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Form 990

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

OMB No 1545-0047

2012

Department of the Treasury

Open to Public

		The organization may have to use a copy of this return to satisfy					mspection	
					ng DECE			
	ck if licable		LEA	DERS .			entification numbe	er
Add	ress c	hange Doing Business As			33-11	4321	13	
Nam	ne cha			loom/suite	E Telep	hone nu	mber	
Initio	al reto	4646 MICHOUD BLVD 13235 ChefMente	wi	.\$12 A WX	(504)	253	3-6000	
1err	nnate		7.	<i>" </i>	G Gross	:		
Ame	ended	return New Orleans LA 70129			receir		517,5	583
qqA	licatio	pending F Name and address of principal officer	H(a	a) Isthis	a group retur	n for affili	ates? Yes X	No
_		See attachment #1	H(t) Arealla	affiliates incl	uded?	Yes	No
I Tax	-exe	mpt status X 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527	1 `		"attach a list			J -
		:▶ WWW.VAYLA-NO.ORG	H		exemption nu			
			 -	ormation	2008			Ā
Par		Summary		or marron		1 0.0	to or regar dominant	
	1	Briefly describe the organization's mission or most significant activities						
- }	T'O	PROMOTE CULTURAL AWARENESS, DEVELOPMENT	ΔN	<u>ΛΩ Δ</u> Ω	VOCATE	FOR	YOUTHS	
A I	10	TRONOTE COLITICAL AWARENESS, DEVELOTALINI	AIN	ט אטי	VOLETC	101	1001115.	
GOVERN								
VŽ		Chat the bar N I I I I I			TO(= 5 star = 2			
įĘ	2	Check this box ► if the organization discontinued its operations or disposed of	i mo	re inan 25	5% OF ILS THE	1 1	į	1 1
	3	Number of voting members of the governing body (Part VI, line 1a)				3		1:
A N C E	4	Number of independent voting members of the governing body (Part VI, line 1b)		•		4		1 2
္ င္မ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)				5		_13
& _	6	Total number of volunteers (estimate if necessary)		•		6		
ļ	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a		
	b	Net unrelated business taxable income from Form 990-T, line 34				7b		0
_				J1	Prior Year		Current Year	
R E	8	Contributions and grants (Part VIII, line 1h)			324	,871	512,9	965
<u> </u>	9	Program service revenue (Part VIII, line 2g)						
14	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
-F	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6	,421	4,6	618
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12))		331	,292	517,5	593
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
E	15	Salaries, other compensation, employee benefits (Part IX column (A), lines 5-10)			129	,087	281,0	058
P		Professional fundraising fees (Part IX, column (A), line 11e)			,			
EXPEZSES		Total fundraising expenses (Pant X, Column (D), line 25)					***************************************	
Ş	17			·	164	,888	201,	380
S		Other expenses Rattly John 12 17 (must ad Part IV column (A) line 35)		-		,975	482,4	
	18	Total expenses Add lines 13-17 (must edual Part IX, column (A), line 25) Revenue less expenses Supplied line 18 (con line 12				,317	35,	
<u>. </u>	19	Hevenue less expenses Supuradi vine 18 rum vine 12					End of Year	
育合 別		Total and Ibla V les 10 miles		Beginn	ning of Curre	, 978	36,2	293
201 PO P P 200 P P 200 P P P P P P P P P P P P	20	Total assets Pan X line 16			42	, , , 0	30,2	
₹ 'n Ĕ	21	Total liabilities (Paft & mb bb)			4 ^	,978	36,2	203
S O S	22	Net assets of fund balances. Subtract line 21 from line 20			4.2	, 5, 0	30, 2	255
Part		Signature Block						
Under n	enalti	es of perjury, I declare that I have examined this return, including accompanying schediiles and st omplete Declaration of preparer (other than officer) is based on all information of which preparei	tatem r hac	ents, and to	o the best of	my knowl	ledge and belief, it is tr	ue,
	, and c	Jampiere Decidation of preparer totale than officery is dased on an information of which proparer			- 			
		Muni (regge					5/9/20	<u> 3₹3</u>
Sign		Signature of officer					Date '	
Here	!	MINH THANH NGUYEN EXEC	CUT	IVE !	DIREC	'OR		
		Type or print name and title				, ,		
		Print/Type preparer's name Preparer's signature Da	ate		Check	i 📗 if	PTIN	
Paid		Bernice Harrell					P01219690	<u>) </u>
Prep		Firm's name ► HRB TAX GROUP INC					1871840	
Use					Phone no			
		NEW ORLEANS LA 70127			50424	1443	1	
March		6 discuss this return with the preparer shown above? (see instructions)		k	00147	<u> </u>		No
							Form 990 (20	
-or-Pa	aper	vork Reduction Act Notice, see the separate instructions					1 31111 330 (20	0.61

2,3268770 MAY 222014

For Paperwork Reduction Act Notice, see the separate instructions

			res	NO
ͺ1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	or and the state of the state o			
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3_	 	X
4				١.,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	 	X
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	_		
6	or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III N/A Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the	5	 	
٠	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I.	6		
7		-	 	<u>X</u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 '-		
	complete Schedule D, Part III	8		Х
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, VII, 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		X
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 167 If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	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		<u>X</u>
a	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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		_X_
•	the organization's separate of consolidated imancial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
•	Schedule D, Parts XI and XII .	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
þ	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			
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV .	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		İ	
. –	to individuals located outside the United States? 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		ļ	, ,
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	_		Ų.
19	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X.</u>
	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	,,		V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>X</u> X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20a		Λ
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Form 990 (2012) VIETNAMESE AMERICAN YOUNG 33-1143213
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and IIII	22	ļ	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	 		١,,
ь	Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N / A	24b	· · · · ·	
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		-	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			,,
_	Part IV	28b		<u>X</u>
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	20-		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-00		
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			:
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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
	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			İ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
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			l
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
30	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	30	v	
11/4	12 9904 THE COS Comment From (Settlem 2014) 2000 THE	_ 38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			\bigcap
			Yes	No
1a`	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If 'Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O $N \not A$	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		ļ
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?	<u>6a</u>		X
р	If 'Yes," did the organization include with every solicitation an express statement that such contributions or			Ì
	gifts were not tax deductible? N/A	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			l
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	ļ	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided? \mathbb{N}/\mathbb{A}	7b		ļ
С	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 .			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			ŀ
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			,,
	business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
b	Section 501(c)(12) organizations. Enter			1
11				
a			[
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	1
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 	X
а	Note. See the instructions for additional information the organization must report on Schedule O	134	 -	1-
L				
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			
_	· · · · · · · · · · · · · · · · · · ·			
C 140	<u> </u>	14a	 	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14a		12
O	in rest mas it med at orm 720 to report mese payments. If the provide all explanation in scriedule C	170	1	_L

ection C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

□ 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 policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #3

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

Check if Schedule O contains a response to any question 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

		r any rel	ated o	rganız	ations	compen	sated	any current officer, director, or trustee					
(A) Name and Title	(B) Average hours per week		(do not box, un officer a	Posi check less pe ind a di	tion more the rson is rector/	ian one both an trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	(list any hours for related organiza- tions below)	D-RECTOR	- RUSH EE	O++-0##	KEY LOYEE	₩ ∑₽ JOY ШШ CO ∑₽ W Z W Q F W D I - G I W W F W D	FORMER	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
DAVE DAT NGUYEN	40.00				Х	X		58,365					
TUNG BEACH LY	2.00			Х									
SECRETARY HAMILTON SIMONS-JO	2.00			Х									
TREASURER	2.00			X									

AVL

Part		, Directors	s, irusto	ees, K	ey En	ploye	es, and	High	est Compensated E	mployees (contir	iued)		
	(A)	(B)	}		Pos	ition			(D)	(E)		(F)	
	Name and title	Average		(do not	check	more th	ian one both an		Reportable	Reportable	Est	imated	t
		hours per week		officer	and a d	hrector	(trustee)		compensation	compensation		ount o	of
		(list any	NRI	N R	O F	KE	H C E	F O	from the	from related organizations	i	other	
		hours for	N R I D U R I S E V T C	Ţš		YPL	HPL	R M	organization	(W-2/1099-MISC		oensat om the	
		related organiza-	DEO	T E	C	N V	E E O S N Y T S E	E R	(W-2/1099-MISC)	(W 271000 MILE	- /	anizatio	
		tions	U R	L	R	E	TSE		,			l relate	
		below)	ĹŘ	OX 4L	ĺ		Ë				orga	nızatıo	ns
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1b	Sub-total	l	İ	l	l	l		•	58365				
С	Total from continuation sh	eets to Pa	ırt VII, S	ection	n A			•					
<u>d</u>	Total (add lines 1b and 1c)								58365				
2	Total number of individuals (including l	out not li	mited	to tho	se liste	d above) who	received more than	\$100,000 of report	able comp	ensati	on
	from the organization								-			V-2	Ala.
3	Did the organization list any	former of	icer, dire	ector.	or trus	tee. ke	ev emplo	vee. o	r highest compensat	ed employee	Γ	Yes	No
•	on line 1a? If "Yes," complete						, - , -	, , -			3		Х
4	For any individual listed on li						ensation	and o	other compensation f	rom the			
	organization and related org	anizations	greater t	han \$	150,00)07 If "	Yes," co	mplete	e Schedule J for suc	n individual	4		X
5	Did any person listed on line								_	individual for			ł
	services rendered to the org		If "Yes,"	comp	lete S	chedu	le J for s	uch p	erson .		5	L	X
	n B. Independent Contracto Complete this table for your				d .ndo				that reasons of more th	C100 000 of			
1	compensation from the orga	•	•								's tay vear		
	compendation nom the orga	(A)	opon oo	mpen	oudon	101 1110	Juicha	J	(B)	Title Organization		 C)	
	Name and	i business	address						Description of se	ervices	Compe		n į
													
								<u> </u>					
2	Total number of independen	il contracto	ors (inclu	dina t	יחם זוונ	limite	d to toos	منعرا ع	d above) who receiv	ed more than			
	\$100,000 of compensation for												

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Related or exempt function Unrelated Revenue excluded from tax under sections 512, 513, or 514 Total revenue business revenue G I HE R 1a Federated campaigns 1a b Membership dues 1b 21,053 c Fundraising events 1c T R L B U T L C d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, & 491,912 similar amounts not included above 1f O A A N D T g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 512,965 **Business Code** R 2a o s GE RRR AVE All other program service revenue Total. Add lines 2a-2f Þ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 0 c Gain or (loss) T d Net gain or (loss) Н 8a Gross income from fundraising • Ε R events (not including \$ of contributions reported on line 1c) R See Part IV, line 18 Ε b Less direct expenses ٧ Е c Net income or (loss) from fundraising events > N 9a Gross income from garning activities See U Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 4,618 11a REFUNDS d All other revenue 4,618 e Total. Add lines 11a-11d 517,583 Total revenue. See instructions

.IVA

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all

Secuor	Check if Schedule O contains a response to any question		izations must comp	lete column (A)	
Do not	Check if Schedule O contains a response to any question	·	/D)	(0)	(D)
•	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in			 	
-	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	58,36	5		
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	200,88	4		
8	Pension plan accruals and contributions (include section				
•	401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,16	1	 	
10	Payroll taxes	14,64	8		
11	Fees for services (non-employees)				
а	Management				
b	Legal	10	0		······································
С	Accounting .				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	1			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	149,96	2		
12	Advertising and promotion				
13	Office expenses	10,3	2		
14	Information technology				
15	Royalties				
16	Occupancy	19,56			
17	Travel .	9,47	4		
18	Payments of travel or entertainment expenses			}	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,90	3		
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,14			
23	Insurance	1,8	4		
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)				
а				ļ	
b				ļ	
C				<u> </u>	···
d				 	······
e	All other expenses	482,43	8		
25	Total functional expenses. Add lines 1 through 24e	402,4.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		
	Check here if following SOP 98-2 (ASC 958-720)	L	L		· · · · · · · · · · · · · · · · · · ·

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 36,293 Cash -- non-interest-bearing 42,978 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 A S S E organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 T Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 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 42,978 36,293 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 L 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Α В 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, L trustees, key employees, highest compensated employees, and ١ T disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Ε 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 0 0 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ► 🔀 and complete lines 27 through 29, and lines 33 and 34. Ν 42,978 27 36,293 Unrestricted net assets UND E 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 SSET В Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | and ALAN complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 s 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 O Ε 32 Retained earnings, endowment, accumulated income, or other funds 32 42,978 36,293 33 Total net assets or fund balances 33 42,978 36,293 34 34 Total liabilities and net assets/fund balances

Form	990 (2012)			Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		517	,583
2 .	Total expenses (must equal Part IX, column (A), line 25)	2		482	, 438
3	Revenue less expenses Subtract line 2 from line 1	3		35,	,145
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		42	, 978
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		36	, 293
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	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		İ		}
	Separate basis Consolidated basis Both consolidated and separate basis				İ
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N/A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		3a		X
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	N/A	3b	L	
AVL	12 99012 TWF 990 Copyright Forms (Software Only) - 2012 TW		Form	990	(2012)

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

2012

Open to Public . Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection

Employer identification number

VII	ETI	NAMESE A	MERICAN YOU	NG LEADERS	ASSN (OF NE	W ORL	EANS 3	3-114	3213			
Pa				ty Status (All organi					uctions				
The o	orga			cause it is (For lines 1 t									
1	Ш			association of churches		d in section	on 170(b)(1)(A)(i).					
2	Ц			(1)(A)(ii). (Attach Sche									
3	Ш	•	· ·	ervice organization desc									
4		A medical resea	rch organization opera	ated in conjunction with	n a hospital	described	in section	on 170(b)(1)(A)(iii).	Enter the h	nospital	's name,	
		city, and state							-1 4 -1		41		
5			operated for the bene (Complete Part II)	efit of a college or unive	rsity owner	d or opera	ted by a go	overnment	ai unit des	scribed in	section	on	
6		A federal state,	or local government of	or governmental unit de	scribed in	section 1	170(b)(1)(<i>A</i>	۸)(۷).					
7			that normally receives 1)(A)(vi). (Complete P	s a substantial part of its Part II)	s support f	rom a gove	ernmental	unit or fror	n the gene	eral public	describ	ed in	
8	П	A community tru	ust described in section	on 170(b)(1)(A)(vi). (Co	omplete Pa	urt II)							
9		receipts from ac support from gr	ctivities related to its ex oss investment income	s (1) more than 33 1/39 kempt functionssubje e and unrelated busine ne 30, 1975 See section	ct to certai ss taxable	n exceptio income (le	ns, and (2 ss section) no more 511 tax) fr	than 33 1/	3% of its	SS		
10	\Box	An organization	organized and operat	ted exclusively to test fo	or public sa	afety See	section 5	09(a)(4).					
11		An organization purposes of one	organized and operate or more publicly sup	ted exclusively for the be ported organizations do es the type of supportin	enefit of, to	perform section 50	the functio 09(a)(1) or	ns of, or to section 50	9(a)(2) Se	ee secti o	on		
е			han foundation manag	c ∐ Type III organization is not con gers and other than one	trolled dire	ctly or ind	rectly by o	ne or more		ied	•	ntegrate	į.
f		If the organization organization ch		determination from the	IRS that it	s a Type I	, Type II, o	r Type III s	supporting				
g		Since August 17 following person		uzation accepted any g	ift or contri	bution from	n any of th	e			_		
		(ı) A person w	ho directly or indirectly	y controls, either alone	or together	with pers	ons descri	bed in (ii)				Yes N	lo
				dy of the supported org							l 1g(i)		<u> </u>
		(ii) A family me	ember of a person des	cnbed in (i) above?						 	1g(ii)		<u> </u>
		(iii) A 35% cont	trolled entity of a perso	on described in (i) or (ii)) above?			•		1	1g(iii)		<u> </u>
<u>h</u>		Provide the folio	owing information abo	ut the supported organ	ization(s)						т		
1 (i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9					(vi) i organizatio	in in col (i)	1 ' '	Amount o	
				above or IRC section	governing	document?	of your :	support?		ed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No	┧		
				 	162	INO	163	140	163	140			
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Tot	al			1		† .		ļ ,	1	[' .	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

Sec	tion A. Public Support	act the tests liste	a below, piease	complete i ultil	<i>L</i>	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	186,645	138,428	160,057	324,496	491,91	2 1,301,538
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	491,91	2 1,301,538
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						1 201 520
8	Public support (Subtract line 7c from line 6)	!				,	1,301,538
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012 491,91	(f) Total 2 1,301,538
9	Amounts from line 6	186,645	138,428	160,057	324,496	491,91	2 1,301,338
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 IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	186,645	138,428	160,057	324,496	491,91	2 1,301,538
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first,	second, third, fo	urth, or fifth tax y	ear as a section	501(c)(3)	🕨 🛭
Sec	tion C. Computation of Public Sup	port Percen	tage				
15	Public support percentage for 2012 (line 8, co			ກດ (f))		15	%%
16	Public support percentage from 2011 Schedu					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2012 (line			3, column (f))		17	%
18	Investment income percentage from 2011 Sc					18	%
19a	33 1/3% support tests 2012. If the organi	zation did not ch	eck the box on I	ine 14, and line 1	15 is more than 3	33 1/3%, and I	
	not more than 33 1/3%, check this box and	stop here. The o	organization qual	ifies as a publicly	supported orga	nization	▶ [
b	33 1/3% support tests 2011. If the organi						
20	Private foundation. If the organization did no						▶

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 2012

> 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

ALL VOTING MEMBERS OF THE GOVERNING BODY HAVE EQUAL VOTING RIGHTS

990 PRINCIPAL OFFICER NAME AND ADDRESS

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment	2: Form	990 Pag	ge 2, Pai	ct llI				•
Open to Public			4					
Inspection	For calendar year	ar 2012, or tax	period beginning	, 0	1-01-	20	12, and ending	12-31-201 1
Name of Organizatio	n							Employer Identification Number
VIETNAMESE	AMERICA	N YOUNG	LEADERS	ASSN	OF NE	W	ORLEANS '	33-1143213
Part III - Statemen								
Code	Expe	nses		includin	g Grants o	f		Revenue
1			Exe	mpt Purpos	se Achievei	ment	ts	
TO PROMOTE	CULTURA	L AWAREI	VESS, DEV	JELOPM	IENT' A	ND	ADVO M TE	FOR YOUTHS.

990 BOOKS ARE IN CARE OF

Attachment	3: Form 990 Page 6, Part VI,	Sect	or C, Line	20
Open to Public				
Inspection	For calendar year 2012 or tax period beginning	01-01	, and ending	12-31-201 3
Name of Organizatio	n			Employer Identification Number
<u>VIETNAMESE</u>	AMERICAN YOUNG LEADERS ASSN	OF NEV	ORLEANS .	33-1143213
Part VI - Line 20				
-		N4 1 N111	mulanii neliv	(17.6)
Individual Name		FIVE P	THANH NGUY	LIN
or Business Name				
Dusiness Mame				
				*
Street Address		4646	MICHOUD BL	VD STE D 2
	for for			
US Address				
Zip code	70129 Cmy New Orleans		Sta	te <u>LA</u>
or Foreign Address				
Cey	·			
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	r sent			
Goal -				
Ford code				
Phone Numb	er			(504) 253-6000
Fax Number				

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	Q	Rate (%) Depreciation or Life (Years) This Year	20.000
and ending 12-51-001	Employer Identification Number	thod of Computation	, if
sarperiod boginding O1 = 01 = 010	O.N.C.		
year period beginning	NEO NEW ORTHON		
For Calendar year 2012, or tax ye	LEADERS ASSN		2011-08
Accacilment 4: Form 330 Fage 10, Fare From Open to Public For Calendaryear 2012, or tax ye	AMERICAN YO	Description of Property	COMPUTERS

1) E()1

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172 2012

Department of the Treasury

Attachment

inte	rnal Revenue Service (99)	<u>See separate i</u>	nstructions.		Attach	to you	<u>ır tax return.</u>			Sequence No 1/9	
	me(s) shown on return ETNAMESE AMERICA	N YOUNG				ch this	form relates			Identifying number 33-1143213	_
	Election To Expe	nse Certain	Property Und	der Sed	ction 17			•		00-11-19-19	
			implete Falt v De	lole you	Complete	raiti				T	_
	Maximum amount (see instruction		•						1		
	Total cost of section 179 propert								2		_
	Threshold cost of section 179 pr				structions)			3		_
	Reduction in limitation Subtract		•						4		
5	Dollar limitation for tax year Sub	tract line 4 from li	ine 1 If zero or le	ess, enter	r -0- If ma	arned 1	filing separate	ely,			
	see instructions						,		5	500,00)(
_6	(a) Description	of property		(b) Cost	(busn us	e only	(c) Elec	cted cost			-
											
		te									
7	Listed property Enter the amoun	nt from line 29				7					,
8	Total elected cost of section 179	property Add an	nounts in column	(c), lines	s 6 and 7		•		8		
9	Tentative deduction Enter the s	maller of line 5 o	r line 8 .						9		_
10	Carryover of disallowed deduction	on from line 13 of	your 2011 Form	4562					10		_
11	Business income limitation Enter	r the smaller of bu	usiness income (i	not less t	han zero)	or line	5 (see instru	ctions)	11	500,00)(
	Section 179 expense deduction							•	12		_
	Carryover of disallowed deduction					13	T		L	· · · · · · · · · · · · · · · · · · ·	_
	e: Do not use Part II or Part III be										
	rt II Special Deprecia					(Do n	ot include list	ed prop	erty) ((See instructions.)	_
	Special depreciation allowance f							.со р.ор	J. 1, 7		-
•	during the tax year (see instruction		erty (Other than is	sied hiot	Jerty) piac	BU III S	sei vice		14		
15	Property subject to section 168(f	•							15		_
	• 1	· · ·							<u> </u>		
	Other depreciation (including AC		luda hatad ayaya			\			16		_
156	ITIEITII WACKS Deprecia	ILLOTT (DO NOT INC				ons)					
	141000 4 4 4			Section					1 43	1 1 1	<u> </u>
	MACRS deductions for assets pl								17	1,1	<u> </u>
18	If you are electing to group any a		service during the	tax year	r into one o	or mor	е	_			
	general asset accounts, check he						·	•	·	·	
	Section B A	Assets Placed in			x Year Us	ing th	e General D	epreciat	ion S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for di (business/investmonly see instru	entuse	(d) Recov		(e) Convention	(f) Met	hod	(g) Depreciation deduction	
19 a	3-year property	44 7 1 VA									
b	5-year property	}				I					_
С	7-year property										
d											
е											
f											
g					25 yrs			S/I			_
 h					27 5 yr	,	MM	S/I			_
	property				27 5 yr		MM	S/l			_
	Nonresidential real				39 yrs		MM	S/I		 	_
•	property			 	00 110		MM	S/I			
		sets Placed in S	Porvice During 2	012 Tay	Vone Heu	an the		·		System	
20 a		sets Flaced III S	service burning 2	.012 Tax	rear Usii	ig tile	Alternative			Jystem	-
								S/I			-
b					12 yrs			S/I			_
	40-year	<u> </u>			40 yrs		MM	S/I		<u> </u>	_
	rt IV Summary (See instr										_
	Listed property Enter amount fro						_ .		21		
22	Total. Add amounts from line 12	_						ere			
	and on the appropriate lines of y				ıs <u>see ıı</u>	nstruct	ions		22	1,14	3 :
23	For assets shown above and pla	ced in service du	inng the current y	ear,						"大學的學	

STATEMENT #1 - 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 #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 - Government grants (990-EO PG 9 Line le)
TOTAL CARRIED TO 990-EO PG 9 Line 1e
STATEMENT #4 - All other contributions etc. (990-E0 PG 9 Line 1f) ORGANIZATIONS GRANTS
TOTAL CARRIED TO 990-EO PG 9 Line 1f
STATEMENT #5 - Compensation of officers, etc (990 EO PG 10 Line 5) EXECUTIVE DIRECTOR
TOTAL CARRIED TO 990 EO PG 10 Line 5
STATEMENT #6 - Other salaries and wages (990 EO PG 10 Line 7) SALARIES
TOTAL CARRIED TO 990 EO PG 10 Line 7
STATEMENT #7 - Employee benefits (990 EO PG 10 Line 9) HEALTH INS

TOTAL CARRIED TO 990 EO PG 10 Line 9		
STATEMENT #8 - Payroll taxes (990 EO PG 10 Line 10) FICA		
TOTAL CARRIED TO 990 EO PG 10 Line 10	•	
STATEMENT #9 - Office expenses (990 EO PG 10 Line 13)		
PRINTING, SUPPLIES, ETC	5,462 74 2,026 2,770	
TOTAL CARRIED TO 990 EO PG 10 Line 13		10,332
STATEMENT #10 - Occupancy (990 EO PG 10 Line 16) RENT UTILITIES TOTAL CARRIED TO 990 EO PG 10 Line 16		
STATEMENT #11 - Travel (990 EO PG 10 Line 17)		
TRAVEL	9,474	
TOTAL CARRIED TO 990 EO PG 10 Line 17		9,474
STATEMENT #12 - Insurance (990 EO PG 10 Line 23) BUILDING LIABILITY	1,894	1,894
STATEMENT #13 - Other (990 EO PG 10 Line 11g)		
STIPENDS. CONTRACTUAL SERVICES. SUPPLIES. REIMBURSEMENT. TRANSPORTATION. EVENTS. STAFF AND YOUTH DEVELOPMENT.	68,971 27,055 29,435 58 4,774 6,253 3,566	

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BANKING EXPENSES
TOTAL CARRIED TO 990 EO PG 10 Line 11g 149,962
STATEMENT #14 - Contributions, gifts, grants (EZ1 Line 1)
ORGANIZATION GRANT INDIVIDUALS AND BUSINESS CONTRIBUTIONS
TOTAL CARRIED TO EZ1 Line 1
STATEMENT #15 - 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 #16 - Professional Fees (990-EZ PG 1 Line 13)
PROFESSIONAL FEES CONTRACTUAL FEES
TOTAL CARRIED TO 990-EZ PG 1 Line 13
STATEMENT #17 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)
RENT UTILITIES building liability
TOTAL CARRIED TO 990-EZ PG 1 Line 14
STATEMENT #18 - 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

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STATEMENT #19 - Other assets beg yr (EOEZ PG 2 Line 24)
rental deposit
TOTAL CARRIED TO EOEZ PG 2 Line 24
STATEMENT #20 - Other assets end yr (EOEZ PG 2 Line 24)
rental deposit
TOTAL CARRIED TO EOEZ PG 2 Line 24
STATEMENT #21 - Assets included (SCH D, PG l Line 2b)
RENTAL DEPOSIT
TOTAL CARRIED TO SCH D, PG 1 Line 2b

2012 Federal Depreciation Schedule

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS

	Accum Adj		1866 1723		1866 1723	
	Current		1148		1148	
	Prior Depr		718		7±8	
	Ваѕъѕ		3589		3589	0
	Curr Spec Allow		0		0	c
	Pr Spec		0		0	C
	Current 179		0		0	C
	Prior 179		0		0	C
- 0	Lost		3589	2500	0 0 0	3589
1 (M	Method - Life		08-08-11 200DBHY-5	Totale	0.00	Grand Totals.
0 1	מיה		80-80			Ö
Description		UNASSIGNED	computers	ASSets		1 Assets

	Schedule
	Depreciation :
	AMT D
	Federal
1	2012

VIETNAMESE AMERICAN YOUNG LEADERS ASSN OF NEW ORLEANS
33-1143213

Current Pr Spec Curr Spec Basis Prior Current Accum 179 Allow Ailow Depr Depr Depr	0 0 0 3589 538 915 1453	0 0 0 3589 538 915 1453	D	
Prior Curre 179 179	. 0	0 6		
Date Method Cost - Life	08-08-11 203DBHY-5 3589	Totals 3589		COUC TENANTE TENANT
Description	UNASSIGNED	l Assets		1 20000