### Form **990**

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Α	For th	e 2014 cale	ndar year, or tax year beginning			d ending DECE	MBER	31,2014	
В	Check if	applicable:	CName of organization VIE	TNAMESE AMERICAN YOUN	IG LEA	D Emplo	yer idei	ntification number	
$\prod_{i}$	Address	change	Doing business as VAYLA	NEW CRLEANS		33-11	4321	3	
$\prod_{i}$	Name ch	ange	Number and street (or P.O. box if n	nail is not delivered to street address)	Roo	m/suite <b>E</b> Telepl	none nur	mber	
П	nitial ret	turn	13235 CHEF MENTE	CUR HWY	A	(504)	253	-6000	
П	inal retu	urn/	City or town, state or province	e, country, and ZIP or foreign posta	al code	<b>G</b> Gross			
_ t	erminate	ed	NEW ORLEANS LA 7	70129		receip	ts\$	353 <b>,</b> 85	, 3
Π,	Amende	d return	F Name and address of prin	ncipal officer:	H(a)	Is this a group return	for subor	dinates? Yes X N	10
П	Applicati	ion pending	SEE ATTACHMENT #	<u> </u>	H(b)	Are all subordinates	include#	2	10
7	ax-ex	empt status:	X 501(c)(3) 501(c)( )	(insert no.) 4947(a)(1) or	527	If "No," attach a li	st. (see ins	tructions)	
J	Nebsit	te:▶ WWW	.VAYLA-NO.ORG		H(c)	Group exemption nu	mber 🕨		
K	orm of	organization:	Corporation Trust X As	sociation Other ►	L Year of for	mation: 2008	M State	e of legal domicile: LA	_
Р	art I	Summ	nary						
	1		scribe the organization's mission	or most significant activities:					
	, Іто			RENESS, DEVELOPMEN	IT AND	ADVOCATE	FOR	YOUTH.	
2									_
5									_
9	2	Check this	s box If the organization dis	scontinued its operations or dispose	ed of more	than 25% of its ne	t assets.		_
Activities & Governance	3		_	ng body (Part VI, line 1a)			3		9
ď	4			of the governing body (Part VI, line			4		9
<u>.</u>	5			alendar year 2014 (Part V, line 2a)			5		1
÷	6		• •	cessary)			6		0
A	7a		· ·	t VIII, column (C), line 12			7a		<del>-</del>
				m Form 990-T, line 34			7b		0
		) Net unitera	tied business taxable income from	mi Form 990-1, line 34			70	Current Year	_
		Contribution	and grants (Dort VIII line 1h)			Prior Year	658	349,62	a
Revenue	8			)		020	, 030	340,02	_
٥	9			)					
ď			t income (Part VIII, column (A), li			346	4,22	1	
	11		enue (Part VIII, column (A), lines			.004	353,85		
	12		·	nust equal Part VIII, column (A), line		029	.004		_
	13		d similar amounts paid (Part IX, o				_		
	14			olumn (A), line 4)		207	740	272,78	_
ď	15		ther compensation, employee be	397	. /40		4		
Fynenses	16a		- · · · · · · · · · · · · · · · · · · ·	mn (A), line 11e)					_
Š	b		raising expenses (Part IX, colum			221	117,97	_	
_	17			11a-11d, 11f-24e)			019		
	18			ual Part IX, column (A), line 25)		628,	759	390,76	
	19	Revenue I	ess expenses. Subtract line 18 fr	om line 12			245	-36,90	_
Assets	, တွ					Beginning of Curren		End of Year 3,52	_
ASS	20					40,	429	3,52	_
Net /	<u> 문</u> 21					4.0	400		_
_			<del></del>	21 from line 20		40,	429	3,52	_
	ırt II		ture Block						
Und	er penali	ties of perjury,	I declare that I have examined this ret	eurn, including accompanying schedules ar r) is based on all information of which pre	nd statement	s, and to the best of n	ıy knowle	dge and belief, it is true,	
	oci, airu	-T.	transition of preparer (other than officer						_
_			<u> </u>					· · · · · · · · · · · · · · · · · · ·	_
Sig		_	nature of officer					ate	
He	re	MI	NH THANH NGUYEN	EX	KECUTI	<u>VE DIRECT</u>	<u>or</u>		_
			e or print name and title				<del>-,</del> -		_
_		Print/	Type preparer's name	Preparer's signature	Date	Check		PTIN	
Pai			NICE HARRELL			self-en	ployed	P01219690	_
	pare		s name ▶ HRB TAX GR	ROUP INC		Firm's EIN	► 431	871840	
Us	e Onl	<b>y</b> Firm's	s address ▶ 9954 LAKE	FOREST BLVD STE	1	Phone no.			
		NEW	ORLEANS LA 7012	7		504244	4431		
May	the IR	S discuss th	is return with the preparer show	n above? (see instructions)				Yes X No	, .

ı aı	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?	⊠ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	X No
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 \$\frac{329,084}{9} including grants of \$\frac{1}{2}\$ ) (Revenue \$\frac{1}{2}\$	)
		-
4b	(Code:) (Expenses Sincluding grants of S) (Revenue S	)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 329,084	

### VIETNAMESE AMERICAN YOUNG Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,			
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,			
	or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
	D, Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	İ		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, investment, and program service activities outside the United States, or aggregate foreign investments		1	
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			
	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $\dots$ $N/A$	20b		

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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	21		Х
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N \not A$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots \dots N \nearrow A$	24d		
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	25a		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	25b		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	26		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	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	33		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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

FDA

# 14) VIETNAMESE AMERICAN YOUNG 33-1143213 Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule C contains a response or note to any line in this Part V			
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a	The transfer of the transfer o			ı
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
20	Statements, filed for the calendar year ending with or within the year covered by this return  2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ZU		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O $\dots$ $\mathbb{N}/A$	3b		
4a	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)?	4a		Χ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? $\mathbb{N}$ ./ A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots \mathbb{N} / A$	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			17
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	79 7h		$-\frac{X}{X}$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<i>'</i> '''		- 27
	sponsoring organization, have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		7.7
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		ĺ	
^	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\dots$ $\mathbb{N}$ .	14b		- 47
-	The state of the s		- 1	

Form 9	990 (2014) VIETNAMESE AMERICAN YOUNG 33-1143213		P	age 6
Par		nd for a	a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🔲
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	)		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
	officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			İ
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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? · · · · · · · · · · · · · · · · · · ·	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			1
	or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			1
а	The governing body? · · · · · · · · · · · · · · · · · · ·	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ĺ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$ $\mathbb{N}$ .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			ĺ
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		17
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		٠,,
a	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		v
<b>.</b>	with a taxable entity during the year?	16a		X
D	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	16h		
Scot!	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1033 (or 1034 if applicable), 990, and 990-T (Section 501(c)(3)s or	nh/)		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o available for public inspection. Indicate how you made these available. Check all that apply.	. II y <i>)</i>		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
13	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:			
	Time in the state of and tologically manned to the posterior and organization of 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.

hours for related organization (mployee organization tions below of the plant of the plant of the property of	(A) Name and Title	week	Average (do not check more than one hours per box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
EXECUTIVE DIRECTOR FUNG BEACH LY 5.00 X PRESIDENT MIKE TRONG NGUYEN 2.00 X		hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	other compensation from the organization and related organizations
TUNG BEACH LY 5.00 X PRESIDENT MIKE TRONG NGUYEN 2.00 X		40.00	х			Х	х		62,000		
THE TRONG NOOTEN	CUNG BEACH LY	5.00			x						
		2.00			x						
					i						

Form **990** (2014)

Part	Section A. Officers	, Director	s, Trust	ees, K	ey En	nploye	es, and	High	est Compensated E	mployees (continued	<u>d)</u>		
	(A) Name and title	(B) Average		(do no	Posi t check tless pe	tion more ti	han one both an		(D) Reportable	( <b>E)</b> Reportable	Est	( <b>F)</b> imated	
		hours per week (list any hours for related organiza- tions below dotted lines)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensati em the anization relate nization	ion on d
													***
<u> </u>													
1b c	Sub-total  Total from continuation sh			 Section	 . Δ				62000				
d	Total (add lines 1b and 1c)								62000				
2	Total number of individuals (								1	\$100,000 of reportabl	e comp	ensatio	on.
3	Did the organization list any	former off	icer, dire	ector, c	or trus	tee, ke	ey emplo	yee, o	r highest compensat	ed employee		Yes	No
	on line 1a? If "Yes," complet										3		X
4	For any individual listed on li organization and related org										4		Х
5	Did any person listed on line												
	services rendered to the org	anization?	If "Yes,"	comp	lete So	chedu	le J for s	uch p	erson		5		X
	n B. Independent Contracto												
1	Complete this table for your compensation from the orga	-									v voar		
	compensation from the orga	(A)	epon co	npen	salion	101 1116	Calenda	ıı yeai	(B)	n the organizations to	(C		
	Name and business address								Description of se	ervices	Compe		n
									-				
				<del></del>									
							· · · · · · · · · · · · · · · · · · ·						
2	Total number of independen			_	ut not	limited	d to thos	e liste	d above) who receive	ed more than			

Part VIII

Statement of Revenue

			-	se or note to any line i	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business	Revenue excluded from t
				:		function revenue	revenue	under sections 512-514
3 1a	Federated campaigns		1a					372 377
b c d e f g	Membership dues		1b					
С	Fundraising events		1c	5,000		15)	127	
d	Related organizations		1d	V 1				
e	Government grants (contril		1e					
5   ř	All other contributions, gifts	*						
· ·	similar amounts not include	-	1f	344,629				
5   a				\$				
) b	Total. Add lines 1a-1f			·	349,629			
- "	Total. Add lines 1a-11			· -				
20				Business Code				
2a								
b c d								
С								
d								
e								
f		evenue						
g	Total. Add lines 2a-2f					211 <sup>21</sup>	a	
3	Investment income (includi	•	,	'				
	other similar amounts)							
4	Income from investment of	tax-exemp	t bond	proceeds				
5	Royalties							
		(i) Re	al	(ii) Personal				
6a	Gross rents							4
b	Less: rental expenses		,					***************************************
С						-		
_	Net rental income or (loss)							
	recrementation of (1000)	(i) Secu		(ii) Other				
7a	Gross amount from sales	(i) Decu	11000	(II) Other				
	of assets other than							
	inventory							1
a	Less: cost or other basis						ti i	
	and sales expenses					-		
ļ	Gain or (loss)	·				\$4.	e, tr	
	Net gain or (loss)							
8a	Gross income from fundral	sing events					4	
	(not including \$							
b	of contributions reported of	n line 1c).						
	See Part IV, line 18		а					
b	Less: direct expenses		b					
С	Net income or (loss) from f	undraising e	events					
9a	Gross income from gaming	-						
	Part IV, line 19							
b	Less: direct expenses							
1	Net income or (loss) from g							
	Gross sales of inventory, le					177		
104	returns and allowances		_					
L-								
	Less: cost of goods sold					71		
C	Net income or (loss) from s		пюту	T				
	Miscellaneous Rev			Business Code	4,109	***		
1	REFUNDS AND O				115			+
b	FEES AND INTE	KEST			1.5			
С								
d	All other revenue					,		
е	Total. Add lines 11a-11d			▶ [	4,224			
12	Total revenue. See instruc	tions			353,853			

FDA

### 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 (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b, Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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, 62,000 trustees, and key employees ..... Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 186,40 7 Other salaries and wages ..... 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . . . 3,884 Other employee benefits ..... 9 20,493 10 Payroll taxes ...... 11 Fees for services (non-employees): Management а ........... b С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Other. (If line 11g amount exceeds 10% of line 25, column 68,539 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion ..... 24,018 13 Office expenses ...... 14 Information technology ..... 15 22,558 16 Occupancy ..... Travel ..... 17 Payments of travel or entertainment expenses for any 18 federal, state, or local public officials ..... 19 Conferences, conventions, and meetings ..... 20 Interest 21 Payments to affiliates ..... 413 413 22 Depreciation, depletion, and amortization ...... 1,484 23 Insurance 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.) 964 TROPHIES а b C d All other expenses 390,760 Total functional expenses. Add lines 1 through 24e 25 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 ▶ 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
	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.	14.		
	1	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			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		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 <b>,</b> 522
	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	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	A ALA		
iab		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	0
		Organizations that follow SFAS 117 (ASC 958), check here	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Ses		complete lines 27 through 29, and lines 33 and 34.		"	
<u>a</u> u	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
乓		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and ☐	164.1.		
<u>0</u>		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	40,429	30	3,522
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	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 <b>,</b> 522

	Ρ	aç	jε	, .	1:	2	
	 5			8	5	3	
3	9	0	,	7	6	0	
_				4			
 			-				

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. П
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
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. []</u>
1 2a	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b		Х
С	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:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight	NI / 7	20	and a second sec	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		2c		

Form 990 (2014)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

**b** 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  $\dots \dots N$ . A

За

3b

### **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

		f the organizati					1	entification number
				NG LEADERS ASS			EANS 33-1143	213
Pa The				ty Status (All organizations cause it is: (For lines 1 through				
1	Ä		•	association of churches desc		•	*	
2	Н			(1)(A)(ii). (Attach Schedule E		0011 170(0)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	П			ervice organization described		170(b)(1)(A	)(iii).	
4	П		· ·	ated in conjunction with a hos				nter the hospital's name,
	_	city, and state:						
5			n operated for the bene ). (Complete Part II.)	efit of a college or university o	wned or ope	erated by a g	governmental unit desc	ribed in <b>section</b>
6	П	A federal, state	, or local government o	or governmental unit describe	d in sectio	n 170(b)(1)(	A)(v).	
7			n that normally receives (1)(A)(vi). (Complete F	s a substantial part of its supp Part II.)	ort from a g	overnmental	unit or from the genera	al public described in
8	П	A community tr	ust described in section	on 170(b)(1)(A)(vi). (Complet	te Part II.)			
9	X			s: (1) more than 33 1/3% of its		m contributi	ons, membership fees,	and gross
				cempt functionssubject to c				
				e and unrelated business taxa le 30, 1975. See <b>section 509</b>			•	ses
40	П							
10 11	Н	_		ed exclusively to test for publiced exclusively for the benefit	•			20
''	Ш			ported organizations describe				
				d that describes the type of s		. , . ,		, , , ,
a	. [	Type I. A sup	oporting organization o	perated, supervised, or contr	olled by its s	supported or	ganization(s), typically	by giving the
			ganization(s) the powe	r to regularly appoint or elect ons A and B.	a majority o	f the directo	rs or trustees of the sup	porting organization.
Ł	, [	Type II. A su	pporting organization s	supervised or controlled in co	nnection wit	h its suppor	ted organization(s), by	having control or
	` L			Inization vested in the same p			•	_
		You must co	mplete Part IV, Section	ons A and C.				
C	[	1		supporting organization oper uctions). You must complet				ated with, its
c	ı[	Type III non	-functionally integrat	ed. A supporting organization	operated in	n connection	with its supported orga	anization(s) that is
	٠			inization generally must satisf	="		ent and an attentivenes	s requirement
	_	(see instruction—	ons). <b>You must compl</b>	lete Part IV, Sections A and	D and Part	V.		
€	: [		_	eceived a written determinationally integrated supporting org		IRS that it is	a Type I, Type II, Type	III functionally
f		Enter the numbe	er of supported organiz	ations				
ç	ı F	Provide the follo	wing information about	the supported organization(s	3).			
(		ame of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the d	rganization in your	(V) Amount of monetary	(vi) Amount of other support (see instructions)
	(	organization		above or IRC section	governing	document?	support (see instructions)	support (see instructions)
				(see instructions))	Yes	No		
アヘナィ			1	ı			1	

### 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.)

Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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						<del></del>
C	Add lines 7a and 7b						1,918,895
8	Public support (Subtract line 7c from line 6.) · · ·			3	·		
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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						
С	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	loss from the sale of capital assets	160,057	324,496	491,912	597,802	344,628	1,918,895
13 14	loss from the sale of capital assets (Explain in Part VI.)	anization's first, s	econd, third, four	th, or fifth tax ye	ar as a section s		
14	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org	anization's first, s	econd, third, four	th, or fifth tax ye	ar as a section s	501(c)(3)	
14	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here  tion C. Computation of Public Sup  Public support percentage for 2014 (line 8, co	anization's first, s  port Percental  lumn (f) divided b	econd, third, four	rth, or fifth tax yea	ar as a section s	501(c)(3)	<b>▶</b> 🏻
Sec 15	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here  tion C. Computation of Public Sup  Public support percentage for 2014 (line 8, co	anization's first, s  port Percenta  lumn (f) divided t  le A, Part III, line	econd, third, four age by line 13, column	rth, or fifth tax yea	ar as a section s	501(c)(3)	▶⊠
Sec 15 16 Sec	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here  tion C. Computation of Public Sup  Public support percentage for 2014 (line 8, co  Public support percentage from 2013 Schedu  tion D. Computation of Investment	anization's first, s  port Percenta lumn (f) divided to le A, Part III, line Income Percenta	econd, third, four age by line 13, columi 15	nth, or fifth tax year	ar as a section s	15 16	▶⊠ % %
Sec 15 16 Sec	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here  tion C. Computation of Public Sup  Public support percentage for 2014 (line 8, co  Public support percentage from 2013 Schedu  tion D. Computation of Investment  Investment income percentage for 2014 (line	anization's first, s  port Percenta lumn (f) divided to le A, Part III, line Income Percenta 10c, column (f) divided to	age by line 13, column 15 centage ivided by line 13,	n (f))	ar as a section s	15 16 17	▶⊠ % %
Sec 15 16 Sec 17	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here  tion C. Computation of Public Sup  Public support percentage for 2014 (line 8, co  Public support percentage from 2013 Schedu  tion D. Computation of Investment  Investment income percentage from 2014 (line Investment income percentage from 2013 Sci	port Percentalumn (f) divided be A, Part III, line Income Percentalum, (f) divided be A, Part III, line Income Percentalum, (f) divided be A, Part III,	econd, third, four age by line 13, column 15 centage ivided by line 13, line 17	n (f))	ar as a section s	15 16 17 18	▶ X  %  %  %  %
Sec 15 16 Sec	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here  tion C. Computation of Public Sup  Public support percentage for 2014 (line 8, co  Public support percentage from 2013 Schedu  Investment income percentage for 2014 (line Investment income percentage from 2013 Sci  33 1/3% support tests 2014. If the organiz	anization's first, s  port Percenta lumn (f) divided to the A, Part III, line Income Percenta 10c, column (f) divided to the the the the the the the the the the	econd, third, four age by line 13, column 15	th, or fifth tax yes	ar as a section s	15 16 17 18 3 1/3%, and line 1	▶ X  % % % %
Sec   5   6   Sec   7   8   9a	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here stion C. Computation of Public Sup Public support percentage for 2014 (line 8, co Public support percentage from 2013 Schedution D. Computation of Investment Investment income percentage from 2014 (line Investment income percentage from 2013 Sci 33 1/3% support tests 2014. If the organization more than 33 1/3%, check this box and services.	anization's first, s  port Percenta lumn (f) divided to le A, Part III, line Income Perc 10c, column (f) di hedule A, Part III, zation did not che top here. The org	econd, third, four age by line 13, column 15	column (f))  e 14, and line 15 es as a publicly s	is more than 33	15   16   17   18   3 1/3%, and line 10   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   17   18   18	% % % % %
Sec   5   6   Sec   7	loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here  tion C. Computation of Public Sup  Public support percentage for 2014 (line 8, co  Public support percentage from 2013 Schedu  Investment income percentage for 2014 (line Investment income percentage from 2013 Sci  33 1/3% support tests 2014. If the organiz	anization's first, s  port Percenta lumn (f) divided to le A, Part III, line Income Perc 10c, column (f) di hedule A, Part III, zation did not che top here. The orgation did not che	age by line 13, column 15 centage ivided by line 13, line 17 ck the box on line ganization qualific ck a box on line	column (f))  e 14, and line 15 es as a publicly s 14 or line 19a, ar	is more than 33 upported organ	15 16 17 18 3 1/3%, and line rethan 33 1/3%,	% % % % 17 is ▶ ☐

### SCHEDULE O

(Form 990 or 990-EZ)

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.

2014
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Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name of the organization

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS 33-1143213

THE INFORMATION IS MADE AVAILABLE TO THE PULIC 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  ${\sf V}$ 

## 2014 990 LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN

ATTACHMENT	2: FORM 990 PAGE 1, LINE TR	.H(C)		
		1-01-2014, and ending	12-31-2	014
Name of Organization	To cale loar year 2014, or tax period beginning	JI-01-2014, and ending	Employer Identification	tion Number
	AMERICAN YOUNG LEADERS ASSN	OF NEW ORLEANS	33-1143213	
	Name and Address of Affiliated Organization Inclu	ded 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 Num	ber
VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS 33-1143213	
990, Page 1, Line F	
Principal officer name	
Street Address	
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 PUBLIÇ	
INSPECTION For calendar year 2014, or tax period beginning 01-01-2014, and endir Name of Organization	ng 12-31-2014. Employer Identification Number
VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS	33-1143213
Part III - Statement of Program Service Accomplishments	53-1143213
Code: Expenses: 329,084 including Grants of:	Revenue:
Exempt Purpose Achievements	Nevenue.
THE PROGRAM PROVIDES OPPORTUNITY FOR VOLUNTEERS AND YOU LEASERSHIP SKILLS. TUTORING IS OFFERED FOR THE STUDEN	OUTH TO ENHANCE THEIR NTS. A VARIETY OF
OTHER PROGRAMS ARE OFFERED TO ENHANCE CULTURAL AWARNES	SS.
,	

## 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 33-1143213
Part VI - Line 20
Individual Name
Street Address
U.S. Address:
Zip code 70129 City NEW ORLEANS State LA or Foreign Address
City
Province or State
Country
Postal code
Phone Number
Fax Number

C0327D

# 2014 FORM 990 SCHEDULE OF DEPRECIATION AND DEPLETION ATTACHMENT 5: FORM 990 PAGE 10, PART IX, LINE 22

Name of Organization DEPRECIATION VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS OPEN TO PUBLIC INSPECTION Description of Property For Calendar year 2014, or tax year period beginning Date Acquired Total: Cost or Other Basis 01-01-2014 Prior Year Depreciation Method of Computation 33-1143213 Employer Identification Number and ending 12 - 31 - 2014Rate (%) or Life (Years) Depreciation
This Year

C0327D

Form 4562

Department of the Treasury

Internal Revenue Service (99)

### **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2014

Attachment Sequence No. 179

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Name(s) shown on return Business or activity to which this form relates Identifying number VIETNAMESE AMERICAN YOUNG LEADDO NOT CARRY 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. 2 3 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... 500000 5 6 (a) Description of property (b) Cost (busn, use only) (c) Elected cost 7 Listed property. Enter the amount from line 29..... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 ...... 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562..... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 500000 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ..... 12 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ....... 14 15 16 Other depreciation (including ACRS)..... 16 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2014 ...... 413 17 18 If you are electing to group any assets placed in service during the tax year into one or more Section B -- Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (e) (d) Recovery (g) Depreciation (a) Classification of property year placed in (business/investment use (f) Method Convention deduction service only -- see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental MM S/L 27.5 yrs. property MM S/L 27.5 yrs. Nonresidential real 39 yrs. MM S/L property MM S/L Section C -- Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs. c 40-year 40 vrs. S/L MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 413 22 23 For assets shown above and placed in service during the current year.

enter the portion of the basis attributable to section 263A costs ......

23

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-E0 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	
FOUNDATIONS GRANTS	
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	
TOTAL CARRIED TO 990 EO PG 10 LINE 5A	62,000
STATEMENT #5 - OTHER SALARIES AND WAGES (990 EO PG 10 LINE 7A)	
SALARIES	
TOTAL CARRIED TO 990 EO PG 10 LINE 7A	186,407
STATEMENT #6 - OTHER EMPLOYEE BENEFITS (990 EO PG 10 LINE 9A)	
HEALTH INS	
TOTAL CARRIED TO 990 EO PG 10 LINE 9A	3,884
STATEMENT #7 - PAYROLL TAXES (990 EO PG 10 LINE 10A)	
FICA	

### **2014 DETAIL STATEMENTS**

VIETNAMESE AMERICAN YOUNG LEAD 33-1143213

PAGE 2

TOTAL CARRIED TO 990 EO PG 10 LINE 10A	20,493
STATEMENT #8 - OFFICE EXPENSES (990 EO PG 10 LINE 13A)	
MAILING SERVICE	
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	
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	

C0317D

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			

PAGE 4

STATEMENT #18 - OTHER ASSETS BEG YR (EOEZ PG 2 L RENTAL DEPOSIT	INE 24A) BEGINNING	ENDING
TOTAL CARRIED TO EOEZ PG 2 LINE 24A	0	0
STATEMENT #19 - ASSETS INCLUDED (SCH D, PG 1 LIN	E 2B)	
RENTAL DEPOSIT		
TOTAL CARRIED TO SCH D, PG 1 LINE 2B		

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS 33-1143213

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

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS 33-1143213

1 ASSETS	UNASSIGNED COMPUTERS	DESCRIPTION
	08-08-1	DATE
TOTALS:	08-08-11 200ДВНҮ-5	METHOD - LIFE
3589	3589	COST
9	9	PRIOR 17/9
0	0	CURRENT 179
0	0	PR SPEC
0	0	
0	0	CURR SPEC ALLOW
3589	3589	BASIS
2094	2094	PRIOR
598	598	CURRENT
2692	2692	ACCUM DEPR
897/	897	ADJ BASIS