

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 awww.irs.gov/form990.

OMB No 1545-0047

Sitting of rego.

Α	For the	2013 calen	dar year, or tax y	ear begir	ning		, 201	3, and endir	ng		,			
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Ļ		mpt status	X 501(c)(3)	501(c) (		◀ (insert no.)	4947(a)(1) c	or 527			_			
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K		organization	Corporation	Trust X	Associati	ion Other		Year of format	ion	M s	State of le	gal domicile	_IL	
Pa	irt l	Summar	y	<del>-</del>						<del></del>				
	1 Br	nefly describ	oe the organizati	on's miss	ion or m	iost significan	it activities: <u>F</u>	RELIGIOU	<u>'S_ORDE</u>	R OF B	<u>UDDH</u>	<u> IST.                                    </u>	~	
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Activities &	1		d business rever			-	line 12	<del></del>			7 a	_	48,4	
_			business taxable								7 b		48,4	
								70	Р	rior Year			nt Year	
	8 Cc	ontributions	and grants (Part	VIII, line	1h)	[2]	ەقىدىلە ساس	RS-OSC		198,2	207.		200,1	<del>17.</del>
Revenue	1		ce revenue (Par			MAY	1 5 2014	131						
ķ	10 Inv	vestment in	come (Part VIII,	column (A	A), lines	β, 4, and 7d)								
æ	11 Ot	her revenue	(Part VIII, colur	nn (A), Iır	nes 5, 6d	, 8c, 9p, 100	and lile) IT	1		-49,2	35.	-	48,4	88.
	<b>12</b> To	ital revenue	- add lines 8 th	rough 11	(must e	ual Par Vill	,,, (A), +	<del>ine 12</del> )		148,9	72.	1	51,6	29.
			milar amounts pa							14,8	10.		55,2	35.
	14 Be	enefits paid	to or for member	rs (Part I)	K, colum	n (A), line 4)				1,6	00.	-		
	<b>15</b> Sa	alaries, othe	r compensation,	employee	e benefit	s (Part IX, co	olumn (A), line:	s 5-10)		<u>-</u>				
ses			undraising fees (											
Expenses			_							- 1 Oct	9488C N		<b>建物性</b>	And I
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			es (Part IX, colur						ļ	101,9			01,6	
			s Add lines 13-1	•			(A), line 25)			118,3			56,9	
8	<b>19</b> Re	venue less	expenses Subtr	act line 1	g from II	ne 12				30,6			-5,2	<u>93.</u>
3 S	00 T	A-1h- //	Dank V . Lore 165							g of Curren			f Year	
Bal		•	Part X, line 16) (Part X, line 26)							<u>,630,2</u>			69,3	
Net Assets of Fund Balance			•						ļ	<u>,017,5</u>			61,9	
			fund balances S	ubtract lir	ne 21 fro	om line 20				612,7	<u>33. </u>	6	07,4	<u>40.</u>
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Under	r penalties of	f perjury, I decla	re that I have examined er (other than officer) i	this return, in	cluding acc	ompanying schedu	les and statements,	and to the best o	f my knowled	ge and belief,	it is true, o	correct, and		
			<u> </u>	1 11	-						- 7	75		
		Signature	of officer	MH	anh	<u>/</u>			Da.	<u>5-05</u>		4		
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<u> </u>			s return with the									X Yes		No_
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	CONGREGATION OF QUA		36-3	386 <u>05</u> 33	3 F	Page 2
	ement of Program Service	•	-			_
		nse or note to any line in this Part III	<u>.</u> .			
	ribe the organization's mission					
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		t program services during the year which w	ere not listed on the pri		. 🖂	
Form 990 or		0		_ U '	res X	No
	cribe these new services on Sche			п.	. 🙃	
_		ke significant changes in how it conducts, a	any program services?		Yes X	No
	cribe these changes on Schedule					
4 Describe the Section 501 ( others, the ti	corganization's program service a (c)(3) and 501(c)(4) organizations otal expenses, and revenue, if ar	accomplishments for each of its three larges and section 4947(a)(1) trusts are required by, for each program service reported.	it program services, as to report the amount of	measured grants an	by expend d allocation	ises, ons to
4a (Code:	) (Expenses \$	including grants of \$	) (Revenue	\$		<u> </u>
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Form 990 (2013) CONGREGATION OF QUANG MINH TEMPLE

Part IV | Checklist of Required Schedules

	v.		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	ls 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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?// '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		Х
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		, 3, 3, 1 '' 3, 3, 1	,'
	a Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	<b>b</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	11 b		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	11 c		Х
	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	11 d		<u>X</u>
•	e Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
1	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		X
12 a	a 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 the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)?/f 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	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 \$100,000 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 19 If 'Yes,' complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 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 X 23 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 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations DId the organization engage in an excess benefit transaction with a Х 25a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 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#f 'Yes,' complete X 25b Schedule L, Part I 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 so, complete Schedule L, Part II Х 26 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 Х 27 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). Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M X 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity?If 'Yes,' complete Schedule R, Parts II, III, IV, Х and V, line 1 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a  $\overline{X}$ 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)?// '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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Form 990 (2013)

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Party Statements Regarding Other IRS Filings and Tax Compliance	36-38605	33		Р	age
Check if Schedule O contains a response or note to any line in this Part V					Г
Cricek it Schedule O contains a response of flote to any line in this fair v				Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		163	111
ber in the second of the secon	1 b	ŏ			
c Did the organization comply with backup withholding rules for reportable payments to vendors a (gambling) winnings to prize winners?		Ĭ	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		Ī			
	2 a	0			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns?		2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file (see instruc	•				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3 a	X	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		$\perp$	3 b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or other final to 15 leaves the property of the foreign country.)	other authority over, a nicial account)?		4 a		Х
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 Final	angual Aggrupts				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y			5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		-	5 b		X
c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	ti ai i sactioi t.	-	5 c	+	
•		+	-		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	-		6 a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such cont not tax deductible?	tributions or gifts were		6 b		
7 Organizations that may receive deductible contributions under section 170(c).			1		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and part services provided to the payor?	ly for goods and		7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		L	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whice Form 8282?	h it was required to file		7 c		X
,	7 d	_			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bei			7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	t contract?	L	71		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization as required?	file Form 8899		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C?	ganization file a		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizatior§d the excess business		8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		L	9ь		
10 Section 501(c)(7) organizations Enter.					
a Initiation fees and capital contributions included on Part VIII, line 12	) a				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	) b	4	ļ	i	
11 Section 501(c)(12) organizations Enter.	1		ļ	ı	
a Gross income from members or shareholders.	a	_	i	ļ.	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<u> </u>				
12a Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of For	1	1	2 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	[b]				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			2		
a is the organization licensed to issue qualified health plans in more than one state?	1		3a		
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  13					
c Enter the amount of reserves on hand				ì	
14a Did the organization receive any payments for indoor tanning services during the tax year?		1	4 a		X
The state of the s		1 - 1		ı	

**b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2013) CONGREGATION OF OUANG MINH TEMPLE 36-3860533 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 b Enter the number of voting members included in line 1a, above, who are independent 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X 8 b X **b** Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No X 10 a 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a NOT THE **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy of 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 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? a The organization's CEO, Executive Director, or top management official X 15 a X **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 1.78 b 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 taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with wh	ich a copy of this Form 990 is re	equired to be filed N	IONE	
18	Section 6104 requires inspection Indicate ho	an organization to make its Formow you make these available. Ch	ns 1023 (or 1024 if appeach all that apply.	olicable), 990,	and 990-T (501(c)(3)s only) available for publi
	Own website	Another's website	X Upon request		Other (explain in Schedule O)

Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

HANH 4429 N. DAMEN AVE. CHICAGO IL 60625

Form **990** (2013)

# Part VIII 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

- 1 a 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

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

	T			((	;)					
(A) Name and Title	(B) Average hours per week (list	offic	er an	o not less p ld a d	check perso precto	k more t n is bot or/truste	e)	compensation from	(E)  Reportable  compensation from  related organizations  (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) REV. THICH MINH HANH	60_								•	
PRESIDENT (2) HA THU NGUYEN	0 16		-					0.	0.	0.
TREASURER	- 70 -							0.	0.	Q.
(3)	- <del>-</del>									
						_				
				1		-				
(8)							-			
(9)										
(10)										
(11)										· · · · · · · · · · · · · · · · · · ·
(12)										
(13)			$\dashv$		$\uparrow$					
(14)								<del></del>		

Part VII Section A. Officers, Directors, Tru	(B)	ney	<u>⊏m</u>	))		es,	an	a riighest con	ipensaled Em	ployees (continued
(A) Name and title	(A) Average (do not check more to box, unless person is per officer and a director		than is bot or/trus	h an itee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount of other			
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(15)					_	-				
(16)										
(17)		•		_						
(18)	<del> </del>					_				
(19)										
(20)										-
(21)				+						
(22)			$\dashv$							
(23)	<del> </del>		-		-					
(24)	<del> </del>		-		_					
(25)		-			_					<del> </del>
1 b Sub-total							<b>•</b>	0.	0.	0
c Total from continuation sheets to Part VII, Section	n A					ı	▶	0.	0.	0
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limit	ted to the	se li	sted	abo	ove)	who	rec	0. ceived more than	0. \$100,000 of report	0 able compensation
from the organization ► 0								<del></del>		· · · · · · · · · · · · · · · · · · ·
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such	or, or trus individua	tee, k a/	кеу б	emp	oloye	ee, o	r hi	ghest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	reportable than \$15	e con 50,00	nper 0? <i>lf</i>	nsat 'Ye	ion s' c	and ompl	othe lete	er compensation f Schedule J for	rom	(中国) (本) (本) (本) (本) (本) (本) (本) (本) (本) (本
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compens	satior e <i>Sch</i>	n froi nedui	m a le J	iny i <i>for</i>	unrel such	ateo	d organization or i	ndıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compens									an \$100 000 of	
compensation from the organization. Report comp	ensation	for th	ne ca	aler	ndar	yea	r en	ding with or within	the organization	
(A) Name and business addre	ess						_	(B) Description o	f services	(C) Compensation
							_	- · · · · · · · · · · · · · · · · · · ·		
		·					+			
2 Total number of independent contractors (includin	-	lımıt	ed to	o th	ose	liste	d al	oove) who receive	d more than	
\$100,000 of compensation from the organization	U									PROPERTY STREET

_		Check if Schedule O	contains a	respo	onse or note to ar	ny line in this Part VI	H		L.
	-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
20	1	a Federated campaigns		1 a					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		<b>b</b> Membership dues		1 b		1			1
ğς	,	c Fundraising events		1 c		]			
FTS A	,	d Related organizations	-	1 d		<b>†</b>			
ਲੂਊ	١,	e Government grants (contribution	ons)	1 e					
8 2			· F			<u> </u>			
54	1	f All other contributions, gifts, g similar amounts not included	grants, and	1 f	200 117				
₩ E	١.	g Noncash contributions include			200,117.	1			
58	}	h <b>Total.</b> Add lines 1a-1f	iu iii iiiies ta-	" <del>"</del> –		200 117			
<u>ي</u>	<u> </u>	n Total. Add lines 1a-11		<del></del>	Business Code	200,117.			
3	٦.	_		F	Dusiness Code		·····		<del> </del>
S	2	~	<del>_</del>					<del></del>	ļ <u>-</u>
ω, E	'	·	<del>_</del>						<del></del>
ž	•	·							
SEF	•	d		_					
₽	•	e <b>_</b>		L					
쯨	f	All other program service	ce revenue	L					
꾩	ģ	g Total. Add lines 2a-2f			•				
	3		luding divid	lends,	interest and				
		other similar amounts)			•				
	4	Income from investment	t of tax-exe	empt t	oond proceeds. 🟲				
	5	Royalties			•				
			(ı) Rea		(II) Personal				
	6 a	Gross rents	46,8	300.					
	Ŀ	Less: rental expenses	95,2						
	·	: Rental income or (loss)	-48,4						1
	c	Net rental income or (lo			<b>•</b>	-48,488.		-48,488.	
		Gross amount from sales of	(ı) Securit	ies	(II) Other	107.001			
	/ 8	assets other than inventory.							
		· 1							İ
	t	Less cost or other basis and sales expenses							
		: Gain or (loss)							
		Net gain or (loss)			<u> </u>				
		1 Net gain or (1055).							<del> </del>
Щ	8 a	Gross income from fund	traising eve	ents					
핆		(not including . \$	1 . 1 . 1	<del>.      </del>					
Ĕ		of contributions reported	on line 10	;).					
OTHER REVENUE		See Part IV, line 18		а					
Ξ		Less: direct expenses		b					
	С	: Net income or (loss) froi	m fundraisi	ng ev	ents •				
	9 a	Gross income from gam	ing activitie	es.					
		See Part IV, line 19	3	a		]			
	b	Less direct expenses		b					
	C	Net income or (loss) from	m gaming a	activit	es •				
j	10 a	Gross sales of inventory	. less retur	ns [					)
		and allowances	,	a					
	b	Less, cost of goods sold		ь					-
	С	Net income or (loss) from	m sales of	ınveni	tory <b>&gt;</b>				
Ì		Miscellaneous Revenue			Business Code				
ŀ	11 a						· · · · · · · · · · · · · · · · · · ·		J
}	b			-					
1	~	~	<del>_</del>						
- 1	4	All other revenue							
		Total. Add lines 11a-11d	ı						<del></del>
		Total revenue. See instru			[]	151 (00)		40 400	
1	14	i otal revenue. See mistru	20110112		-	151,629.	0.1	-48 <u>,488</u> .	0.

### Part X Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations mus	t complete all columns	All other organizations	must complete column	(A)
	Check if Schedule O contains a	response or note to an	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,385.	6,385.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	48,850.	48,850.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	a Management				
	Legal				
	Accounting	700.	700.		
	d Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	T				
14	Information technology			<del></del>	
15	Royalties			<del></del>	
16	Occupancy	2,290.	2,290.		<del></del>
	Travel	4,407.	4,407.		·
	Payments of travel or entertainment expenses for any federal, state, or local public officials	4,407.	4,407.		
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,167.	51,167.		
23	Insurance	11,886.	11,886.		
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	UTILITIES	9,787.	9,787.		
	PRINTING AND PUBLICATIONS	8,335.	8,335.		
	MAINTENANCE & REPAIRS	6,600.	6,600.		
	FREIGHT	1,832.	_ 1,832.		
	All other expenses	4,683.	4,683.		
25	Total functional expenses. Add lines 1 through 24e	156,922.	156,922.	0.	0.
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 (B) End of year (A) Beginning of year Cash - non-interest-bearing 22,977 13,247. 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 1,957,992 b Less, accumulated depreciation 10b 401,884 1,607,275 10 c 1,556,108. 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,630,252 1,569,355 17 Accounts payable and accrued expenses 17 Grants pavable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 1,017,519 961,915. 24 Unsecured notes and loans payable to unrelated third parties 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 1,017,519. 961,915. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 612,733. 27 607,440. 28 Temporarily restricted net assets Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 612,733. 33 607,440. 1,569,355. Total liabilities and net assets/fund balances 630,252 34 BAA Form 990 (2013)

_	m 990 (2013) CONGREGATION OF QUANG MINH TEMPLE	36-3860533	} F	Page 12
Ŗã	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	151,	629.
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,	922.
3	Revenue less expenses Subtract line 2 from line 1	3		293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	612,	733.
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		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	607,	440.
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			2 m (2)
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
ı	were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sbasis, consolidated basis, or both.	eparate		
	Separate basis Consolidated basis Both consolidated and separate basis			
•	or If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?		3 a	X
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3 b	
BAA			Form 990	$(20\overline{13})$

TEEA0112L 07/08/13

#### 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.

► 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

औरिएपी की ताञ्च ताठोंक्डच्ह्यारी

Department of the Treasury Internal Revenue Service

CONGREGATION OF QUANG MINH TEMPLE QUANG MINH TEMPLE

Employer identification number

36-3860533 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) |X| A church, convention of churches or association of churches described insection 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 insection 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described insection 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. Seeection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Se**section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III — Non-functionally integrated 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 509(a)(1) or If the organization received a written determination from the IRS that 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? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii)

h	Provide the following	g information about	the supported organizati	on(s).						<del></del>
	(i) Name of supported organization	(ií) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)	column (	Is the zation in (i) listed in overning ment?		ou notify nization in (i) of your port?	organi: colu	Is the zation in mn (i) ed in the S ?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)_										
(D)										
<u>(E)</u>										
Total										

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.

Calendar year (or fiscal year beginning in) -	Se	ction A. Public Support									
2 Tax revenues leved for the organization's benefit and either paid to or expended on its betain's benefit and either paid to or expended on the betain sheet and either paid to or expended on the betain sheet and either paid to or expended on the betain sheet and the paid of the pa		µnning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total			
organization's behelf and either paid to or expended on its behalf and for expended on its behalf and to expended on its behalf and to or expended on its behalf and to expended on its behalf and to the organization without charge 4. Total, Add lines I through 3. The portion of total contributions by each person (other than a governmental unit to publicy supported in the exceeded 2% of the emundation of the expended on a governmental unit or publicy supported in the exceeded 2% of the emundation of the expended on securities loans, rents, relyables and income from the expended on securities loans, rents, relyables and income from the expended on securities loans, rents, relyables and income from the expended on the expended o	1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')									
tacitities furnished by a governmental unit to the governmental unit to the governmental unit to the governmental unit to the governmental contributions by each person (other than a governmental contributions by each person (other than a governmental organization) included on line I that exceeds 2% of the amount shown on line II, column (f)  6 Public support. Subtract line 5  Section B. Total Support  Calendar year (or fiscal year beginning m)  7 Amounts from line 4  8 dross income from interst, dividends, payments received on securities loans, rents, reyaltes and income from interst, dividends, payments received on securities loans, rents, reyaltes and income from individends on securities loans, rents, reyaltes and income from include goan or loss from the sale of such as a subtract the sale of subtract the sale of such as a subtract the sale of such as	2	organization's benefit and either paid to or expended					:				
5 The portion of total confributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeded 2% of the amount of the provided on line 1 that exceeded 2% of the amount of the provided on line 1 that exceeded 2% of the amount of the provided on line 1 that exceeded 2% of the amount of the provided on line 1 that exceeded 2% of the amount of the provided 2% of the amount of the provided 2%	3	facilities furnished by a governmental unit to the									
contributions by each person (other than a governmental unit or publicly supported that exceeds 2% of the amount shown on line 11, column (0)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Callender year (or fiscal year beginning in)  7 Amounts from hine 4  Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of part IV.) 11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  16 Public support percentage from 2012 (sine 5, column (f) divided by line 11, column (f))  16 33-1/3% support test—2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or mo	4	Total. Add lines 1 through 3					-				
Section B. Total Support  Calendar year (or fiscal year beginning in) *	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		Angel and the second se							
Calendar year (or fiscal year beginning in)*  A mounts from line 4  8 Gross income from inherest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include again or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  **Computation of Public Support Percentage*  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A, Part II, line 14  16 a 33-1/3% support test—2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization where it facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and	6	Public support. Subtract line 5 from line 4	ers General Golden	The state of the s		and the second	and the second				
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8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carned on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  12 Tirst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A, Part II, line 14  16 a 33-1/3% support test—2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box on softop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b	Cale beg	endar year (or fiscal year inning ın) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total			
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13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  Section C. Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A, Part II, line 14  16 a 33-1/3% support test— 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 b 33-1/3% support test— 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test— 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	11	Total support. Add lines 7 through 10									
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15 Public support percentage from 2012 Schedule A, Part II, line 14  16a 33-1/3% support test— 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test— 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test— 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions											
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		Private foundation.If the organization	ation did not ched	ck a box on line 1:	3, 16a, 16b, 17a, d	·					

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.)

	ction A. Public Support				,	<del>,</del>	·
	endar year (or fiscal yr beginning in)►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
'	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants,')	175 704	104 020	240 202	100 207	200 117	000 220
2	Gross receipts from admis-	175,794.	184,838.	240,282.	198,207.	200,117.	999,238.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is	[					
	related to the organization's						
_	tax-exempt purpose				 		0.
3	Gross receipts from activities that are not an unrelated trade						u.
	or business under section 513	}					0.
4							
	organization's benefit and either paid to or expended on						
_	its behalf					_	0.
5	The value of services or facilities furnished by a						
	governmental unit to the						•
_	organization without charge	175 704	104 000	0.40 000	100 007	000 117	0.
	Total. Add lines 1 through 5 a Amounts included on lines 1,	175,794.	184,838.	240,282.	198,207.	200,117.	999,238.
,	2, and 3 received from	_	_ ]		_ ]		_
	disqualified persons	0.	0.	0.	0.	0.	0.
	<b>b</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	0.	0.	0.	0.	0.	0.
	c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6)						999,238.
Sac	ction B. Total Support	<u></u>		الـــــــــــــــــــــــا			333,230.
	ndar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6	175,794.	184,838.	240,282.	198,207.	200,117.	999,238.
-	Gross income from interest,		104,000.	210,202.	230/2071	200/2271	3337200.
	dividends, payments received					i	
	on securities loans, rents, royalties and income from	ľ	1				
	sımılar sources						0.
	Unrelated business taxable income (less section 511					ĺ	
	taxes) from businesses						
	acquired after June 30, 1975						0.
	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b,			1	1		
	whether or not the business is regularly carried on	-13,412.	-10 276	-48,150.	-49,235.	-48,488.	-160 661
12	Other income Do not include	-13,412.	-10,376.	-40,150.	-49,235.	-40,400.	-169,661.
-	gain or loss from the sale of capital assets (Explain in	1	ĺ	1			
	Part IV)	Ì					0.
13	Total Support. (Add Ins 9,10c, 11 and 12)	162,382.	174,462.	192,132.	148,972.	151,629.	829,577.
14	First five years. If the Form 990 is organization, check this box and	for the organizati	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	) ▶□
Sec	tion C. Computation of Pub	<del></del>	ercentage				
	Public support percentage for 20			: 13, column (f))		15	100.00 %
16	Public support percentage from 2	.012 Schedule A, F	Part III, line 15			16	0.00 ક
Sec	tion D. Computation of Inve						
17	Investment income percentage fo	r <b>2013</b> (tine 10c, co	olumn (f) divided	by line 13, colum	n (f))	17	0.00 %
18	Investment income percentage from	om <b>2012</b> Schedule	A, Part III, line 17	7		18	0.00 %
19 a	33-1/3% support tests - 2013. If the support tests - 2013, if the support test - 2013, if the support tests - 2013, if the support t	he organization di	d not check the be	ox on line 14, and	d line 15 is more	than 33-1/3%, and	d line 17 ► X
Ь	33-1/3% support tests— 2012. If the	•	-	·		-	
	line 18 is not more than 33-1/3%,	check this box ar	nd <b>stop here.</b> The o	rganızatıon qualıt	ies as a publicly	supported organiz	ation -
	Private foundation. If the organiz	ation did not chec					<b>▶</b> []
DAA			TEE ADADSI O		0 - 1-	adula A (Form 00	0 000 F-7 0012

Schedule A (Form 990 or 990-EZ) 2013 CONGREGATION OF QUANG MINH TEMPLE	36-3860533	Page 4
Part N Supplemental Information. Provide the explanations required by Part II, or 17b; and Part III, line 12. Also complete this part for any additional info (See instructions).	line 10; Part II, line 17a ormation.	
		_ <b>_</b>
		- <b>-</b>
		<b>-</b>
		<b>-</b>
		· <b>-</b>

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is awww.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Name of the organization	······································		Employer identification number
CONGREGATION OF QUANG MINH QUANG MINH TEMPLE	TEMPLE		36-3860533
	g Donor Advised Funds or on answered 'Yes' to Form '		accounts.
<del> </del>	(a) Donor advi	<del></del>	) Funds and other accounts
1 Total number at end of year		<u> </u>	<u>,</u>
2 Aggregate contributions to (during ye	ar)		
3 Aggregate grants from (during year)			
4 Aggregate value at end of year			
5 Did the organization inform all donors are the organization's property, subjective.	s and donor advisors in writing that ect to the organization's exclusive le	the assets held in donor advisegal control?	ed funds Yes No
6 Did the organization inform all grante for charitable purposes and not for the impermissible private benefit?	es, donors, and donor advisors in vie benefit of the donor or donor adv	writing that grant funds can be visor, or for any other purpose	used only conferring Yes No
Park II Conservation Easements Complete if the organizati	on answered 'Yes' to Form 9	990, Part IV, line 7.	
1 Purpose(s) of conservation easement		all that apply).	
Preservation of land for public us	e (e g., recreation or education)	L_1	rically important land area
Protection of natural habitat		Preservation of a certific	ed historic structure
Preservation of open space			-6
2 Complete lines 2a through 2d if the o last day of the tax year	rganization held a qualified conserv	vation contribution in the form (	Held at the End of the Tax Year
a Total number of conservation easeme	ents.	2 a	
<b>b</b> Total acreage restricted by conservati	on easements	2 b	
c Number of conservation easements o	n a certified historic structure inclu	ded in (a) 2 c	
<b>d</b> Number of conservation easements in structure listed in the National Registe	ncluded in (c) acquired after 8/17/06 er	5, and not on a historic 2 d	
3 Number of conservation easements matax year ►	nodified, transferred, released, extin	nguished, or terminated by the	organization during the
4 Number of states where property subj	ect to conservation easement is lo	cated►	
5 Does the organization have a written and enforcement of the conservation		oring, inspection, handling of v	iolations, Yes No
6 Staff and volunteer hours devoted to	monitoring, inspecting, and enforci	ng conservation easements dui	ring the year
7 Amount of expenses incurred in moni	toring, inspecting, and enforcing co	onservation easements during t	he year
8 Does each conservation easement repand section 170(h)(4)(B)(II)?	ported on line 2(d) above satisfy the	e requirements of section 170(I	n)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization include, if applicable, the text of the formal part of the			
conservation easements.  Part Organizations Maintaining Complete if the organization	Collections of Art, Historical on answered 'Yes' to Form 9	Treasures, or Other Simila 90, Part IV, line 8.	ar Assets.
1 a If the organization elected, as permitte art, historical treasures, or other similar in Part XIII, the text of the footnote to	ar assets held for public exhibition,	education, or research in furth	
<b>b</b> If the organization elected, as permitted historical treasures, or other similar as following amounts relating to these items.	ssets held for public exhibition, edu		
(i) Revenues included in Form 990, F			<b>►</b> \$
(ii) Assets included in Form 990, Part	X		<b>►</b> \$
2 If the organization received or held we amounts required to be reported unde			
a Revenues included in Form 990, Part	VIII, line 1		<b>►</b> \$
<b>b</b> Assets included in Form 990, Part X			<u>►\$</u>

Schedule <b>D</b> (Form 990) 2013 CONG	REGATION OF O	UANG MINH TEN	1PLE	36-386	0533	Page 2
Paনু() Organizations Maintai	ning Collections o	of Art, Historical	Treasures, or Othe	r Similar Assets (	(continued)	<del></del>
3 Using the organization's acquisit items (check all that apply)	on, accession, and c	other records, check	any of the following ti	nat are a significant i	use of its colle	ection
a Public exhibition		d Loan or e	xchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future generation	rations					
4 Provide a description of the organ Part XIII	anization's collections	and explain how the	ey further the organiza	ation's exempt purpo	se in	
5 During the year, did the organiza to be sold to raise funds rather t	han to be maintained	l as part of the organ	nization's collection?		Yes	No
Park IV Escrow and Custodia Ine 9, or reported an	I Arrangements. amount on Form	Complete if the 990, Part X, line	organization ansv e 21.	wered 'Yes' to Fo	rm 990, Pa	ırt IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian, or ot	her intermediary for	contributions or other	assets not included	Yes	 ∏No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and com	plete the following t	able <sup>.</sup>	•		
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2 a Did the organization include an a	imount on Form 990,	Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII. Check h	ere if the explantion	has been provided in	Part XIII	<del></del>	
Part V Endowment Funds. Co	molete if the ora:	anization answer	ed 'Yes' to Form 9	990. Part IV. line	10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance	(1) -1	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.32	1 , , , , ,	
<b>b</b> Contributions			<del> </del>			
c Net investment earnings, gains,	<del></del>					
and losses  d Grants or scholarships					ļ	
e Other expenditures for facilities		<u> </u>			<del> </del>	
and programs  f Administrative expenses						
g End of year balance				<del> </del>		
,	a of the gurrent year	and halanaa (lina 1a	Lookumn (a)) hold ac	L	<del></del>	
2 Provide the estimated percentage		end balance (mie ig	, column (a)) nelu as.			
a Board designated or quasi-endov		6				
b Permanent endowment ►	<del></del> %	0				
c Temporarily restricted endowmen		_ % %				
The percentages in lines 2a, 2b,	and 2c should equal	100%				
3a Are there endowment funds not in	n the possession of t	he organization that	are held and adminis	tered for the	Yes	No
organization by:  (i) unrelated organizations					3a(i)	110
(ii) related organizations					3a(ii)	+
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations listed as	s required on Schedi	ıle R?		3b	<del> </del> -1

## Paনি Wi Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		123,000.		123,000.
<b>b</b> Buildings		1,665,920.	321,115.	1,344,805
c Leasehold improvements		110,714.	27,061.	83,653
<b>d</b> Equipment		22,366.	22,366.	0.
e Other		35,992.	31,342.	4,650.
otal. Add lines 1a through 1e (Column (d) n	nust equal Form 990, Part X, co	lumn (B), line 10(c) )	•	1,556,108

4 Describe in Part XIII the intended uses of the organization's endowment funds

Schedule D (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	), Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		<u></u>
(l) 		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	1	<u> </u>
Part VIII Investments - Program Related.	'Yes' to Form 990	N/A , Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	(4)	
(2)		
(3)	· · · · · · · · · · · · · · · · · · ·	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	<u> </u>	
Total. (Column (b) must equal Form 990. Part X. column (B) line 13.)		
10,101 (0),101 (0)		l
Part IX Other Assets.	N/A	A line 11d See Form 990 Part X line 15
Park Other Assets. Complete if the organization answered 'Y	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Part X Other Assets. Complete if the organization answered 'Y (a) De	N/A	A art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Part X Other Assets. Complete if the organization answered 'Y (a) De	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered 'Y  (a) December 1  (2)  (3)  (4)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered 'Y  (a) December 1  (2)  (3)  (4)  (5)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(a) Description (a) Description (b) (c) (a) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	N/A 'es' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered 'Y (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, Pascription	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered 'Y  (a) December 1  (b) (c) (a) December 2  (c) (a) (a) December 3  (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, Pascription	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) December 1  (b) (c) (a) December 2  (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, Pascription  3), line 15-)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form  (a) Description of liability	Yes' to Form 990, Pascription  3), line 15-)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes  (2)	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) December 1  (b) Cecmber 2  (c) Cecmber 3  (d) Cecmber 4  (e) Cecmber 4  (f) Cecmber 4  (f) Cecmber 5  (g) Cecmber 6  (h) Cecmber 7  (h) Cecmber 6  (h) Cecmber 7  (h) Cecmber 6  (h) Cecmber 7  (h) Cecmber 7  (h) Cecmber 7  (h) Cecmber 7  (h) Cecmber 8  (h) Cecmber 8  (h) Cecmber 8  (h) Cecmber 9  (h) Cecmber 1  (h) Cecm	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) December 1  (b) Cecmber 2  (c) Cecmber 3  (d) Cecmber 4  (e) Cecmber 4  (f) Cecmber 4  (f) Cecmber 5  (g) Cecmber 6  (h) Cecmber 7  (h) Cecmber 6  (h) Cecmber 7  (h) Cecmber 6  (h) Cecmber 7  (h) Cecmber 7  (h) Cecmber 7  (h) Cecmber 7  (h) Cecmber 8  (h) Cecmber 8  (h) Cecmber 8  (h) Cecmber 9  (h) Cecmber 1  (h) Cecm	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) December 1  (b) Cecmber 2  (c) Cecmber 3  (d) Cecmber 3  (e) Cecmber 3  (f) Cecmber 3  (g) Cecmber 4  (g) Cecmber 4  (g) Cecmber 4  (g) Cecmber 4  (g) Cecmber 5  (g) Cecmber 6  (heigh a complete if the organization answered 'Yes' to Form (g) Description of liability (g) Federal income taxes (g)	Yes' to Form 990, Pascription  3), line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered 'Y  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	Yes' to Form 990, Pascription  3), line 15-)  990, Part IV, line 11e or  (b) Book value	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value

Schedule <b>D</b> (Form 990) 2013 CONGREGATION OF QUANG MINH TEM	PLE_	36-3860533	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme			
Complete if the organization answered 'Yes' to Form 99	90, Part IV, line 12	a	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		23	
a Net unrealized gains on investments.	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part XII Reconciliation of Expenses per Audited Financial Statem	•	•	
Complete if the organization answered 'Yes' to Form 99	90, Part IV, line 12a	3. ————————————————————————————————————	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b	444	
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII.)	4 b	259	
c Add lines 4a and 4b	1,0	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
Part XIII   Supplemental Information.		<u> </u>	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai ine 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also	o complete this part to	provide any additional inform	nation.
3AA		Schedule <b>D</b> (Form	990) 2013
		Schledale <b>B</b> (FOH	1 2201 2013

#### **⇒** 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

Department of the Treasury Internal Revenue Service

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

Name of the organization CONGREGATION OF QUANG MINH TEMPLE  QUANG MINH TEMPLE	Employer identification number
QUANG MINH TEMPLE	36-3860533
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
	_
	<b>-</b>
	·
	<b>_</b>
	·
	<b></b>

## Form **4562**

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

OMB No 1545-0172

2013

Department of the Treasury Internal Revenue Service

Attachment Sequence No 179 ► Attach to your tax return. ► See separate instructions. Name(s) shown on return ldentifying number CONGREGATION OF QUANG MINH TEMPLE 36-3860533 QUANG MINH TEMPLE Business or activity to which this form relates FORM 990/990-PF Partil Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (b) Cost (business use only) (c) Elected cost (a) Description of property 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 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 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 Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 51,167 MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (C) Basis for depreciation (d) (e) Convention (g) Depreciation (business/investment use only — see instructions) Recovery period deduction 19 a 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 27.5 yrs MM S/L h Residential rental S/L property 27.5 yrs MM 39 yrs MM S/L i Nonresidential real

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

12 yrs

40 yrs

- Fritting and a policy				_
Part IV	Summary	(See	instructions )	ı

property

20 a Class life

b 12-year

c 40-year

- 21 Listed property. Enter amount from line 28
- Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations— see instructions.
- For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

MM

MM

S/L

S/L

S/L

S/L

21

51,167

For	m <b>4562</b> (2013)	CONGREGAT	CION OF Q	UANG I	MINH T	EMPL	Ξ				_	36-3	8605	33	Page
Pe	r∂V Listed	Property (In	clude automo	biles, ce	rtain othe	er vehic	les, cer	taın co	omputers,	and pro	perty us	sed for e	entertai	nment,	
	' Note: Fo	or any vehicle fo	or which you	are using	the stan	dard m	ıleage r	ate or	deductin	g lease	expense	, compl	eteonly.	24a, 24t	),
		i (a) through (c) n A – Deprecial								limits fo	r passer	ger aut	omobile	es)	
24	a Do you have eviden				<u>`</u>	<u>unone</u>	X Yes		No 24b					XYes	No
	(a)	(b)	(c)		d)		(e)	 	(f)	1	(g)	T	(h)	7	(i)
_	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	Co	st or r basis	(busir	for deprec ness/invest use only)		Recover		Method/ onvention		oreciation eduction		Elected ction 179 cost
25	Special deprec	iation allowance n 50% in a qual					service	durin	ig the tax	year an	25		_		
26	Property used					110115)						1			
TO	YOTA VAN	10/01/99	100.0	1.	3,796.		13,7	96.	5.0	200	DDB HY				
												ļ <u></u>			
-	Dunn auto con de	-00/ or loop in a	a supplified by				_	1	<del></del> -			<u> </u>			<del></del>
-2/	Property used 5	00% or less in a	quamed bu	siness us	se.							$\overline{}$			
										<del></del>	<del></del> .	<del> </del>			
	<del></del>				-						<del></del>	<del>                                     </del>			
28	Add amounts in	column (h), lır	nes 25 throug	h 27. Ent	ter here a	and on I	ine 21,	page	1		28				
_29	Add_amounts in	column (i), line	e 26 Enter h										2	9	
0		- 4			B – Info						olotod n	oreen l	fvous	ravidad s	مماميطمي
to y	nplete this section our employees, fi	rst answer the	sed by a sole questions in :	Propried Section (	or, partne C to see i	f you m	ner mo leet an	except	tion to co	mpleting	this se	ction for	those	vehicles	venicies
				7	(a)	(	b)		(c)		(d)	(	e)		(f)
30	Total business/ during the year				nicle 1		cle 2	Ve	ehicle 3	Veh	icle 4	Veh	rcle 5	Veh	icle 6
	commuting miles)							ļ							
	Total commuting miles driven during the year  Total other personal (noncommuting)		ļ				ļ		<del> </del>						
32	miles driven	sonai (noncomn	nuting)												
33	Total miles driv		ear. Add						· <u>·</u>						
	lines 30 through	1 32		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use	103	1.0				<u> </u>	1.55				-	
35	Was the vehicle than 5% owner														
36 	Is another vehic personal use?														
Anci	wer these questic		C - Question		•					-			uhara r	ot mara	than
5%	owners or related	persons (see i	nstructions).	an excep	puon to c	ompieu	ng Seci	1011 6	TOT VEHIC	es useu	гру еттр	loyees	wilater	iot more	liali
 37	Do you maintair	a written polic	v statement t	hat proh	ibits all n	ersonal	use of	vehicl	es, includ	lına com	mutina.			Yes	No
•	by your employe	ees?	,	<b>F</b>	<b>-</b>										
38	Do you maintair employees? See											ur			
39	Do you treat all			•	,										
40	Do you provide vehicles, and re	more than five	vehicles to yo	our emplo			ormatio	n from	ı your em	ployees	about th	ne use d	of the		
41	Do you meet the <b>Note:</b> If your an	e requirements swer to 37, 38,	concerning q 39, 40, or 41	ualified a	utomobile do not ce	e demo omplete	nstration	n use? n B fo	? (See in: or the cove	struction ered ver	is.) nicles				
Pa	તે∭ Amorti	zation												J	
	Desc	(a) ription of costs		Date a	(b) mortization egins		<b>(C)</b> Amortizab amount	le		( <b>d)</b> code ction	Amo	(e) ortization criod or centage	1	(f) Amortization for this year	
42	Amortization of	costs that begin	ns during you	r 2013 ta	x year (s	ee insti	ructions	).	l		_   per		L		
43	Amortization of	-	-		-							43			
44	Total. Add amo	unts in column	(f). See the I	nstructioi	ns for wh	ere to r	eport					44			