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Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

, 2014, and ending

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

VIETNAMESE CHARITABLE ASSOCIATION
11325 ANAHEIM STREET
RIVERSIDE, CA 92505

D Employer identification number

36-4350638

E Telephone number

(951) 352-2919

G Gross receipts \$ 236,850.

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

I Tax-exempt status: [X] 501(c)(3) 501(c) () 4947(a)(1) or 527

J Website: WWW.TINHTHUONG.NET

M(c) Group exemption number

K Form of organization: [X] Corporation [] Trust [X] Association [] Other

L Year of formation:

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOR THE BASIC NEEDS OF NEEDY PERSONS WITH EMPHASIS ON VIETNAMESE. THE BASIC NEEDS INCLUDE: FOOD, SHELTER/HOUSING, EDUCATION, AND MEDICINE.

2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets.

Table with 2 columns: Description, 2014. Rows include: Number of voting members (3/7), Number of independent voting members (4/0), Total number of individuals employed (5/0), Total number of volunteers (6/0), Total unrelated business revenue (7a/53), Net unrelated business taxable income (7b/0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Contributions and grants (188,988/209,086), Program service revenue, Investment income (29,794/-310), Other revenue (53), Total revenue (218,782/208,829), Grants and similar amounts paid (87,000/86,000), Salaries and other compensation (5,167/424), Total fundraising expenses (9,081), Other expenses (126,316/41,897), Total expenses (218,483/128,321), Revenue less expenses (299/80,508).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: Total assets (2,297,011/2,377,519), Total liabilities (0/0), Net assets or fund balances (2,297,011/2,377,519).

Part III Signature Block

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 (REV. LONG VAN NGUYEN, SVD), Date (4/30/2015), Title (PRESIDENT)

Paid Preparer Use Only: Preparer's name (DENNIS G PHILLIPS), Date (4-30-2015), PTIN (P00346426), Firm's name (DENNIS G. PHILLIPS & ASSOCIATES, INC.), Firm's address (101 E. REDLANDS BLVD, SUITE 207, REDLANDS, CA 92373-4724), Firm's EIN (33-0443719), Phone no. (909) 793-1021

May the IRS discuss this return with the preparer shown above? [X] Yes [] No

BAA For Paperwork Reduction Act Notice, see the separate Instructions.

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Form 990 (2014)

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Form 990 (2014) VIETNAMESE CHARITABLE ASSOCIATION

36-4350638

Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE FOR THE BASIC NEEDS OF NEEDY PERSONS WITH EMPHASIS ON VIETNAMESE. THE BASIC NEEDS INCLUDE: FOOD, SHELTER/HOUSING, EDUCATION, AND MEDICINE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 98,623. including grants of \$) (Revenue \$)

THE PURPOSE OF THIS CORPORATION IS TO SHARE IN THE MISSION OF THE SOCIETY OF THE DIVINE WORD, WESTERN PROVINCE, USA, TO PROCLAIM THE WORD OF GOD TO ALL MEN AND TO WORK TO CREATE AND RESTORE COMMUNITIES OF GOD'S PEOPLE AND PROMOTE THEIR GROWTH IN COMMUNION WITH THE UNIVERSAL CHURCH. IN THE CONTEXT OF ITS GENERAL PURPOSE, THIS CORPORATION WILL RPROVIDE FOOD, SHELTER, CLOTHING, EDUCATION OR MEDICAL CARE TO NEEDY OR HANDICAPPED PERSONS, WITH PRIMARY EMPHASIS ON PERSONS OF VIETNAMESE ORIGIN.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 98,623.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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.....	X	
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.....		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.....		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.....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
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.....		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? If 'Yes,' complete Schedule L, Part I.....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....		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.....		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? If 'Yes,' complete Schedule R, Part I.....		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.....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....		X
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.....		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.....		X

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Form 990 (2014)

Part VII Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

Part VII Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... (7), 1b Enter the number of voting members included... (1b), 2 Did any officer, director, trustee... (X), 3 Did the organization delegate control... (X), 4 Did the organization make any significant changes... (X), 5 Did the organization become aware... (X), 6 Did the organization have members... (X), 7a Did the organization have members... (X), 7b Are any governance decisions... (X), 8 Did the organization contemporaneously document... (8a, 8b), 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... (X), 10b If 'Yes,' did the organization have written policies... (10b), 11a Has the organization provided a complete copy... (X), 11b Describe in Schedule O the process... (SEE SCHEDULE O), 12a Did the organization have a written conflict of interest policy... (X), 12b Were officers, directors, or trustees... (12b), 12c Did the organization regularly and consistently monitor... (12c), 13 Did the organization have a written whistleblower policy... (X), 14 Did the organization have a written document retention... (X), 15 Did the process for determining compensation... (15a, 15b), 16a Did the organization invest in, contribute assets... (X), 16b If 'Yes,' did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (NONE)
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

REV LONG VAN NGUYEN, SVD 11325 CYPRESS AVENUE RIVERSIDE CA 92505 (951) 352-2919

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

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. THUAN VAN THAN VICE PRESIDENT	0 0							0.	0.	0.
(2) MR. LIEU DINH TRAN ADMINISTRATOR	0 0							0.	0.	0.
(3) MRS. EMILY EMBREE SECRETARY	0 0							0.	0.	0.
(4) REV. BRICCIO TAMORO, SVD PROV SUPERVISOR	0 0							0.	0.	0.
(5) REV. DONALD O'CONNOR, SVD DIRECTOR	0 0							0.	0.	0.
(6) REV. LONG VAN NGUYEN, SVD PRESIDENT	40 0			X				0.	0.	0.
(7) MR. DAT TIEN DINH TREASURER	5 0			X				0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2014) VIETNAMESE CHARITABLE ASSOCIATION

36-4350638

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total line for independent contractors.

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 0

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Form 990 (2014)

Form 990 (2014) VIETNAMESE CHARITABLE ASSOCIATION

36-4350638

Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1f), Program Service Revenue (2a-2f), Investment Income (3-5), Other Revenue (6a-11e), and Total Revenue (12).

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Form 990 (2014)

Form 990 (2014) VIETNAMESE CHARITABLE ASSOCIATION

36-4350638

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. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	86,000.	86,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	424.		424.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,495.		1,495.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	176.		176.	
12 Advertising and promotion				
13 Office expenses	1,518.		1,518.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,123.	1,123.		
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				
23 Insurance	1,133.		1,133.	
24 Other expenses. (Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND SHIPPING	8,985.			8,985.
b OUTSIDE SERVICES	6,470.	6,470.		
c PRINTING AND PUBLICATIONS	4,005.		4,005.	
d TAXES - OTHER	3,923.	3,923.		
e All other expenses...SEE SCH. O	13,069.	1,107.	11,866.	96.
25 Total functional expenses. Add lines 1 through 24e.	128,321.	98,623.	20,617.	9,081.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	493,168.	1	571,097.
	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 current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....	330,000.	7	148,144.
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 587,108.		
	b Less: accumulated depreciation.....	10b	10c	587,108.
	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.....	886,735.	15	1,071,170.
16 Total assets. Add lines 1 through 15 (must equal line 34).	2,297,011.	16	2,377,519.	
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 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		
26 Total liabilities. Add lines 17 through 25.....	0.	26	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	2,297,011.	27	2,377,519.
	28 Temporarily restricted net assets.....		28	
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
33 Total net assets or fund balances.....	2,297,011.	33	2,377,519.	
34 Total liabilities and net assets/fund balances.....	2,297,011.	34	2,377,519.	

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Form 990 (2014)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI. []

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (208,829); Line 2: Total expenses (128,321); Line 3: Revenue less expenses (80,508); Line 4: Net assets at beginning of year (2,297,011); Line 10: Net assets at end of year (2,377,519).

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII. []

Form with questions 1, 2a, 2b, 2c, 3a, 3b regarding accounting methods and audits. Includes checkboxes for Cash, Accrual, Other, Separate basis, Consolidated basis, and Both consolidated and separate basis. Includes a Yes/No grid.

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Form 990 (2014)