #10 - INSURANCE (990 EO PG 10 LINE 23A)

BUILDING LIABILITY..... 1,484

TOTAL CARRIED TO 990 EO PG 10 LINE 23A..... 1,484

STATEMENT #11 - OTHER (990 EO PG 10 LINE 11G(A))

CONTRACTUAL SERVICES..... 13,682
BUS TRANSPORTATION..... 10,605
CONFERENCES..... 12,792
BANKING EXPENSES..... 2,210
BUILDING REPAIRS..... 5,618
TRAVEL AND MEETING RXPENSES..... 7,634
STIENDS AND CONTRACTS..... 15,998

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(A)..... 68,539

STATEMENT #12 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

ORGANIZATION GRANT
INDIVIDUALS AND BUSINESS CONTRIBUTIONS

TOTAL CARRIED TO EZ1 LINE 1

2014 DETAIL STATEMENTS

VIETNAMESE AMERICAN YOUNG LEAD
33-1143213

PAGE 3

STATEMENT #13 - SALARIES, OTHER COMPENSATIONS (990-EZ PG 1 LINE 12)

SALARIES
FICA EMPLOYER PORTION
STIPENDS
HEALTH INS

TOTAL CARRIED TO 990-EZ PG 1 LINE 12

STATEMENT #14 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

PROFESSIONAL FEES
CONTRACTUAL FEES

TOTAL CARRIED TO 990-EZ PG 1 LINE 13

STATEMENT #15 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

RENT
UTILITIES
BUILDING LIABILITY

TOTAL CARRIED TO 990-EZ PG 1 LINE 14

STATEMENT #16 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

PRINTING
SUPPLIES
BOOKS AND SUBSCRIPTIONS
FAXES
POSTAGE

TOTAL CARRIED TO 990 EZ PG 1 LINE 15

STATEMENT #17 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

SUPPLIES
TRAVEL AND MEETING
YOUTH TOURMENT
STAFF AND YOUTH DEVELOPMENT
BANKING FEES

TOTAL CARRIED TO EOEZ PG 1 LINE 16

2014 DETAIL STATEMENTS

VIETNAMESE AMERICAN YOUNG LEAD
33-1143213

STATEMENT #18 - OTHER ASSETS BEG YR (EOEZ PG 2 LINE 24A)	BEGINNING	ENDING
RENTAL DEPOSIT		
TOTAL CARRIED TO EOEZ PG 2 LINE 24A.....	0	0

STATEMENT #19 - ASSETS INCLUDED (SCH D, PG 1 LINE 2B)

RENTAL DEPOSIT

TOTAL CARRIED TO SCH D, PG 1 LINE 2B

2014 FEDERAL DEPRECIATION SCHEDULE

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS
33-1143213

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
UNASSIGNED												
COMPUTERS	08-08-11	200DBHY-5	3589	0	0	0	0	3589	2555	413	2968	621
1 ASSETS		TOTALS:	3589	0	0	0	0	3589	2555	413	2968	621

2014 FEDERAL AMT DEPRECIATION SCHEDULE

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS
 33-1143213

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
UNASSIGNED												
COMPUTERS	08-08-11	200DBHY-5	3589	0	0	0	0	3589	2094	598	2692	897
1 ASSETS		TOTALS :	3589	0	0	0	0	3589	2094	598	2692	897