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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 51(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

| A F | or the 2 | 2011 calendar y | vear, or tax year beginningJANUARY 01 | , 2011, a | and endi | g DECE | MBER | 31 , 20 11 |
|----------|---------------------|------------------|--|-------------|------------|-----------------|--------------------|----------------------------|
| B C | neck it plicable | ľ | C Name of organization | | | | | identification number |
| \Box | Idress cl | hange | /IETNAMESE AMERICAN YOUNG LEADERS | S ASSN | OF N | EW | | 33-1143213 |
| N. | ine chan | | Number & street (or P O box, if mail is not delivered to | | | oom/ Euite E | Telephone | number |
| In | tial retur | rn | | | | | | |
| Те | ımınated | . ¥ | 4646 MICHOUD BLVD | | Þ | 2 | (| 504)253-6000 |
| A | nended r | eturn | City or town, state or country, and ZIP + 4 | | | F | Group Exer | mption |
| Ap | plication | , , | New Orleans LA 70129 . | | | | Number > | • |
| G A | countii | ng Method | Cash X Accrual Other (specify) ▶ | | | H Check | ▶ X If the | organization is not |
| ı V | /ebsit | te:▶ N/A | | | | require | ed to attach | n Schedule B |
| J T | ax-exe | mpt status (che | ck only one) X 501(c)(3) 501(c)() ◀ (insert no) | 4947(a)(1) |) or 527 | (Form | 990, 990-6 | EZ, or 990-PF) |
| K C | heck ▶ | if the organi | zation is not a section 509(a)(3) supporting organizatio | on or a se | ection 527 | organizatio | n and its g | ross receipts are normally |
| n | t more | e than \$50,000 | A Form 990-EZ or Form 990 return is not required tho | ough Forn | n 990-N | (e-postcard |) may be re | equired (see instructions) |
| В | ut if the | organization ch | nooses to file a return, be sure to file a complete return | ı | | | | |
| L A | dd lines | s 5b, 6c, and 7b | o, to line 9 to determine gross receipts. If gross receipt | ts are \$20 | 00,000 or | more, or if t | otal assets | (Part II, |
| h | ne 25, d | column (B) belo | w) are \$500,000 or more, file Form 990 instead of Form | m 990-E2 | Z | | > : | \$ 331,492 |
| Pa | rt I | Revenue, I | Expenses, and Changes in Net Assets o | r Fund | Baland | es (see th | e instructio | ns for Part I) |
| | | Check if the o | organization used Schedule O to respond to any ques | tion in thi | ıs Part I | | | <u> </u> |
| | 1 | Contributions, | gifts, grants, and similar amounts received | | | • | 1 | 324,496 |
| | 2 | Program servi | ce revenue including government fees and contracts | | | | 2 | |
| | 3 | Membership o | lues and assessments | | | | 3 | |
| | 4 | Investment ind | come | | | | 4 | |
| | 5a | Gross amount | from sale of assets other than inventory | 5. | a | | | |
| | b | Less cost or c | other basis and sales expenses | 5 | b | | | |
| R | c | Gain or (loss) | from sale of assets other than inventory (Subtract line | 5b from I | line 5a) | | 5c | ; , |
| E | 6 | Gaming and fu | undraising events | | | | | |
| REVEN | а | Gross income | from gaming (attach Schedule G if greater than | | | | | |
| N | | \$15 000) | , | 6 | a | | Į. | |
| Ē | b | Gross income | from fundraising events (not including \$ | | of co | ntributions | | |
| | | from fundraisi | ng events reported on line 1) (attach Schedule G if the | 9 | | | | |
| | | sum of such g | ross income and contributions exceeds \$15,000) | 6 | Sb | | | |
| | С | Less direct ex | penses from gaming and fundraising events | 6 | Sc | | | |
| | d | Net income or | (loss) from gaming and fundraising events (add lines | 6a and 6 | Sb and su | btract | | |
| | | line 6c) | | | | • | 6d | ı |
| | 7a | Gross sales of | inventory, less returns and allowances . | 7 | 'a | | | |
| | b | Less cost of g | goods sold | 7 | 'b | | | |
| | С | Gross profit or | (loss) from sales of inventory (Subtract line 7b from lii | | | | 7c | : |
| | 8 | Other revenue | (describe in Schedule O) | QL | CEN | /FD | 8 | 6,996 |
| | 9 | Total revenue | e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | √ 9 | 331,492 |
| | 10 | Grants and sir | rollar amounts paid (list in Schedule O) to or for members compensation, and employee benefits | 3 | 4 | 0010 | 10 11 12 | |
| E | 11 | Benefits paid t | o or for members | Y MA | Y 14 | 2014 | 2 11 | |
| X | 12 | Salaries, other | compensation, and employee benefits | Ų | _ | ! | 12 | |
| EXPERSES | 13 | Professional fe | ees and other payments to independent contractors | OG | DEN | | 13 | 22,616 |
| N S | 14 | Occupancy, re | ent, utilities, and maintenance | UU | | _ لا في و | 14 | |
| É | 15 | Printing, public | cations postage, and shipping | | | | 15 | 2,861 |
| J | 16 | Other expense | es (describe in Schedule O) | | | | 16 | 88,506 |
| | 17 | Total expense | es. Add lines 10 through 16 | | | | ▶ 17 | 293,975 |
| ^ | 18 | Excess or (def | icit) for the year (Subtract line 17 from line 9) | | | | 18 | 37,517 |
| NS | 19 | Net assets or f | fund balances at beginning of year (from line 27, colun | mn (A)) (n | nust agre | e with | | |
| NS EE | 1 | end-of-year fi | gure reported on prior year's return) | ٠ | | | 19 | 6,561 |
| ASSETS | 20 | Other changes | s in net assets or fund balances (explain in Schedule C | O) . | | | 20 | |
| _ | 21 | Net assets or f | und balances at end of year Combine lines 18 throug | gh 20 | | | ▶ 21 | 44,078 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

| 12 | art II | Balance Sheets. (s | ee the instruct | ions for Part II) | | | | _ |
|-------------|-------------|---|------------------|---------------------------------------|--|--|---------------|--|
| | | Check if the organization | used Schedu | le O to respond to any | question in this Part II | | | |
| | | | | | (A) Begi | nning of year | | (B) End of year |
| 22 | Cash | , savings, and investment | s | | " | 5,461 | 22 | 42,978 |
| 23 | Land | and buildings | | | | 0 | 23 | 0 |
| 24 | Other | r assets (describe in Sche | edule O) | | | 1,100 | 24 | 1,100 |
| 25 | Total | assets | | | | 6,561 | 25 | 44,078 |
| 26 | Total | I Ilabilities (describe in So | chedule O) | | | 0 | 26 | 0 |
| 27 | | ssets or fund balances | • | ımn (B) must agree with | h line 21) | 6,561 | 27 | 44,078 |
| | art III | | <u> </u> | | nts (see the instructions | | | Expenses |
| L: <u>:</u> | | Check if the organization | = | • | , | Γ | 1 | (Required for section |
| \A/h | at is the | organization's primary ex | | | | | ┪ | 501(c)(3) and 501(c)(4) |
| Des | scribe th | le organization's program led by expenses in a clear | service accom | plishments for each of | its three largest program | services, | 4 | organizations and section 4947(a)(1) trusts, optional |
| as r | neasure | ed by expenses. In a clear enefited, and other relevar | and concise r | manner, describe the se | ervices provided, the num | ber of | | for others) |
| | פט פיוטפ | rielited, and other relevar | it imorriation i | or each program title | | | | T |
| 28 | | | | | | | 1 | |
| | | | | | | | | |
| | | | | | | | | |
| | (Grants | 3\$ |) If this amo | unt includes foreign gra | ints, check here | > | 288 | 1 |
| 29 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (Grants | 3 \$ |) If this amo | unt includes foreign gra | ants, check here | <u> </u> | 298 | 1 |
| 30 | | | · | | 7778 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (Grants | 3\$ |) If this amo | unt includes foreign gra | ants, check here | . ▶ | 308 | a |
| 31 | Other p | program services (describ | e in Schedule | O) | | | | |
| | (Grants | \$\$ |) If this amo | ount includes foreign gra | ants, check here | ▶ □ | 318 | a |
| 32 | Total p | rogram service expense | es (add lines 2 | 8a through 31a) . | | > | 32 | . 0_ |
| Pa | art IV | List of Officers, Direct | ors, Trustees | , and Key Employees. | List each one even if not | compensated (s | ee the | e instr for Part IV) |
| | | | | | question in this Part IV | | | |
| | | | | (b) Title and Average | (c) Reportable compensation (Form W-2/1099 MISC) | (d) Health benefi | ts, | (e) Estimated amount of |
| | | (a) Name and address | | hours per week devoted to position | (Form W-2/1099 MISC) (if not paid, enter -0-) | Contributions employee benefit deferred compen | to plans & | other compensation |
| Se | e at | ttachment #2 | | | () () () () () () | derented compen | Sation | |
| | | e e a o i i i i i i i i i i i i i i i i i i | | | | | | |
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| Pa | other Information (Note the Schedule A and personal benefit contract statement requirements in the | | , | Г |
|----------|---|-----|-----------------|----------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | - |
| | change on Schedule O (see instructions) | 34 | ļ | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | <u> </u> | X |
| þ | If 'Yes," to line 35a has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | <u> </u> | Х |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | 177 |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 1 | | v |
| 270 | during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? | 37b | | X |
| ь 38а | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 3/6 | | <u> </u> |
| Joa | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | | | - | 1 1 |
| 39 | Section 501(c)(7) organizations Enter | - | | |
| a | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | 7 | | - |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | 1 | | Į |
| | section 4911 ▶ , section 4912 ▶ , section 4955 ▶ | | | F |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | 1 | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been | ļ | | |
| | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I, | 40b | <u> </u> | X |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | į | | ŀ |
| | organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | - | | |
| | reimbursed by the organization | | | |
| е | | 1 | | · ,, |
| | transaction? If 'Yes," complete Form 8886-T | 40e | <u> </u> | X |
| 41 | List the states with which a copy of this return is filed NONE | | | |
| 42a | The organization's books are in care of ▶ See attachment #3 Telephone no ▶ | | | |
| | Located at > ZIP + 4 > | | Yes | No |
| b | , | 42b | T es | X |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | 420 | | <u></u> |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | |
| | and Financial Accounts. | - | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | İ | X |
| • | If Yes," enter the name of the foreign country | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here | | | . ▶ [|
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ . | 44b | <u> </u> | X |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | 1 |
| | explanation in Schedule O . N/A | 44d | <u> </u> | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | <u> </u> | X |
| 45b | Did the organization receive ant payment from or engage in any transaction with a controlled entity within the | | | 1 |
| | meaning of section 512(b)(13)? If 'Yes," Form 990 and Schedule R may need to be completed instead of | - | | 1 |
| | Form 990-EZ (see instructions) | 45b | | X |

TWF 990

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number Name of the organization VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS 33-1143213 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) X 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) X (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) Is the (I) Name of supported (II) EIN (III) Type of organization (IV) Is the organization (V) Did you notify the (vii) Amount of organization in col (1) support organization in col. (1) listed in your organization in col (1) (described on lines 1-9 organized in the of your support? above or IRC section governing document? US_{3} (see instructions)) Yes Yes No Yes

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

Total

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)

| Sec | tion A. Public Support | | | | | | |
|---------|--|--------------------|---------------------|----------------------|---------------------|---------------------------------------|-----------------------|
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 201 | 1 (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | 186,645 | 138,428 | 160,057 | 324,496 | 809,626 |
| 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 | | 186,645 | 138,428 | 160,057 | 324,496 | 809,626 |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 809 626 |
| | tion B. Total Support | | | | | | ··· |
| Cal | lendar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 201 | 1 (f) Total |
| 9 | Amounts from line 6 | | 186,645 | 138,428 | 160.057 | 324,496 | 809.626 |
| 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 11 | Add lines 10a and 10b 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 IV) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | | 186,645 | 138,428 | 160,057 | 324,496 | 809 626 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | ganization's first | t, second, third, t | fourth, or fifth tax | k year as a section | on 501(c)(3) | ▶ □ |
| Sec | tion C. Computation of Public Sup | port Percer | ntage | | | | |
| 15 | Public support percentage for 2011 (line 8, co | olumn (f) divide | d by line 13, coli | umn (f)) | | 15 | 100.00 % |
| 16 | Public support percentage from 2010 Schedu | | | | | 16 | 100.00 % |
| Sec | tion D. Computation of Investment | Income Pe | rcentage | | | · · · · · · · · · · · · · · · · · · · | |
| 17 | Investment income percentage for 2011 (line | 10c, column (f) | divided by line | 13, column (f)) | | 17 | 0.00 % |
| 18 | Investment income percentage from 2010 Sc | | | | | 18 | <u> </u> |
| 19a | 33 1/3 % support tests 2011. If the organ | | | | | | |
| b | not more than 33 1/3 %, check this box and s 33 1/3 % support tests 2010. If the organ | = | | | | | . ► X 3 1/3 %, and |
| | line 18 is not more than 33 1/3 %, check this | box and stop h | ere. The organi | zation qualifies a | as a publicly sup | ported orgai | nization , ▶ |
| 20 | Private foundation. If the organization did no | ot check a box | on line 14, 19a, (| or 19b, check th | is box and see i | nstructions | ▶ |

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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS 33-1143213

REFUNDS \$6421 SPECIAL EVENTS \$375 OTHER \$200 EXPENSES TRAVEL MEETINGS AND CONFERENCE other assest - rental deposit Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2011

| | nent of the Treasury Revenue Service (99) | See separate i | Instructions | | ▶ ΔH | ach to vo | ur tax return. | , | | Attachment Sequence No 179 |
|------------|--|----------------------------------|---------------------------------------|------------|-------------|--------------------|---|-------------|---------------|-------------------------------|
| | s) shown on return | | | es or ac | | | is form relates | | | Identifying number |
| | TNAMESE AMERICA | N YOUNG | | | | | | | | 33-1143213 |
| Part | | | | | | | DINE 1- | | | 55-1145215 |
| L | Note: If you have any | | | | | | t I | | | |
| 1 Ma | aximum amount (see instruction | ons) | · · · · · · · · · · · · · · · · · · · | | | • | | | 1 | |
| | tal cost of section 179 proper | • | ce (see instruction | ons) | | • • • | • | | 2 | |
| | reshold cost of section 179 pr | | • | , | inetrii | ctions) | | | 3 | |
| | duction in limitation Subtract | | | | | 0110110) | | | 4 | <u> </u> |
| | llar limitation for tax year Sub | | | | | · · · · | od filina sonara | tely | <u> </u> | |
| | e instructions | 7.1.4 0 (1110) 110 11 | 1. 11 2010 01 | 1000, 011 | ito. O | mmame | a ming separa | исту, | 5 | 500,000 |
| 6 | (a) Description | of property | | (b) Co | st (hus | n use on | ly) (c) Fle | cted cos | | 300,000 |
| | (4) 00000 | . от разрожу | ···· | (2) 00 | 01 (545 | 455 511 | (6) 2.10 | olog coc | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| 7 Lis | ted property Enter the amou | nt from line 29 | | · | | . 7 | | | | |
| | tal elected cost of section 179 | | mounts in colum | nn (c). lu | nes 6 a | · — | <u> </u> | | 8 | |
| | ntative deduction Enter the s | | | (-), | | | • | | 9 | |
| | rryover of disallowed deduction | | | n 4562 | | • | | | 10 | |
| | siness income limitation. Ente | | | | s than | zero) or li | ine 5 (see insti | ructions) | <u></u> | 500,000 |
| | ction 179 expense deduction | | | | | | 0 (000 11101 | adilono, | 12 | 300,000 |
| | rryover of disallowed deduction | | | | | → 13 | | | _ <u>'-</u> _ | |
| | Do not use Part II or Part III b | | | | | | <u>' </u> | | | |
| Part | | | | | | tion (Do | not include lis | sted pro | nerty) | (See instructions) |
| <u> </u> | ecial depreciation allowance | | | | | | | sica proj | | (See mandenons) |
| | ring the tax year (see instructi | | orty (other than | noted pr | орону |) placed i | 11 301 1100 | | 14 | |
| | operty subject to section 168(| * | | | | | | | 15 | <u>,</u> |
| | ner depreciation (including AC | | | • • • • | • • | | • | | 16 | |
| Part | | | clude listed pror | orty) (9 | See inc | tructione ' | · · · · · · · · · · · · · · · · · · · | | 10 | |
| | , | tion (Bollot III) | old de listed prop | Section | | il dello 113 |) | | | · |
| 17 MA | CRS deductions for assets p | laced in service i | n tax vears begu | | | 011 | | | 17 | |
| | ou are electing to group any | | _ | _ | | | ore | | | |
| | neral asset accounts, check h | | corvide daming tr | io iax y | Jui IIII | 0110 01 11 | 1010 | ▶ □ | | |
| | | Assets Placed in | Service During | 2011 T | ax Ve | ar Usina t | he General D | eprecia | lon Sy | rstem |
| | | (b) Month and | (c) Basis for d | | 1 | | | T | | |
| (a) | Classification of property | yéar placed in service | (business/investri only see instri | nent use | | Recovery period | (e) Convention | (f) Me | inoa | (g) Depreciation deduction |
| 19a | 3-year property | | | | <u> </u> | | | | | |
| b | 5-year property | <u> </u> | 3,58 | 39 | ļ | 05 | HY | 200 | DB | 718 |
| С | 7-year property | <u> </u> | | | | | | <u> </u> | | |
| <u>d</u> 1 | G-year property | | | | | | | | | |
| e 1 | 5-year property | | | | | | | | | |
| <u>f</u> 2 | 0-year property | | | | | | | | | |
| g 2 | 5-year property | | | | 2 | 5 yrs | | S/ | L | |
| h F | Residential rental | | - | | 27 | 5 yrs | MM | S/ | | |
| F | roperty | | | | 27 | 5 yrs | MM | S/ | L | |
| 1 i | Ionresidential real | | | | 39 | 9 yrs | MM | S/ | L | |
| F | roperty | | | | | | MM | S/ | _ [| |
| | Section C As | sets Placed in S | Service During 2 | 2011 Ta | x Year | Using th | e Alternative | Depreci | ation S | System |
| 20a (| Class life | | | | | | | S/ | | |
| b 1 | 2-year | | | | 12 | 2 yrs | | S/ | | |
| | 0-year | | | | 40 |) yrs | ММ | S/ |] | |
| Part | IV Summary (See instr | uctions) | | | | | | | | |
| | ted property Enter amount fro | | | | | | | | 21 | |
| 22 To | tal Add amounts from line 12 | 2, lines 14 throug | h 17, lines 19 an | id 20 in | colum | n (g), and | line 21 Enter | here | | |
| | d on the appropriate lines of y | | • | | ons | see ınstru | ictions | | 22 | 718 |
| | assets shown above and pla er the portion of the basis attr | | = | year, | | 22 | | | | |
| CIII | or the portion of the basis attl | INGLANIE IO SECTIO | 711 EUSA CUSIS | | | 23 | | | | |

990 PRIMARY EXEMPT PURPOSE

| Attachment | 1: page | 1 - 990-E2 | Z Page 2, | Part II | Ι | |
|---------------------------|-------------------|--------------------|------------|-----------|--------------|---|
| Open to Public Inspection | For calendar year | 2011 or tax period | beginning | 01-01 | , and ending | 12-31-2011 |
| Name of Organization | AMERICAN | YOUNG LEA | ADERS ASSI | OF NEW | ORLEANS | Employer Identification Number 33-1143213 |
| | | | Primai | y Purpose | | |
| TO PROMOTE | CULTURAL | AWARENESS | G, DEVELOR | MENT AN | D ADVOATE | FOR YOUTH |
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990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| Attachment 2: page 1 - 99 | 0-EZ Page 2, | Part IV | | |
|--|---|--|--|--|
| Open to Public Inspection For calendar year 2011 or tax | norred heavening | 1 - 01 - 2011, and 6 | ending 12-31- | 2011 |
| | period beginning 0 | 1-01-2011, and t | | ification Number |
| VIETNAMESE AMERICAN YOUNG | LEADERS ASSN | OF NEW ORLE | | |
| (A) Name and Title | (B) Average hours per week devoted to postion | (C) Compensation (Form W-2/1099-MISC) (If not paid, enter -0-) | (D) Cont to employee ben plans & def comp | (E) Expense account & other compensation |
| (A) Name and Title Minh Thanh Nguyen 4646 MICHOUD BLVD STE D 2 New Orleans, LA 70129 DAVE DAT NGUYEN 4646 MICHOUD BLVD STE D 2 New Orleans, LA 70129 TUNG BEACH LY 4646 MICOUD BLVD STE D 2 New Orleans, LA 70129 HAMILTON SIMONS-JONES | (B) Average hours per week devoted to postion EXECUTIVE DIR 40.00 PRESIDENT | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | ANS 33-11432 (D) Cont to employee ben plans & def comp 0 | 13 (E) Expense account & other compensation 0 |
| | | | | |
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990 BOOKS ARE IN CARE OF

| Attachm | ent | 3 - 99 | 0-EZ | Page | 3, I | Part V, | Line | 42a | | | | |
|--------------------------------------|----------|-------------|-------|--------|-------|---------|--------------|------|--------------|---------------|---------------------------------------|---|
| Open to Pub Inspection | olic F | or calendar | | | | | 01-01 | | , and ending | 1 | 2-31-2011 | |
| Name of Orga VIETNAM | | | AN YO | DUNG 1 | LEADI | ERS ASS | N OF N | EW (| ORLEANS | | yer Identification Number 143213 | |
| Part V - Line | 42a | | | | | ı | | | | | | |
| Individual Nam or Business Nam | | | | | | | MIN | H T | HANH NGUY | YEN | | |
| | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Street Address | 3 | | | | | | . <u>464</u> | 6 M | ICHOUD BI | LVD S | TE D 2 | |
| US Address | | | | | | | | | | | | ~ |
| Zıp co or Foreign Addre | | 0129 | | City | New | Orlean | 5 | | Sta | ate <u>LA</u> | | |
| City | 55 | | | | | | | | | | | |
| Provin | ce or St | ate | | _ | | | | | | | | |
| Countr | ry | | | | | | | | | | | |
| Postal | code | | | | | | | | | | | |
| Phone | Numbe | ı | | | | | | | | | (504) 253-6000 | • |
| Fax Nu | umber | | | | | | | | | • • | | |

990 FIVE HIGHEST COMPENSATED EMPLOYEES

| | E HIGHEST COMPE | | PLOYEES | |
|--|---|-----------------------------------|---|---|
| Attachment 4: Form 990-EZ, P | age 4, Part VI, | Line 50 | | |
| Open to Public | | | | |
| Inspection For calendar year 2011 or tax perio | d beginning 01-01 | 2011, and end | | -2011 |
| Name of Organization | | | Employer Identification | ation Number |
| VIETNAMESE AMERICAN YOUNG LE | | | | |
| Part VI Five Highest Compensated Employees Other | er Than Officers, Directors, a | | y Employees | |
| (a) Name and Title of Each Employee Paid More Than \$100,000 | (b) Title and Average Hours Per Week Devoted to Position | Forms W-2/ | (d) Health benefits, Contributions to Empl Benefit Plans & Deferred Compensation | (e) Estimated amt of other compenstions |
| NONE, | | 0 | 0 | |
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2011 DETAIL STATEMENTS

VIETNAMESE AMERICAN YOUNG LEAD

33-1143213 Page 1

| STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15) |
|---|
| PRINTING |
| SUPPLIES BOOKS AND SUBSCRIPTIONS |
| FAXES 50 |
| POSTAGE |
| TOTAL CARRIED TO 990 EZ PG 1 Line 15 |
| STATEMENT #2 - Fundraising event (990-EO PG 9 Line 1c) |
| INDIVIDUAL AND BUSINESS |
| SPECIAL EVENTS |
| TOTAL CARRIED TO 990-EO PG 9 Line 1c |
| STATEMENT #3 - All other contributions etc. (990-EO PG 9 Line 1f) |
| ORGANIZATIONS GRANTS |
| TOTAL CARRIED TO 990-EO PG 9 Line 1f |
| STATEMENT #4 - Contributions, gifts, grants (EZ1 Line 1) |
| ORGANIZATION GRANT |
| TOTAL CARRIED TO EZ1 Line 1 |
| STATEMENT #5 - Salaries, Other Compensations (990-EZ PG 1 Line 12) |
| SALARIES |
| FICA EMPLOYER PORTION |
| STIPENDS |
| |
| TOTAL CARRIED TO 990-EZ PG 1 Line 12 |
| TOTAL CARRIED TO 990-EZ PG 1 Line 12 |
| STATEMENT #6 - Professional Fees (990-EZ PG 1 Line 13) PROFESSIONAL FEES |
| STATEMENT #6 - Professional Fees (990-EZ PG 1 Line 13) |

2011 DETAIL STATEMENTS

VIETNAMESE AMERICAN YOUNG LEAD 33-1143213

43213 Page 2

| STATEMENT #7 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14) | |
|---|--------|
| RENT | |
| TOTAL CARRIED TO 990-EZ PG 1 Line 14 | 19,960 |
| STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) | |
| supplies | |
| TOTAL CARRIED TO EOEZ Pg 1 Line 16 | 88,506 |
| STATEMENT #9 - Other assets beg yr (EOEZ PG 2 Line 24) | |
| rental deposit | |
| TOTAL CARRIED TO EOEZ PG 2 Line 24 | 1,100 |
| STATEMENT #10 - Other assets end yr (EOEZ PG 2 Line 24) | |
| rental deposit | |
| TOTAL CARRIED TO EOEZ PG 2 Line 24 | 1,100 |

2011 990 - ADDITIONAL DETAIL STATEMENTS

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW OR 33-1143213

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562 718

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