TATE OF CALIFORNIA RF-1 Rev. 02/2021)				DEPARTMENT OF PAI	JUSTICE GE 1 of 5	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento. CA 94203-4470		. REGISTRATION RENEW			• •	
STREET ADDRESS: 1300 I Street Sacramento, CA 95814	Sec 11	ctions 12586 and 12587, California Go Cal. Code Regs. sections 301-306, 30 is report annually no later than four months a	overnment Co 09, 311, and 31	de Attorney Genera	's Of	fice
(916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	minimum tax of \$80	counting period may result in the loss of tax ex 0, plus interest, and/or fines or filing penalties Government Code section 12586.1. IRS exte	. Revenue & Tax	ation Code section		
VIET AMERICA SOCIET	Y		Check if:	Registry of Charital	ble Tr	usts
Name of Organization			Change	of address		,
WARNER WELLNESS C	ENTER		- C Amende	d report		
List all DBAs and names the org	anization uses or	has used				
Address (Number and Street)			State Charity	Registration Number		
14372 BOWEN STREET						
City or Town, State, and ZIP Cod	de		Corporation	or Organization No. 4605190		
714-721-9845	MTXD234(@GMAIL.COM		95 4403709		
Telephone Number	E-mail Addres	S	Federal Emp	oloyer ID No		
ANNUAL F	REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. C Make Check Payable to Departme		ctions 301-307, 311, and 312)		
Total Revenue	Fee	<u>Total Revenue</u>	Fee	Total Revenue		<u>Fee</u>
Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,0		Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millior	\$100 \$200 \$400	Between \$20,000,001 and \$100 m Between \$100,000,001 and \$500 r Greater than \$500 million		\$800 \$1,000 \$1,200
PART A - ACTIVITIES	<u></u>					
For your most recent	full accounting	period (beginning 01 / 01 / 2020	ending 12	2 / 31 / 2020) list:		
Total Revenue \$ (including noncash contributions)	626,667	Noncash Contributions \$	0	Total Assets \$626,6	67	
Progra	am Expenses \$	<u>393,415</u> Total	Expenses \$	393,415		
		ZATION DURING THE PERIOD OF TH				
providing an explana	tion and details	bu answer "yes" to any of the question for each "yes" response. Please revion ntracts, loans, leases or other financial	ew RRF-1 ins	tructions for information required.	Yes	No
officer, director or trustee the	ereof, either direct	tly or with an entity in which any such of	ficer, director o	r trustee had any financial interest?		~
	•	eft, embezzlement, diversion or misuse				
3. During this reporting period,	were any organiz	ation funds used to pay any penalty, fin	e or judgment?	•		~
4. During this reporting period, coventurer used?	were the services	s of a commercial fundraiser, fundraising	g counsel for cl	naritable purposes, or commercial		~
5. During this reporting period,	did the organizat	ion receive any governmental funding?			~	
6. During this reporting period,	did the organizat	ion hold a raffle for charitable purposes	?			~
7. Does the organization condu	uct a vehicle dona	ation program?				~
8. Did the organization conduct generally accepted accounting		audit and prepare audited financial state his reporting period?	ements in acco	rdance with		~
9. At the end of this reporting p	period, did the org	anization hold restricted net assets, whi	le reporting ne	gative unrestricted net assets?		v
		xamined this report, including accom e, and I am authorized to sign.	panying docu	ments, and to the best of my know	ledge a	and
Peter Pham		Peter Pham		President	05/23	3/2023
Signature of Authorize	d Agent	Printed Name		Title	<u> </u>	ate
L						

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	00		F	Return	of Org	anization	Exempt	From I	ncor	ne Ta	ĸ	ОМВ	No. 1545-0	047
Form	99	U			-		-					5	2020)
							Internal Rever							
		the Treasury ue Service				-	bers on this for r instructions a	-		=			n to Pub spection	
			dar year, o	or tax year				20, and endi			12/31			
		applicable:				ERICA SOCIE			<u> </u>				ification nur	nber
	Address	change		usiness as			•				85-1	4927	98	
	Name ch	ange	Number	r and street (or	r P.O. box if	mail is not delive	red to street addr	ess)	Room/s	suite		ione numb		
X	Initial retu	um	8907	WARNEI	R AVE	SUITE 1	35				714-	390-	5591	
_		rn/terminated					foreign postal co	de			• •		() ()	c
_	Amendeo					L, CA 92 cerPETER A PI				Ma) is this a su		receipts \$	es? [] Yes	6667
	Аррисаци	on pending	r Name an	id address of	principal one								d? 🗌 Yes	
1	Tax-exen	npt status:	, 又 501(c	:)(3)	501(c) () < (insert no.) 4947(a)(1) or 527				st. See ins		
J	Website	•		<u></u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>		F	-I(c) Group e	xemption	number 🕨	•	
к	Form of a	rganization: 🔀	Corporatio	on 🗌 Trust	Associat	ion 🔲 Other 🕨		L Year of form	nation:	2020	M State	of legal do	omicile: C <i>l</i>	4
Pa	art I	Summa												
	1	-		-			gnificant activ		•••••					
nce		Promoting	Vietname	se culture	es to the	youths Help f	feeding the el	lderly and p	poor					
Activities & Governance	2	Check this	box 🕨 🔽	Jif the ora	anization	discontinued	its operations	or dispose	d of m	ore than	25% of	ite net a	ecote	
OVE				-			art VI, line 1a)				3	its net e	100010.	1
ي ھ			-		-	- • •	rning body (Pa		b) .		4			1
ies			-	-	-	-	ar 2020 (Part \				5			
tivit	6	Total numb	oor of vol	luntaara (ar	timata if r						6			5
Ac	7a	Total unrel	ated bus	iness rever	nue from F	Part VIII, colur	mn (C), line 12	2	RFr	E.C.	7a			
<u></u>	b	Net unrela	ted busin	iess taxabl	e income	from Form 99	90-T, Part I, Iir	ne finome	Y C	CIVED	7b			
							mn (C), line 12 90-T, Part I, lir			- Marans	Office	C	Intent Year	667
ne	8	Contributio	ons and g	grants (Parl	t VIII, line	1h)		$\cdot \cdot \cdot JJ$	No	8 2023		•	626	66/
Revenue	9	Program s	ervice rev	venue (Par	t VIII, line :	2g)		Det i		<u>° 2023 </u>				
Be	10 11	Other rove	t income	(Part VIII, C t VIII, colun	on (A) ling), lines 3, 4, a	nu /u)	yistry of	Cha					
	12	Total rever	nue (ran nue—add	lines 8 thro	uah 11 (m	ust equal Par	nd 7d)	(A), line 12)	Y'lal	^{ritable} 7	(Lint		626	667
	13	Grants and	d similar a	amounts p	aid (Part I)	X. column (A).	, lines 1-3) .				, uste			000
	14			•		, column (A),								
S	15						IX, column (A),	lines 5–10)					30	000
benses	16a	Profession	ial fundra	lising fees ((Part IX, c	olumn (A), lin	e 11e)							
	b		-	-		umn (D), line 2							0.1.4	
ŵ	17					es 11a–11d, 1		••••	ļ				314	
	18				•	•	, column (A), li						393	
- 9	19	Hevenue le	ess exper	nses. Subt	ract line 1	o irom line 12	2	<u>· · · ·</u>	Bogin	nning of Cur	rent Voor		233 Ind of Year	<u> </u>
Net Assets or Fund Balances	20	Total asse	ts (Part Y	(line 16)					0		ioni i odf			252
Asse Bal	21		•	t X, line 26)					ĬŎ			0		
Fund	22		•	•		ne 21 from lir	ne 20		0				233	252
	art II		re,Bloc			·····								
Un	der pena	Ities of perjury	, I declare t	that I have exa	amined this r	eturn, including a	accompanying sc	hedules and st	atemen	ts, and to th	e best of i	ny knowle	dge and be	kief, it is
tru	e, correc	t, and complet	te. Deotarati	ion of prepare	er (other than	officer) is based	on all information	or which prepa	arer nas	s any knowle	oge.			
Sig	n n		15											
	-	-	ture of office การาว 7		DDFC	רהביאוייי				Dat	e			
He			Dr print nam	PHAM,	ENEO.			<u></u>						
_	• -1	Lynn	e preparer's			Preparer's sign	ature		Date		Check	X if P	TIN	
Pa			H MAI						03/3	13/2022			P0076	7753
	epare e Onl		me 🕨	MD AC	COUNT	ING AND	TAX SER	VICES			's EIN 🕨			
09		Firm's ad	dress 🕨	9171 WES	STMINSTE	R AVE 92844-				Phor	ne no.		21-98	45
Ma	y the IF	RS discuss	this retur	rn with the	preparer	shown above	? See instruct	tions		• • •		. [No
For	Paperv	vork Reduc	tion Act N	lotice, see	the separa	te instructions	s.		_		_		Form 99	0 (2020)

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VIET	AMERICA	SOCIETY

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orm 990	(2020)		Page
Part II		hments	f
1 F	Check if Schedule O contains a response or Briefly describe the organization's mission:	note to any line in this Part III	<u></u>
	Promoting Vietnamese cultures to t	he youth and help feeding th	no olderly and
	poor	ne youth and help reeding th	ne erderry and
	, , , , , , , , , , , , , , , , , , ,		
ţ	Did the organization undertake any significant programination of 990-EZ?		not listed on the
	f "Yes," describe these new services on Schedule C		
s	Did the organization cease conducting, or make services?		
	f "Yes," describe these changes on Schedule O.		
e	Describe the organization's program service accomexpenses. Section 501(c)(3) and 501(c)(4) organizat he total expenses, and revenue, if any, for each pro	ions are required to report the amount of	program services, as measured to of grants and allocations to other
4a (Code:) (Expenses \$393415inc	luding grants of \$ 626667) (Re	evenue \$ 233251)
	Provide food to elderly and poor b	efore, during, and after co	vid 19
4b (Code:) (Expenses \$inc	luding grants of \$	
	τα τη		γ υ παε ψ
-•			
4c (Code:) (Expenses \$ inc	luding grants of \$) (Re	evenue \$)
			······································
4d (Other program services (Describe on Schedule O.)		
-+u (TOPE OF OUTSILE SPORTES TRESCHOP OF SCHOOLED 1		
	Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2020)

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
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		х
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? 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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 16? If "Yes," complete Schedule D, Part VII	11b		X
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		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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2020)

Form 99	0 (2020)		F	Page 4
Part	V Checklist of Required Schedules (continued)	· · ·		<u></u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	 	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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		x
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		, ·	. 🗆
4			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c

Page 5

Form 990 (2020) . . .

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a Vec No 3b If at least on line 2a, did the organization file all required focular employment tax returns? 2b Note: If the sum of lines 1a, did the organization file all required focular employment tax returns? 2b 4a At may line unreleade builses gross income 051,000 runs were argunation on Schedule 0. 3b 3b 4a At may line unreleade builses gross income 051,000 runs were or ther autholity own; at anacial count is the organization have an interest in, or a signature or other autholity own; at anacial counts of the foreign count? 4a X 5b Tives, "that if the organization file foreign count? 4a X 5b X 5a Max the organization aparty to a prohibited tax shells as party to a prohibited tax shells runsaction? 5a X 5a Was the organization have amulg prose receipts that a party to a prohibited tax shells runsaction? 5a X 5b If "Yes," (did the organization file form 886-f?? 5a X 5a X 5a If all the organization have amulg prose receipts that a so a party to a prohibited tax shells runsaction? 5a X 5a X 5a If "Yes," (did the organization file were ysolicitation on a scyress statement that such co	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
Statements, field for the calendar year ending with or within the year overed by this return [2a] Sec. Sec. Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). Sec. Sec. </th <th></th> <th></th> <th></th> <th>Yes No</th> <th>,</th>				Yes No	,
Statements, field for the calendar year ending with or within the year covered by this return to be is reported on line 2a, did the organization file are during the year? Statements Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a A dit the organization have unrelead builses gross income of 51,000 or more during the year? 3b A at any time during the calendar year, (dit the organization have an interest in, or a signature or other authority over, 4a 3b B of the organization have unrelead builses gross income of a box account, or other financial account; 4a X B of the organization have unrelead builses of the organization file form gene count; years a bank account, or other financial account; 4a X B of the organization have ware and gross crecipts that are normally greater than \$100,000, and did the organization include with were solicitation and express statement that such contributions? 5a X B of the organization have more tax deductible as charitable contributions? 7a X D of any taxobie party notification shat were solicitation and express statement that such contributions? 6a X D of any cantibulice inschedulary every solicitation and express statement that such contributions? 7a X D of any cantibulice inschedulary proceedve daductible contributins an express attement that such cordibutions? <td< th=""><th>2a</th><th>Enter the number of employees reported on Form W-3. Transmittal of Wade and Tax</th><th></th><th></th><th></th></td<>	2a	Enter the number of employees reported on Form W-3. Transmittal of Wade and Tax			
b If at least one is reported on line 2a, did the organization file all regurde federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c X any time a during the calendar year, did the organization have an interest h, or a signature or other sulfority over, a financial account in a foreign country (such as a bark account, securits account, or other financial account)? 3a X b Was the organization are yearization that (the say entry time during the tax year? 5a X b Did any taxable party notify the organization fiel? Form 8867-1? 5a X c Did any taxable party notify the organization fiel? Form 8867-1? 5a X c Did any taxable party notify the organization fiel? Form 8867-1? 5a X c T* Yes, ' did the organization include with very solicitation an express statement that such contributions or glits were not tax deductible as onthatiston and partly for goods and services provided to the payor? 7b 7d X f T* Yes, '' nicitate the number of Form 8862 field during the year 7d X X f T* Yes, '' nic					
3a Did the organization have unrelated business gross income of \$1 000 or more during the year? 3a X b If "Yes," has it filed a Tom 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 3b X 4 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 Accounts (FBAR), S X X 5 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5a X b If "ves," did the organization file form 8986-7? 5a X c C 5a X c Go Does the organization have annual gross receipts that are normally greater than \$100,000, and (dthe organization include with every solicitation and express statement that such contributions or gffs were not tax deductibles? 6a X 7 Organization scilet any contribution state or therwise dispose of tangible personal property for which it was required to file form 8282? 7a X 7 Organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payer? 7a X 7 Did the organization scilet any control the value of the goods or services provided? 7a X	b		2b		e audo
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against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а	Gross income from members or shareholders			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand d Enter the amount of reserves on the organization receive any payments for indoor tanning services during the tax year? d If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14a If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X "Yes," complete Form 4720, Schedule O. 	12a		12a		NEORIA
 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand d It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 					
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 14a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans			
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	С				
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excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. X X X				↓	
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15		-	.,	,
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 Yes," complete Form 4720, Schedule O. 16 X			15		
If "Yes," complete Form 4720, Schedule O.	16		10		
	10		10		
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Form **990** (2020)

1

85-1492798

Page 6

Form 990 (2020)

Secu	on A. Governing Body and Management									
19	Enter the number of voting members of the governing body at the end of the tax year .	1a 1		Yes	No					
Tu	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 1									
2										
3	Did the organization delegate control over management duties customarily performed by or	under the direct			X					
	supervision of officers, directors, trustees, or key employees to a management company or other person? .									
4										
5	Did the organization become aware during the year of a significant diversion of the organizati	on's assets? .	5		Х					
6	Did the organization have members or stockholders?		6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by) members,	7b	х						
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:									
а	The governing body?		8a		Х					
b	Each committee with authority to act on behalf of the governing body?		8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		Х					
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	nue Co	ode.)						
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities c									
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b 11a	X						
11a	5 · · · · · · · · · · · · · · · · · · ·									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c	Х						
13	Did the organization have a written whistleblower policy?		13		Х					
14	Did the organization have a written document retention and destruction policy?		14		Х					
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation of									
а	The organization's CEO, Executive Director, or top management official		15a	Х						
b	Other officers or key employees of the organization		15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
1 6a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	ilar arrangement	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the								
Cont.	organization's exempt status with respect to such arrangements?		16b	l	1					
	on C. Disclosure	,								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on S	at apply.	I (Sec	tion t	5U1(C)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	•	of inte	rest p	olicy,					
20	State the name, address, and telephone number of the names who persones the ergenization	anta haalka and k	oordo							

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► DINH MAI 714-721-9845 9171 WESTMINSTER AVE GARDEN GROVE, CA 92844

Page 7

Form 990 (2020)

Part VII	Compensation of Officers, Directors, Trustees, Key Emp Independent Contractors	ployees, Highest Compensated Employees, and	
	Check if Schedule O contains a response or note to any line in t	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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box, i office	unles er and	Pos neck as pe d a d	rson lirect	e than o is both or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) PETER PHAM	20									
PRESIDENT				Х				30000	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)						 				anna hanna an
(11) (12)										
(12)			 							
(14)										
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85-1492798

Page 8

Form 990 (2020)

Part VII Section A. Officers, Directors,	Frustees,	Keyl	Em	plo	yee	s, an	d F	lighest Compe	nsated Emp	loyees (continued)
				(C)					
(A)	(B)	(do n	not ct		ition	e than c		(D)	(E)	(F)
Name and title	Average					is both	n an Reportable		Reportable	Estimated amount
	hours per week	office	ər anı	r	lirect	or/trust		compensation from the	compensation from related	of other compensation
	(list any	9 <u>न</u>	Inst	Officer	₩.	eng	Former	organization	organizations	from the
	hours for	lirec	ituti	Cer	en	bloy	mer	(W-2/1099-MISC)	(W-2/1099-MIS	
	related organizations	Individual trustee or director	Institutional		Key employee	8 0				related organizations
	below	rust	Ĩ		99	npe				
	dotted line)	8	trustee		1	Highest compensated employee				
				<u> </u>	<u> </u>	8	1			
(15)		1								
		ļ	ļ		_					
(16)		-								
			 		 	ļ				
(17)		-								
	ļ	ļ	ļ	ļ	ļ		ļ			
(18)		-								
40		ļ				ļ		+		
(19)		-								
(00)										
(20)		-								
(01)				+	_			+		
(21)		-								
(22)			+-		+		<u> </u>			
(22)		-								
(23)				<u> </u>						
(23)		1								
(24)			-	-	-					
(27)		{								
(25)			+				+			
		1								
1b Subtotal	I	1	1	1	<u> </u>	[30000		
c Total from continuation sheets to Part	VII Sectio	 Δ	•	•	•	•••	•			
d Total (add lines 1b and 1c)			•		•	•••		30000		
2 Total number of individuals (including bu							<u>м (е</u>		e than \$100.0	
reportable compensation from the organ			1030	5 113	icu	2001	.,		e than \$100,0	
										Yes No
3 Did the organization list any former	officer dir	octor	tri	icto	~ 1		mn	lovoo or highor	st componed	
employee on line 1a? If "Yes," complete	Schedule J	l for s	uch	ind	e, i livid	lual Tual	mμ	loyee, or highes	st compensa	3 X
4 For any individual listed on line 1a, is the								and other compo	neation from	20000000 m
organization and related organizations										
individual				,000						4 X
5 Did any person listed on line 1a receive of	or accrue c	omne	insa	itior	n fro	m anv	, ur	prelated organiza	tion or individ	
for services rendered to the organization										5 X
Section B. Independent Contractors										
1 Complete this table for your five hig	hest comp	ensat	ed	ind	ene	ndent	. CC	ontractors that	received mor	e than \$100.000 of
compensation from the organization. Rep										
(A)							É	(B)		(C)
Name and business add	dress							Description of ser	vices	Compensation
DUY VO 11291 STONECRESS AVE FOUNTAIN VALLEY, CA 927	08						FO	OD PREPAREING AND	DELIVERY	11640
ISABELLA PHAM 9562 ADELINE GARDEN GROVE, CA 92841						•	+	OD PREPARING AND D		22900
JAMES HY 11206 OAK ST EL MONTE, CA 91731					-			OD PREPARING AND D		5000
NGHIA XUAN NGUYEN 8259 SAIGON PL GARDEN GROVE, CA	92844		• • •				1	BLIC RELATION	<u>†</u>	5000
TALENGATE 919 E HERMOSA DR SAN GABRIEL, CA 91775							-	BLIC RELATION		40000
									in the second se	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form **990** (2020)

Page 9

Form 990 (2020)
Part VIII Statement of Revenue

Part VIII	Statement of Revenue			_
	Check if Schedule O contains a response o	r note to any line in this Pa (A) Total revenue	art VIII	(D) Revenue excluded
			function revenue business revenue	from tax under sections 512-514
ະຫຼ 1a		1997)		
and Other Similar Amounts			a the second	
c de c				
ar p	·			
and Other Similar Amounts		Ball Sector		
S I	and similar amounts not included above 1f	626667		
đ g				
P	lines 1a-1f 1g \$			
h n		🕨 626667		
		siness Code		
່ 2a ob				
onu c				
2a enueveu e f				
e ^m				
f f	All other program service revenue			
g				
3	Investment income (including dividends, into other similar amounts)	1		
4	other similar amounts)			
5	Royalties			
-		ii) Personal		
6 a	Gross rents 6a			Sec. Sec. 1
b				and the second
C				
d		(ii) Other		*
7a	Gross amount from (I) Securities		Reference and the second	1000
	other than inventory 7a		and the second second second	
a p	Less: cost or other basis	in the second		100000000000000000000000000000000000000
eni	and sales expenses . 7b	가 가지는 것을 받는 것을 다. 같은 것은 것을 다 한 것을 다. 같은 것은 것은 것을 다 한 것을 다.		
ther Revenue				
		<u></u> ▶		
5 8a	Gross income from fundraising events (not including \$			
	of contributions reported on line			
	1c). See Part IV, line 18 8a			
l				
C	· · · · · · · · · · · · · · · · · · ·	🕨		
96	Gross income from gaming activities. See Part IV, line 19 . 9a			
l t				a second second
		🕨		
10a	Gross sales of inventory, less			
	returns and allowances 10a			
k	•			
		P		
ο ω 11a				
		· · · · · · · · · · · · · · · · · · ·		
Revenue Revenue				
l				
12	Total revenue. See instructions	► 626667		

Form 990 (2020)

Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . Χ . . . (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) (C) Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 49000 49000 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 30000 30000 Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 Fees for services (nonemployees): 11 Management а 210 210 Legal b С Accounting d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column α (A) amount, list line 11g expenses on Schedule O.) 85856 85856 12 Advertising and promotion 3000 3000 13 15385 15385 Office expenses 14 Information technology 15 Royalties 37500 37500 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 3733 3733 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT RENTAL 107073 107073 FOOD SUPPLIES 50514 50514 h 11074 **c** UTILITIES 11074 AUTO 70 70 d All other expenses е 393415 325915 67500 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 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)

85-1492798

Page **11**

Form 990 (2020)

Ρ	art X				
<u>,</u> ,,		Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Orabie and Island Landau	Beginning of year		End of year 233252
	1	Cash-non-interest-bearing		1	233252
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	and the second second	5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0	16	233252
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	andre sager
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	ļ
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
Ë	28	Net assets with donor restrictions		28	
ŭ		Organizations that do not follow FASB ASC 958, check here 🕨 🔀			
Ē		and complete lines 29 through 33.			
۵ ۵	29	Capital stock or trust principal, or current funds		29	
šeti	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	233252
et	32	Total net assets or fund balances		32	233252
z	33	Total liabilities and net assets/fund balances	0	33	233252

QNA

Form 990 (2020)

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Form 99)0 (2020)	Page 12
Par		
	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)	626667
2	Total expenses (must equal Part IX, column (A), line 25)	393415
3	Revenue less expenses. Subtract line 2 from line 1	233252
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	32, column (B))	233252
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	<u>···</u>
		Yes No
1	Accounting method used to prepare the Form 990: 🖾 Cash 🗌 Accrual 🗌 Other	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
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	
b	Were the organization's financial statements audited by an independent accountant?	2b
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	
	Separate basis Consolidated basis Both consolidated and separate basis	
С	If "Yes" to line 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? .	2c
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a
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 on Schedule O and describe any steps taken to undergo such audits .	3b
QNA		Form 990 (2020)

(Form	ment of t	.E A r 990-EZ) the Treasury e Service	Complete if the organ	ization is a section 5 Attac	y Status and F 01(c)(3) organization or a se th to Form 990 or Form rm990 for instructions a	ection 4947(990-EZ.	a)(1) nonexe	empt charitable trust.	OMB No. 1545-0047 2020 Open to Public Inspection
Name	of the o	rganization						Employer identificatio	
7	/IET	AMERICA	A SOCIETY					85-14927	98
Par					organizations must				ons.
	-		-		s: (For lines 1 through		•	,	
1					on of churches descri				
2					Attach Schedule E (Fe				
3 4	Ar	nedical re		n operated in co	anization described ir njunction with a hosp				(iii). Enter the
5	🗌 An	organizat	-	he benefit of a	college or university	owned o	r operate	d by a governmen	tal unit described in
6 7	🗌 An	organizat		receives a subst	mental unit described antial part of its supp e Part II.)				n the general public
8		community	/ trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	or				l in section 170(b)(1)(culture (see instructio				
10	rec su	ceipts fron pport from	n activities related n gross investment	to its exempt fur income and unr	than 33 ¹ / ₃ % of its sunctions, subject to celleted business taxat '5. See section 509(a	rtain exce ble incom	eptions; a e (less se	nd (2) no more thar ection 511 tax) from	n 331/3% of its
11		-	-	•	sively to test for public				
12	of	one or m	ore publicly suppo	rted organization	ively for the benefit of ns described in secti cribes the type of sup	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а		the supp	orted organization	(s) the power to	, supervised, or contr regularly appoint or e te Part IV, Sections	lect a ma	jority of t		
b		control o	r management of	he supporting o	ed or controlled in co rganization vested in : V, Sections A and C.	the same		0	
с	X				ing organization oper ns). You must comp l				ally integrated with,
d		that is no	ot functionally integ	grated. The organ	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ition requirement a	
e					a written determination tionally integrated sup				e II, Type III
f			ber of supported of	-		· · ·			•••
9			llowing information ed organization	i about the supp (ii) EIN	(iii) Type of organization(s). (iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you	rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)			······································						
(B)									
(C)									
(D)									
(E)						-			
Tota		ank Daria					7140		
+or F	aperwo	ork Heduci	ion Act Notice, see	the instructions f	or Form 990 or 990-EZ	. 9	QNA	Schedule A (i	Form 990 or 990-EZ) 2020

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 gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3. . . 4 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 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 is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 14 % 15 15 % 16a 331/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check b 17a 10%-facts-and-circumstances test-2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line b 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Π Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

(Complete only if you checked the box on line 10 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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		1				
	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						
F	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
~							
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a							
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)					1999 (A. 1997)	
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		1				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					ĺ	
С	Add lines 10a and 10b						
11	Net income from unrelated business			Ì			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets		1				
	(Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,		1	†	1		
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization	's first, second	third fourth	or fifth tax ve	ar as a sec	tion 501(c)(3)
-	organization, check this box and stop he	•					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line l			13 column (fl)	· · ·	15	%
16	Public support percentage for 2020 (inter Public support percentage from 2019 Sci		-	•••	••••	16	%
	on D. Computation of Investment In			· · · · ·	• • • • •		/0
17	Investment income percentage for 2020 (by line 13 colu	(f)	17	%
18	Investment income percentage from 2020						%
	33 ¹ / ₃ % support tests – 2020. If the organ						
19a	17 is not more than $33^{1}/_{3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2019. If the organiz		-			-	
U	line 18 is not more than 331/3%, check this						
00							
20 ONIA	Private foundation. If the organization di	a not check a	LUOX ON IINE 14	, 19a, or 19b,	CHECK THIS DOX	and see ins	tructions

Page 3

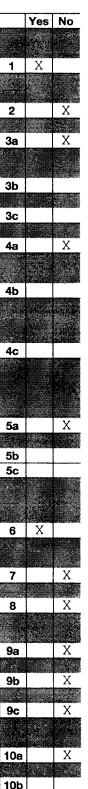
Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - а A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - A family member of a person described in line 11a above? b
 - A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described in line 2, above, did the organization's supported organizations have З a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- Activities Test. Answer lines 2a and 2b below. 2
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, b one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

	Yes	No
11a		Х
11b	Х	
11c		Х

85-1492798

Yes No

Page 6

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		and the second second	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		and the second secon
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Check have if the surrent upper in the superimetical's first as a new function	_		ting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

4

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	ed)	· · ·
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exorganizations, in excess of income from activity	empt purposes of suppo	rted	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	· ····· ··· · · · · · · · · · · · · ·
5	Qualified set-aside amounts (prior IRS approval required	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	ch the organization is res	ponsive	8	······································
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	0.0000
	Ene o amount divided by time a amount	1	(ii)	110	
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		100 C		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015		den an		
b	From 2016				
С	From 2017				
d	From 2018				1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount	100 Contraction (100		1.000	
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		an ingeneration		
4	Distributions for 2020 from				9
-	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount		19.4.1		
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				and the second second
а	Excess from 2016				and the second second
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 6 - We provided support for all races, ages, and sexes.

PART IV, SECTION A, LINE 11b - we accept gifts from everyone

(Form Departm Internal I	EDULE J 990) ment of the Treasury Revenue Service of the organization	For certain Officers, Dire Co ► Complete if the organizati	nsation Information cctors, Trustees, Key Employees, and Hi ompensated Employees ion answered "Yes" on Form 990, Part I > Attach to Form 990. n990 for instructions and the latest infor	V, line 23.	Inspe	20 Public
	TIET AMERIC	A SOCTETY				192798
Part		ons Regarding Compensation		1	00 I.	
						Yes No
1 a			ovided any of the following to or for a provide any relevant information regardi		orm	
	🗌 First-class	or charter travel	Housing allowance or residence	for personal use		
	Travel for c		Payments for business use of pe			
		nification and gross-up payments	Health or social club dues or initi			
	Discretiona	ry spending account	Personal services (such as maid,	, chauffeur, chef)		
b		ment or provision of all of the ex	the organization follow a written polic penses described above? If "No,"			х
2	directors, trus		or to reimbursing or allowing expe O/Executive Director, regarding the i		ine	
	1a?		••••••••••••		. 2	X
3	organization's	CEO/Executive Director. Check all t	ation used to establish the compensat hat apply. Do not check any boxes fo the CEO/Executive Director, but expl	or methods used by	a	
	🗌 Compensa	tion committee	Written employment contract			
		nt compensation consultant	Compensation survey or study			
	🗌 Form 990 d	of other organizations	Approval by the board or compe	nsation committee		
4		ar, did any person listed on Form 990 or a related organization:	0, Part VII, Section A, line 1a, with res	pect to the filing		
а	Receive a sev	erance payment or change-of-contro	ol payment?		. 4a	Х
b	Participate in	or receive payment from a suppleme	ental nonqualified retirement plan? .		. 4b	Х
С			ased compensation arrangement? .		. 4c	Х
			provide the applicable amounts for ea			
5	For persons compensation	listed on Form 990, Part VII, Sec a contingent on the revenues of:	organizations must complete lines tion A, line 1a, did the organizatio	n pay or accrue a	any	
а	-				. 5a	
b	•	rganization?			. <u>5b</u>	
6		listed on Form 990, Part VII, Sec a contingent on the net earnings of:	tion A, line 1a, did the organizatio	n pay or accrue a	any	
а	The organizat	ion?			. 6a	
b		rganization?			. 6b	
7			ion A, line 1a, did the organization " describe in Part III			
8			, paid or accrued pursuant to a contra			<u> </u>
		•	Regulations section 53.4958-4(a)(3	·	1	
	in Part III	· · · · · · · · · · · · ·			· 8	X
-						
9			bliow the rebuttable presumption pr			

SOCIETY
AMERICA 000 2020
Schedule J.(Fc

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. ab lieted individual must equal the total amount of Form 900 Part VII. Section A line 1a anniicable column (D) and (F) amounts for that individual. . Moto. Th

(B) Breakdown of W		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation			(F) Total of columns	(E) Compensation
					C Hettrement and	IDI NONTAXADIO		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)(I)-(D)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2020

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Schedule J (Fom 990) 2020 VIFT AMERICA SOCIETY 85-1492798 Page 3 Part II Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

									Schedule J (Form 990) 2020

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.

▶ Go to www.irs.gov/Form990 for the latest information.



85-1492798

Internal Revenue Service Name of the organization

Department of the Treasury

VIET AMERICA SOCIETY

PART IX, LINE 11g:

Payment to non-employees services

PART VI, SECTION C, LINE 19:

Will provide document upon request

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. QNA Schedule O (Form 990 or 990-EZ) 2020

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