

Form 990EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization VIETNAMESE HERITAGE MUSEUM. Number and street (or P. O. box, if mail is not delivered to street address) 14642 BIRCH STREET. Room/suite. City or town, state or province, country, and ZIP or foreign postal code Westminster, CA 92683

D Employer identification number 82-2141214. E Telephone number (714) 828-9658. F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: VIETNAMESEMUSEUM.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 98,555

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 9 rows for Revenue. Line 1: 98,555. Line 9: 98,555.

Table with 7 rows for Expenses. Line 17: 82,158.

Table with 4 rows for Net Assets. Line 21: 88,152.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROMOTING VIETNAMESE CULTURE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE PRIMARY PURPOSES OF THE ORGANIZATION ARE TO PRESERVE, EDUCATE, INFORM, AND SHARE COLLECTIONS OF TESTIMONIES AND ARTIFACTS THAT DOCUMENT THE HISTORY OF VIETNAMESE REFUGEES

(Grants \$) If this amount includes foreign grants, check here

29 (Grants \$) If this amount includes foreign grants, check here

30 (Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a

29a

30a

31a

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include SON NAM DOAN, HONGTIEN BRUCEHI TRAN, THUY THUONG CHUNG.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question number, Yes, No. Rows include 33 Did the organization engage in any significant activity not previously reported to the IRS? 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N **36** No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. **37a** _____

b Did the organization file **Form 1120-POL** for this year? **37b** _____

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **38a** No

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** _____

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 **39a** _____

b Gross receipts, included on line 9, for public use of club facilities **39b** _____

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 **▶** _____ **0** ; section 4912 **▶** _____ **0** ; section 4955 **▶** _____ **0**

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b** No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **▶** _____

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **▶** _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** _____

41 List the states with which a copy of this return is filed. **▶** _____

42a The organization's books are in care of **▶** THUY THUONG CHUNG Telephone no. **▶** (714) 828-9658

Located at **▶** 14642 BIRCH STREET WESTMINSTER, CA ZIP + 4 **▶** 92683

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** No

If "Yes," enter the name of the foreign country: **▶** _____

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the U.S.? **42c** No

If "Yes," enter the name of the foreign country: **▶** _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** _____

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a** No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b** No

c Did the organization receive any payments for indoor tanning services during the year? **44c** No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d** _____

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** No

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45b** _____

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 **47** No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** No

70 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule L

49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2024-08-09
	SON N DOAN general officer Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name John Cao	Preparer's signature	Date 2024-08-09	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00735813
	Firm's name ▶ JC Income Tax			Firm's EIN ▶ 04-3800697	
	Firm's address ▶ 10181 Westminster Ave Suite 203 Garden Grove, CA 92843			Phone no. (714) 590-2217	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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Additional Data

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