### CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

→ 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.lrs.gov/form990.

Open to Public Inspection

AF	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and ending	DEC_3.	T, 20 <u>12</u>				
B c	heck if pplicable	C Name of organization VIETNAMESE AMERICAN INITIATIVE FOR	D Emp	loyer identific	cation number			
	Addres change	S DELET ODIENT TIC						
	Name change			04-3	289039			
	]Initial return ]Final return/	Number and street (or P.O. box if mail is not delivered to street address)  Room/s  42 CHARLES STREET  E	uite <b>E</b> Tele	E Telephone number 617-822-3717				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross	receipts \$	1,154,436.			
	Amend return		H(a) Is	this a group re	eturn			
	Application	IF Name and address of principal officer of the trade trade		subordinates				
_	pendin	SAME AS C ABOVE	<b>H(b)</b> Are	all subordinates in	ncluded? Yes No			
		mpt status X 501(c)(3) 501(c) ( )	527 If '	'No," attach a	list. (see instructions)			
		e: WWW.VIETAID.ORG		oup exemptio				
			ear of formati	on: 1994 N	A State of legal domicile: MA			
Pa		Summary	N73 MEGE	AMEDIO	3 3 T			
e S	1 1	Briefly describe the organization's mission or most significant activities THE VIET	NAMESE	AMERIC.	AN CONCORDOOMS			
& Governance		INITIATIVE FOR DEVELOPMENT, INC. WAS FOUNDED			GRASSROOTS			
Veri		Check this box   (If the organization discontinued its operations or disposed of including the following members of the governing body (Part VI, line 1a)	nore than 25	1 1	ssets.			
ၓၟ	4	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		3	13			
<b>∞</b> 5		Fotal number of individuals employed in calendar year 2015 (Part V, line 1a)		5	46			
Activities	1	Total number of individuals employed in calendar year 2013 (Fart V, line 2a)  Total number of volunteers (estimate if necessary)		6	5			
₹ <b>%</b>	l .	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
~~ <b>č</b>		Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
9-	<u> </u>	tet arrelated business taxable income from 550 f, line 64	Prior	r Year	Current Year			
<u>ر</u> 11/40	8 (	Contributions and grants (Part VIII, line 1h)		84,461.	786,317.			
Ξž	1	Program service revenue (Part VIII, line 2g)		68,760.	287,856.			
	ľ	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,208.	0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<	22,088.	> 55,107.			
Ž	i	Total revenue - add lines 8 through 11 (must equal Bart VIII column (A), line 12)	2,0	32,341.	1,129,280.			
SCANNED UEC		Grants and similar amounts paid (Part IX, column (A), lines 43)		0.	0.			
ĸ		Benefits paid to or for members (Part IX, colemn (A), line 4)		0.	0.			
es S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8	65,497.	533,023.			
Expenses	16a i			0.	0.			
Ď.	b ·	Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), (n) 25)	147	11.7 11.0				
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)		14,545.	370,156.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		80,042.	903,179.			
<del></del>	19_	Revenue less expenses Subtract line 18 from line 12	<del></del>	52,299.	226,101.			
Net Assets or Fund Balances				f Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		58,607.	5,742,088.			
age Tage	21	Total liabilities (Part X, line 26)		05,046.	1,762,426.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	3,/	53,561.	3,979,662.			
		Ities of perjury, I declare that have examined this return, including accompanying schedules and st	atamanta and	to the best of m	u kasudadaa and hakaf it is			
		t, and complete. Declaration of prepare Auther than officer) is based on all information of which pre			Knowledge and Deller, it is			
uuc	, сопес	t, and complete. Declaration dephylograp duries than officer) is based on all little matter of which pre	Jaiei ilas ally k	ill 14	<del>\                                    </del>			
Sig	,	Signature of officer		Date	<del>''</del>			
Her		JEFFREY KATZ , INTERIM EXECUTIVE DIRECTOR	<b>!</b>					
1,61	١	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN			
Paid	,	JOLANTA TUCK, CPA JOLANTA TUCK, CPA	11/10	/16 self-employ				
	parer	Firm's name KEVIN P MARTIN ASSOCIATES, P.C.	<u> </u>	Firm's EIN	04-3097400			
Use Only Firm's address 10 FORBES WEST								
		BRAINTREE, MA 02184		Phone no. (7	81)380-3520			
May	the IF	S discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No			

Pai	THIS 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
	THE VIETNAMESE AMERICAN INITIATIVE FOR DEVELOPMENT, INC. WAS FOUNDED
	AS A GRASSROOTS COMMUNITY DEVELOPMENT CORPORATION. THE MISSION OF THE
	ORGANIZATION IS TO BUILD A STRONG VIETNAMESE AMERICAN COMMUNITY IN
	BOSTON. THE FOUR BASIC GOALS OF THE MISSION ARE: TO INCREASE CIVIC
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 374,991. including grants of \$ ) (Revenue \$ 122,517.)
	CHILDCARE - VIET AID HAS A FAMILY CHILDCARE SYSTEM AND PRE-SCHOOL
	CENTER THAT PROVIDES AFFORDABLE AND QUALITY CHILD CARE TO LOW-INCOME
	FAMILIES. CHILDCARE ALSO PROVIDES ORGANIZING SKILLS AND BUSINESS
	TRAINING TO ASSIST LOW-INCOME WOMEN IN ACHIEVING ECONOMIC
	SELF-EFFICIENCY BY OPERATING HOME-BASED CHILD CARE BUSINESSES AND
	CONDUCTING EDUCATIONAL WORKSHOPS TO IMPROVE OVERALL QUALITY OF
	CHILDCARE IN THE VIETNAMESE COMMUNITY.
	<del></del>
4b	(Code ) (Expenses \$ 189,535. including grants of \$ ) (Revenue \$ 208,221.)
40	(Code ) (Expenses \$ 189,535 · including grants of \$ ) (Revenue \$ 208,221 · )  AFFORDABLE HOUSING AND COMMUNITY MEETING FACILITY - VIET AID HAS
	HOUSING DEVELOPMENT AND COUNSELING PROGRAMS THAT DEVELOP AFFORDABLE
	RENTAL AND HOMEOWNERSHIP HOUSING FOR LOW-INCOME FAMILIES AND
	INDIVIDUALS, ORGANIZES FIRST-TIME HOME-BUYING WORKSHOPS TO HELP
	COMMUNITY MEMBERS PURCHASE THEIR FIRST HOMES, AND PROVIDES FORECLOSURE
	COUNSELING TO HELP HOMEOWNERS PROTECT THEIR HOMES. THE AFFORDABLE
	HOUSING AND COMMUNITY MEETING FACILITY DIVISION PROVIDES OPPORTUNITIES
	FOR DEVELOPING AFFORDABLE HOUSING AND COMMERCIAL SPACE; COMMERCIAL
	TENANTS INCLUDE VIETNAMESE CULTURAL ORGANIZATIONS AND OTHER NON-PROFIT
	ORGANIZATIONS THAT HAVE PARTNERED WITH VIET-AID ON SEVERAL INITIATIVES.
4c	(Code) (Expenses \$ 140,476. Including grants of \$ ) (Revenue \$
	YOUTH CENTER - VIET AID PROVIDES AN AFTER-SCHOOL PROGRAM FOR SCHOOL AGE
	CHILDREN. THE PROGRAM FOSTERS ACADEMIC SUCCESS THROUGH TUTORING IN MATH
	AND ENGLISH. THE PROGRAM ALSO PROVIDES COUNSELING AND SUPPORT SERVICES
	TO FAMILIES OF CHILDREN IN THE YOUTH CENTER AND CHILDCARE CENTER.
	Other was a second (Parameter of Other L. O.)
4d	
	(Expenses \$ 50,377. including grants of \$ ) (Revenue \$ 17,283.)  Total program service expenses > 755,379.
<u>4e</u>	Total program service expenses ► 755,379.
	Form <b>950</b> (2013

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Part IV Checklist of Required Schedules

				110
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?	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		X
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		_X_
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	!		l
	Schedule D, Part III	8		X
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?		37	
	If "Yes," complete Schedule D, Part IV	9_	Х	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<b> </b>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	,	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		4 A	
_	as applicable.		. شند	21.122 se.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		х	1
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	<del>                                     </del>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<del></del>
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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			<del></del>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	$\overline{}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	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	·		١,,
47	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,			•
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	40	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<del>  ^-</del>	$\vdash$
13	complete Schedule G, Part III	40		x
		19 Form	990	(2015)
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Form 990 (2015) DEVELOPMENT, INC.

Part V Checklist of Required Schedules (continued)

			Yes-	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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
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		<u> </u>
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			77
	Schedule J	23		<u> </u>
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			x
	Schedule K If "No", go to line 25a	24a		<u> </u>
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	240		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		-
<u>z</u> Ja	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	200	<b></b> -	<del></del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		'	
	Schedule L, Part I	25b		х
26	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	26		_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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<b>3</b>
	instructions for applicable filing thresholds, conditions, and exceptions).	٥. گڏ.	il	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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		'	х
31		30		<del>-^</del> -
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	31		<u> </u>
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>                                    </u>		<del></del> -
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	X	
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	
		Form	990	(2015)

	·			
	VIETNAMESE AMERICAN INITIATIVE FOR			
	990 (2015) DEVELOPMENT, INC. 04-3289	<u>039</u>	Pa	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22	3 %.		٠ ٠
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	***		, ; `
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	>		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4 1		
	filed for the calendar year ending with or within the year covered by this return 2a 46	· .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	· .	عَلَدُ ا
За	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 Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
b	If "Yes," enter the name of the foreign country	- * ¥		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		ŀ	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	5	<u> </u>	1.4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c	****	X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	.8.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	L	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	L_	<u> </u>
h	<b>3</b>	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3.		
	sponsoring organization have excess business holdings at any time during the year?	l a	I	ı

Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter

Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13a X 14a

12a

Form 990 (2015)

10a

10b

11a

11b

12b

DEVELOPMENT, INC.

04-3289039

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 14	3 38%		. · K				
	If there are material differences in voting rights among members of the governing body, or if the governing		ì					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	· Š£						
h	Enter the number of voting members included in line 1a, above, who are independent 1b 13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		2.					
_	officer, director, trustee, or key employee?	2	X	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
3		2		х				
	of officers, directors, or trustees, or key employees to a management company or other person?	<u>3</u>		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X				
6	Did the organization have members or stockholders?	6		^				
7a		_		х				
	more members of the governing body?	_7a						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х				
_	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3	,					
	The governing body?	_8a_	X					
	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		<sub>v</sub>				
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a	X	├				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	ì				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	5 · · · · · · · · · · · · · · · · · · ·							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent			,s ,				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u> </u>					
а	The organization's CEO, Executive Director, or top management official	15a	X					
þ	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		. <u>.</u> ,	Š.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<b>1</b>	************************					
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		43 4	***				
	exempt status with respect to such arrangements?	16b						
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MA							
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)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal					
	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							
	KEVIN DOLE - 617-822-3717							
	42 CHARLES ST., SUITE E, DORCHESTER, MA 02122							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Posi	tion	than	one	Reportable	Reportable	Estimated amount of	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		
	week	⊢				<u> </u>		from the	from related	other	
	(list any hours for	lrect						organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e 0 -	stee			nsate		(W-2/1099-MISC)	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	organization	
	organizations	trust	直		oyee	ad mo				and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations	
<del></del>	line)	르	를	Officer	, Ke	돌	For				
(1) ALKIA POWELL	0.50									^	
MEMBER	0 50	X	_	_	<u> </u>	-	L_	0.	0.	0	
(2) DZUNG NGUYEN	0.50	٠,,			l				0.	_	
MEMBER	0.50	X	<u> </u>			-	├—	0.		0	
(3) GARY FRENCH	0.50	,,						0.	0.	0	
MEMBER (4) HUONG PHAN	0.50	Х	_	_		┢	├-	<u> </u>	· ·		
MEMBER	0.30	x					1	0.	0.	0	
(5) JULIEN PHAM	0.50	^	$\vdash$	⊢	-	╁	_	· · ·	<u>-</u>	<u> </u>	
MEMBER	0.50	X			]	]		0.	) o.	0	
(6) KERRY MCGOWAN	0.50	<u> </u>	$\vdash$	⊢	├	╁╌	┝				
CLERK		x		x				0.	0.	0	
(7) KEVIN DOLE	0.50	<del>  ^</del>	一	<del>  ^</del>	┢	┢	$\vdash$	<del>                                     </del>	<del></del>	<u>_</u>	
PRESIDENT		$ \mathbf{x} $	1	$\mathbf{x}$				0.	0.	0	
(8) KIM THAI	0.50	<del>                                     </del>	$\vdash$	<del> </del>	-	1	-	<del>                                     </del>			
MEMBER		$\mathbf{x}$						0.	0.	C	
(9) LISETTE T LE	0.50		一	T	✝	<b>†</b>	1				
MEMBER		$\mathbf{x}$					1	0.	0.	ĺ	
(10) LYNETTE FRAZIER	0.50	<u> </u>	Г	t			┪				
MEMBER		X	ŀ		l	1	ł	0.	0.	} o	
(11) NHAT LE	0.50					1	Г				
TREASURER		X	]	X	ļ	1	]	0.	0.	c	
(12) NHO TRUONG	0.50	Π				Г					
MEMBER		X		ì			<u>L</u> _	0.	0.	c	
(13) RAEMI AMANDA WOOD	0.50					1					
MEMBER		X						0.	0.		
(14) VAN P.T. LE	37.50				I	Γ					
MEMBER/INTERIM ED (THRU AUG 2015)	0.50			X	L		Ц.	64,762.	0.	0	
(15) HUE PHAM	37.50		1				l		_		
EXECUTIVE DIRECTOR (AS OF AUG 2015)	0.50	├	$\vdash$	X	├	$\vdash$	$\vdash$	29,167.	0.	1,266	
		1_	<u> </u>		_						
		-									
532007 12-16-15	<del></del> -	_	Щ.	<u> —</u>	Ц		<u> </u>	<u> </u>	<u> </u>	Form <b>990</b> (201	

Form 990 (2015)

· Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable Reportable compensation compensation from from related			Estimated amount of other		
· · · · · · · · · · · · · · · · · · ·	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	pensa om the anizat d relat inizati	e Ion ed
											<u></u>		_
											1		
		_					-						
		$\vdash$		-									
		-	-	-	_								<del></del>
		}-	┡	<u> </u>		-	-						
the Outs Askal		1_		<u> </u>	<u> </u>	_	Ļ	93,929.		0.		1,2	66.
1b Sub-total c Total from continuation sheets to Part V	/II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)					_		<u> </u>	93,929.		0.		1,2	66.
2 Total number of individuals (including but compensation from the organization	not limited to ti	hose	list	ed a	bov	e) w	ho r	eceived more than \$10	0,000 of reportab	e			c
3 Did the organization list any former officer	director or tr	ueto	o k	3V 0	mple	2000	0.5	highest compensated	amployee on		<b>8</b> 54	Yes	No
line 1a? If "Yes," complete Schedule J for			C, K	Jy Ci	прк	Јусс	, 01	riighest compensated t	employee on		3	مشد" د.	X
4 For any individual listed on line 1a, is the s									the organization			i	
and related organizations greater than \$15											4	122.	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	· ·					-	relat	ted organization or indi	vidual for services		5	ĬĹ.	X
Section B. Independent Contractors					7.0.								·
Complete this table for your five highest c the organization. Report compensation for		-								npens	ation	from	
(A)	THE Cale Idar	year	ena	ii ig v	WILLI	OI V	VILI	(B)	year.			 C)	
Name and busines	s address	N	ON	E			_	Description of	services		Compe		on
												-	
Total number of independent contractors	(including but	not I	ımıte	ed to	the	ose I	ısted	d above) who received	more than		<del>-</del>		
\$100,000 of compensation from the organ	nization >				_	0		<del></del>			Form		
											i OHH	~~~	にといい

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Form 990 (2015)

DEVELOPMENT, INC.

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

(A) (R) (C) (D) (E)

Page 9

		,	<b>-</b>		or note to any li	no in this Bort VIII			
2		,	Check if Schedule O cont	ains a response	or note to any iii	(A)	(B)	(C)	(D)
	دد	Šĺ				Total revenue	Related or	Unrelated	Revenue excluded from tax under
V	1,1				*	1	exempt function	business	sections 512 - 514
SO	**************************************	¥".	<del></del>	***	22 040		revenue	revenue	512 - 514
, Grants	י ן	а	Federated campaigns	1a	23,040.				
جَ ق			Membership dues	1b	<u> </u>		'		
₽.			Fundraising events	1c	60,747.		( ) , , , ,		
ig ig		d	Related organizations	1d				*	
Contributions, Gif and Other Similar		е	Government grants (contribut		390,168.			l i i i i i i i i i i i i i i i i i i i	
ē,		f	All other contributions, gifts, gran	ts, and			li in i		
듗폱			similar amounts not included abor	ve 1f	312,362.				
ğğ		g	Noncash contributions included in lines	1a-1f \$					
<u>ठ</u> ह		h	Total. Add lines 1a-1f			786,317.			
					Business Code				
9	2	а	DEVELOPER FEE		531390	137,406.	137,406.		, January 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ه ڲٙ	1	b	CHILDCARE	<u></u>	624410	122,517.	122,517.		
S S		С	MANAGEMENT FEES	<del></del>	531310	17,283.	17,283.		
eve	ľ	d	RENTAL INCOME		531190	10,650.	10,650.		
Program Service Revenue		е					<del></del>		
ā	ĺ	f	All other program service reve	enue					
	_	g	Total. Add lines 2a-2f			287,856.		1 31 4X	1373
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		<b>•</b>				
	4		Income from investment of tax	x-exempt bond p	roceeds				
	5		Royalties		•				
	i			(i) Real	(ii) Personal	· ** * * ·			7277111
	6	а	Gross rents						
	ł	b	Less rental expenses						
	ŀ		Rental income or (loss)						\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
					<u> </u>	~ . 1 5° ~ 200 200 200 200 200 200 200 200 200 2		Main Br. na.	1 2 2 2 m 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	7		Gross amount from sales of	(i) Securities	(ii) Other		26133	8 x 2 x x x	
	ì		assets other than inventory	1	\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
		b	Less cost or other basis					- 54 * 31)	
	1		and sales expenses				3		
	ŀ	С	Gain or (loss)						* ` ~
	l		Net gain or (loss)						
40	l a		Gross income from fundraising	a events (not		. 67.4 8 4 4 4 4	)		4 ×
Ž		_	including \$ 60,7	47. of					
Š			contributions reported on line						\$4 4 Cx 14 B
Other Reven			Part IV, line 18	-	14,768.				# # # # # # # # # # # # # # # # # # #
重		<b>L</b>		a	25,156.				
ō			Less direct expenses	. <b>b</b>	23,156.	-10 200		- <u>&amp;4 - 14</u>	<u>~</u>
	<u>_</u> ا		Net income or (loss) from fund		<u> </u>	<10,388.	<u> </u>	À. 20	<10,388.>
	۱	a	Gross income from gaming ac						A CONTRACTOR
		L-	Part IV, line 19	a '					Paratoni
			Less direct expenses	b		<u> </u>	***************************************		
			Net income or (loss) from gam						
	טי		Gross sales of inventory, less	returns			<b>,</b>		- Landerson
			and allowances	а			۰		, ,
			Less cost of goods sold	b					
	_	C	Net income or (loss) from sale:  Miscellaneous Revenue		Busines: O				
	11	<u> </u>	wiscellatieous Revenu	e	Business Code				
		a b							<del></del>
		c			<del>_</del>				<del></del>
		d	All other revenue	<del></del>	531310	65,495.	65,495.		<del></del>
			Total: Add lines 11a-11d	1	332320	65,495.			<u> </u>
	12	_	Total revenue. See instructions.			1,129,280.	353,351.	0.	<10,388.>

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Form 990 (2015) DEVELOPMENT,
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response		_		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	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				
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		<del></del>		· ※ 8 & 6 % / 4 8 8 8 8
5	Compensation of current officers, directors,	68,172.	48,878.	9,608.	9,686.
6	trustees, and key employees Compensation not included above, to disqualified	00,172	40,0101	37000.	3,000
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	413,863.	358,216.	23,855.	31,792
8	Pension plan accruals and contributions (include	220,000	330,==31		
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,543.	11,498.	2,484.	561
10	Payroll taxes	36,445.	31,187.	2,814.	2,444.
11	Fees for services (non-employees)	· · · · · · · · · · · · · · · · · · ·	·		
а	Management				İ
Ь	Legal				
С	Accounting	28,900.		28,900.	
d	Lobbying		* <del></del>		
е	Professional fundraising services. See Part IV, line 17			. di Rt	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	16,610.	10,071.	6,539.	
12	Advertising and promotion	180.	180.		
13	Office expenses	8,382.	7,631.	116.	635
14	Information technology	1,197.	1,122.		75.
15	Royalties		60.6		
16	Occupancy	60,324.	60,286.	0.00	38.
17	Travel	30,752.	27,707.	2,980.	65.
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	75 000	FC 15A	10 060	
22	Depreciation, depletion, and amortization	75,022.	56,154.	18,868.	
23	Insurance	, WA N.	·/ ×4 × × / × *· / ·	*** · · · · · · · · · · · · · · · · · ·	, , , ,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line			7 1/2 5	
	24e amount exceeds 10% of line 25, column (A)			95.3	
_	amount, list line 24e expenses on Schedule 0.)  CLIENT AND CAREGIVERS R	80,154.	80,154.		
a	MEALS	38,997.	36,134.		2,000
b	PROGRAM SUPPLIES	21,615.	21,615.		2,000
C	DUES AND SUBSCRIPTIONS	4,298.	21,615.	4,098.	
d	<del></del>	3,725.	3,483.	27.	215
	All other expenses  Total functional expenses. Add lines 1 through 24e	903,179.	755,379.	100,289.	47,511
<u>25</u> 26	Joint costs. Complete this line only if the organization	20211130	, , , , , , , , , ,	100,209.	41,311
20	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.			1	
	vaavanonai variipaigii anu tunutaisiliy sviibilalivili. 🗍			i	1

532010 12-16-15

Form **990** (2015)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 608,363. 419,662. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 227,974 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 22,371. 13,520. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 5,169,119 basis. Complete Part VI of Schedule D 10a 3,456,225 3,427,903. 1,741,216. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 1,132,375. 1,458,782. 15 15 Other assets. See Part IV, line 11 5,742,088. 5,258,607. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 151,747. 152,490. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 16,300. 15,855. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 5,616. 2,916. 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, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,190,127. 1,490,964. 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 140,958. 100,499. 1,505,046. 1,762,426. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \(\bigset\) and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,803,378. 3,671,788. 27 Unrestricted net assets 27 176,284. 28 81,773 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ \_\_\_\_ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32  $\overline{3},753,561$ . 3,979,662. 33 Total net assets or fund balances 33 5,258,607. 5,742,088. Total liabilities and net assets/fund balances

Form **990** (2015)

Pai	t XI   Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
	Tatal revenue (must acrual Dart VIII askuren (A) kas 12)	1	1.1	29,2	80.		
1	Total revenue (must equal Part VIII, column (A), line 12)	2		$\frac{03,1}{03,1}$			
2	Total expenses (must equal Part IX, column (A), line 25)			$\frac{03,1}{26,1}$			
3	Revenue less expenses. Subtract line 2 from line 1	3		$\frac{20,1}{53,5}$			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33,3	01.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,9	79,6	62.		
Pa	tiXII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		Yes	No		
2a		· ·	2	a 1 *****	X		
	Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Were the organization's financial statements audited by an independent accountant?						
С	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  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?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired au		b X			

532012

### SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 50:1(c)(3) organization or a section

OMB No 1545-0047

4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of	the organization VIE	TNAMESE AME	RICAN INITIA	TIVE	FOR			identification number	
		ELOPMENT, I						<u>4-3289039                                   </u>	
Part I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part ) Se	e instruction	s.		
The organ	ization is not a private fou	ndation because it is	(For lines 1 through 11, o	check only	one box.)				
1 🖳	A church, convention of	churches, or association	on of churches describe	d ın <b>sectio</b>	n 170(b)(1	)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
з 🔲	A hospital or a cooperation	ve hospital service org	anization described in s	ection 170	(b)(1)(A)(ii	i).			
4 🗀	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and state								
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv).	(Complete Part II.)							
6 🗀	A federal, state, or local of	government or governr	mental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	An organization that norr	nally receives a substa	antial part of its support	from a gov	ernmental	unit or from	the general	public described in	
	section 170(b)(1)(A)(vi).	(Complete Part II.)							
в 🗀	A community trust descr	bed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 🔲	An organization that norr	mally receives. (1) more	e than 33 1/3% of its sup	oport from	contribution	ons, member	ship fees, a	nd gross receipts from	
	activities related to its ex	empt functions - subje	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of	its support	from gross investment	
	income and unrelated bu	isiness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the o	rganization	after June 30, 1975.	
	See section 509(a)(2). (0	Complete Part III.)							
10	An organization organize	d and operated exclus	sively to test for public sa	afety See	section 50	)9(a)(4).			
11 🔲	An organization organize	d and operated exclus	sively for the benefit of, t	o perform i	the functio	ns of, or to c	arry out the	purposes of one or	
	more publicly supported	organizations describe	ed in <b>section 509(a)(1)</b> d	r section	509(a)(2)	See <b>section</b>	509(a)(3). C	Check the box in	
_	lines 11a through 11d th	at describes the type o	of supporting organization	n and com	iplete lines	s 11e, 11f, an	d 11g.		
a L_		rganization operated, s	supervised, or controlled	by its sup	ported org	janization(s),	typically by	giving	
	the supported organiza	ation(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	upporting	
	organization You mus	t complete Part IV, S	ections A and B.						
b		organization supervised	d or controlled in connec	tion with it	s support	ed organızatı	on(s), by ha	ving	
	control or managemen	t of the supporting org	anization vested in the s	same perso	ons that co	ontrol or man	age the sup	ported	
	organization(s) You m	•							
c L	☐ Type III functionally in	<b>ntegrated.</b> A supportin	ig organization operated	ın connec	tion with, a	and functions	ally integrate	ed with,	
	_1		s). You must complete						
d ∟			oorting organization ope						
	that is not functionally	integrated. The organi	zation generally must sa	itisfy a dist	ribution re	quirement ar	nd an attent	iveness	
	requirement (see instru	uctions). <b>You must co</b> i	mplete Part IV, Section	s A and D	and Part	V.			
е 🗀			written determination fro			a Type I, Type	e II, Type III		
	functionally integrated	, or Type III non-function	onally integrated support	ting organi	zation.				
	er the number of supporte	•						<u> </u>	
	vide the following informat (i) Name of supported	tion about the support	ed organization(s).  (iii) Type of organization	Visa lo the o	rganization	(v) Amount o			
	organization	(11) EIN	(described on lines 1-9	listed	in your	suppor	•	(vi) Amount of other support (see	
	0.94.1124.011	1	above (see instructions))		document?	instruc	•	instructions)	
		<del></del>		Yes	No				
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	·	<del></del>	<del> </del> -	<del>                                     </del>	<del> </del> -	<del></del>		<del></del>	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DEVELOPMENT, INC.

[Partill | Support Schedule for Organizations Described Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			<del></del>			
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	\\\\	1-1-012	1-7	,-,/		
•	membership fees received. (Do not		 		ļ	j	
	include any "unusual grants.")	2,022,976.	1,310,350.	1,131,912.	1,284,461.	786,317.	6,536,016.
2	Tax revenues levied for the organ-						
	ization'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				<u> </u>		
4	Total. Add lines 1 through 3	2,022,976.	1,310,350.	1,131,912.	1,284,461.	786,317.	6,536,016.
5	The portion of total contributions						
	by 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)					<i>M M M M M M M M M M</i>	
	Public support. Subtract line 5 from line 4				<u> </u>		6,536,016.
_	ction B. Total Support	<del></del>	<del></del>		1		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015 786,317.	(f) Total 6,536,016.
	Amounts from line 4	2,022,976.	1,310,350.	1,131,912.	1,284,461.	700,317.	6,536,016.
8	Gross income from interest,					]	
	dividends, payments received on				<u> </u>		
	securities loans, rents, royalties	5,510.	4,833.	5,530.	4,366.		20,239.
_	and income from similar sources	3,310.	4,033.	3,330.	4,300.		20,233.
9	Net income from unrelated business				İ		
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain	<del></del> -	<del> </del>	<u> </u>	<del> </del>	<del></del>	<u> </u>
10	or loss from the sale of capital	l					
	assets (Explain in Part VI.)	18,413.	34,828.	Í		65.495.	118,736.
11	Total support. Add lines 7 through 10					<b>*</b> 1 - 2 - 11	6,674,991.
12	Gross receipts from related activities		<u> </u>		***************************************		,873,785.
13			•	rd, fourth, or fifth t	ax vear as a sectio		· <del></del>
	organization, check this box and stop	•	,	-,		(-/(-/	ightharpoons
Se	ction C. Computation of Pub		rcentage				
14	Public support percentage for 2015 (	line 6, column (f) d	livided by line 11,	column (f))		14	97.92 %
15	Public support percentage from 2014	4 Schedule A, Part	II, line 14			15	97.68 %
16a	33 1/3% support test - 2015. If the			n line 13, and line	14 is 33 1/3% or i	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	า			ightharpoons X
Ŀ	33 1/3% support test - 2014. If the	organization did ni	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	17a 10% -facts-and-circumstances test - 2015. 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 "fac	cts-and-circumstar	nces" test, check t	his box and <b>stop i</b>	<mark>here.</mark> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
t	10% -facts-and-circumstances tes	st - <b>2014.</b> If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, c	heck this box and	l <b>stop here.</b> Explaii	n in Part VI how the	•
	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17			
					Scho	edule A (Form 990	or 990-EZ) 2015

	_					
(Complete only if y	ou checked the box	on line 9 of Part I or if	the organization	failed to qualify unde	r Part II. If the organization	on-fails-to
qualify under the t	acta listed balancial	aca complete Part II \				

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not			l			
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513			j	}	,	
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf		II	1	{	ļ	
5	The value of services or facilities				<del>                                     </del>		
J	furnished by a governmental unit to	}	1	ł	1	}	
	the organization without charge						
e	J	<del> </del>		<del> </del> -	<del>                                     </del>	<del>                                     </del>	
	Total. Add lines 1 through 5	<del> </del>		<del> </del>	<del>                                     </del>	<del>  -  </del>	
<i>r</i> a	Amounts included on lines 1, 2, and			1			
b	3 received from disqualified persons 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						
	Public support. (Subtract line 7c from line 6.)		47.7 37.6	**************************************	1. 4. 1.	``````````````````````````````````````	
Sec	ction B. Total Support		30.0	<u> </u>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(2) 2011	(5) 2012	10,2010	1 (5/2011	10/2510	(7)
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)			T	T		
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax vear as a section	on 501(c)(3) organiz	ation.
• •	check this box and stop here	o.gamzanom	ot, occoria, an	, 01 11101	, 500, 40 4 500110	55 . (5)(5) Organiz	<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	_			
_	Public support percentage for 2015 (		<u>-</u>	column (fl)		15	%
	Public support percentage from 2014	•	-	- J. G. T. T. (1/)		16	96
	ction D. Computation of Inve					1.19.1	70
	Investment income percentage for 20				<del></del>	17	
				ne 15, column (I))		18	
	Investment income percentage from			on line 44	4E		7.0.704
198	a 33 1/3% support tests - 2015. If the						/ is not
_	more than 33 1/3%, check this box a						<b>▶</b> ـــا
t	o 33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						▶ڸۦؚٳ
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	
5320	23 09-23-15				Cab	edule A (Form 990	or 000 E7\ 2016

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 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.)

	Yes	No
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532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ictions. All
	other Type III non-functionally integrated supporting organizations must co	mplete:	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 Year (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)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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	1		
	factors (explain in detail in <b>Part VI</b> )			
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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	1	
6	Multiply line 5 by .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 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		
7	Check here if the current year is the organization's first as a non-functional	ly-integr	ated Type III supporting org	anization (see
	instructions)		, <b>3</b> 9	•

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 DEVELOPMENT, INC.

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Section	on D = Distributions	Current-Year		
1	Amounts paid to supported organizations to accomplish exe	<u></u>		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	<u> </u>
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			<u> </u>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4:	ion E. Distribution Allegations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
Secti	ion E - Distribution Allocations (see instructions)			Amount for 2010
1	Distributable amount for 2015 from Section C, line 6			}
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
_3_	Excess distributions carryover, if any, to 2015			
а		· · · · · · · · · · · · · · · · · · ·		
b				·*** : : : : : : : : : : : : : : : : : :
c	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	* `		
d	From 2013			
<u>e</u>	From 2014			
f	Total of lines 3a through e		i v '	
<u>g</u>	Applied to underdistributions of prior years	i->		* * * * * * * * * * * * * * * * * * *
<u>h</u>	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$	<u> </u>		1.01
a	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2015 distributable amount			····
c	Remainder. Subtract lines 4a and 4b from 4	ANA NA 18 1 2 3 3 3		1 X:36xx 2
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		> . Y *** X X	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			7
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7			
a				
<u>b</u>			· · · · · · · · · · · · · · · · · · ·	2 ///
	Excess from 2013			
	Excess from 2014	,	<u>′</u>	4 4
<u>e</u>	Excess from 2015			3 3

Schedule A (Form 990 or 990-EZ) 2015

Sched	ule A (Fo	orm 990 or 990	D-EZ) 2015	DEVE	LOPMI	ENT,	INC.						<u>04</u> -3	<u> 289039</u>	Page 8
Part	VI S	upplement	tal Infor	mation	Provide	the expla		require	d by	Part II. line 1	0, Part	II, line 17a o			
- 122-124 . f	P:	art IV Section	A lines 1	2 3h 3c	4h 4c	5a 6 9a	9b 9c	11a∵11	1h∵a	nd:11c.:Part·l	V-Sect	tion B-lines-	1- and 2Pa	rt IV. Sectio	n.C,
	lın	e 1, Part IV, S	Section D.	lines 2 an	d 3, Part	IV, Section	on E, lines	s 1c, 2	a, 2t	o, 3a and 3b, I	Part V,	line 1, Part \	/, Section E	3, line 1e, Pa	ırt V,
	Se	ection D, lines	5, 6, and	8; and Pa	art V, Sect	tion E, line	es 2, 5, a	nd 6. /	Also	complete this	part fo	or any addition	onal informa	ation.	
	(S	ee instruction	is.)												
		~~				- 017									
PAR	r II	, SHORT	<u>YEAR</u>	EXPL	ANAT	ION:									
THE	201	5 COLUM	N IN	PART	II O	F SCH	EDUL	E <u>A</u>	IN	CLUDES	THE	REVEN	UE FR	OM JUL	<u>Y</u>
1,	2015	THROUG	H DEC	EMBER	31,	2015	DUE	TO	Α	CHANGE	IN	FISCAL	YEAR	END.	
											_				
															-
			<del></del>												
					. — —										
_															
													<del></del>		

### SCHEDULE D

-(Form-990)-

Supplemental Financial Statements

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

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VIETNAMESE AMERICAN INITIATIVE FOR

Employer identification number 04-3289039

OMB No 1545-0047

<b>5</b> 2.	DEVELOPMENT, INC.	- F do ou Othou Circilou Fundo	04 3203033
Käi	Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
~	Number of conservation easements on a certified historic stre	ucture included in (a)	2c
d			<del></del>
u	listed in the National Register	arter 6/17/00, and not on a historic structu	e   2d
3	•	and advantages of a terminated by the	<del></del>
3	Number of conservation easements modified, transferred, rel year ▶	eased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	coment is legated	
5	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
·	Land volunteer riodis devoted to morntoning, inspecting,	rianding of violations, and emorning cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concentrat	ion assamente during the year
•	S	illing of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	vo action, the requirements of section 1700	b)/4)/P)/3
J	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 1700	Yes No
9	In Part XIII, describe how the organization reports conservation	on assaments in its revenue and expense	
•	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	tions illianciai statements that describes t	the organization's accounting for
Pa	rtilli Organizations Maintaining Collections of	f Art Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		pent and halance sheet works of art
10	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		ice of public service, provide, in Part Am,
h			and belongs about works of ort. historical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	blic service, provide the following amounts
	relating to these items		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treation		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990. Part X		<b>▶</b> \$

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532051 11-02-15

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

	tilli Organizations Maintaining C	ollections of A	t. Hist	orical Tr	easures. o	or Oth	er Similar As	sets(continued)
	Using the organization's acquisition, accessi							
•	(check all that apply)	on, and other record	is, cricon	any or the	Tollowing tha	. alo a c	ngrimourit doo or	
_	Public exhibition	d		oan or evol	hange progra	me		
a				Other	nange progra	11113		
b	Scholarly research	е	(					
C	Preservation for future generations	llootions and avaleu	n haw th	au furthar ti	ho organizati	on's ove	mnt nurnaca in E	Oart VIII
4	Provide a description of the organization's co							all Alli.
5	During the year, did the organization solicit o					er Sirriia	ii asseis	Yes No_
Dár	to be sold to raise funds rather than to be material. Escrow and Custodial Arran					"Vaa" at	S Form 000 Port	
1 41	reported an amount on Form 990, Pai		ste ii trie	organizatio	iii alisweleu	165 0	rronn 990, ran	V, III le 3, 01
12	Is the organization an agent, trustee, custod		tiany for a	contribution	s or other as	sets no	t included	
	on Form 990, Part X?	and of other internet	alary lor v	COMMISSION	10 01 011101 40		1	Yes X No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able				
	ires, explain the alrangement in rait All	and complete the to	ilowing t	apic				Amount
С	Beginning balance						1c	74.100.11
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on F	orm 990 Part X line	21 for e	escrow or ci	ustodial acco	unt kab		X Yes No
	If "Yes," explain the arrangement in Part XIII.							X
	Endowment Funds. Complete							
		(a) Current year		rior year	(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	,,,			1			
b	Contributions							
С	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs				ì			
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as			
а	Board designated or quasi-endowment	•	%					
	Permanent endowment	%	_					
С	Temporarily restricted endowment ▶	<del></del>						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for	the organization	
	by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	•			3b
4	Describe in Part XIII the intended uses of the		owment	funds.				
Pa	t.VI Land, Buildings, and Equipn	nent.						
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. 9	See Form 990	), Part >	(, line 10.	
	Description of property	(a) Cost or o	other		t or other		Accumulated	(d) Book value
		basis (investi	ment)		(other)		epreciation	
1a	Land				0,000.	· (24)		170,000.
b	Buildings			4,74	4,188.	1,	559,705.	3,184,483.
С	Leasehold improvements							
d	Equipment							
	Other				6 <b>4</b> ,931.		181,511.	73,420.
Tota	L Add lines 1a through 1e (Column (d) must a	equal Form 990 Part	X colur	nn (R) line	10c )		<b>▶</b> 1	3,427,903.

Schedule D (Form 990) 2015

chedule D (Form 990) 2015	DEVELOPMENT,	INC.	
Dort VIII Investments	Other Securities		

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on-Form 990, Part-IV, lin (b) Book value	e-11b. See Form 990, Par	rt-X, line-12. ——	of-year market value
	(b) DOOK VAIUE	(5) Motified of Value		,
(1) Financial derivatives		<del> </del>		
(2) Closely-held equity interests		<del> </del>		
(3) Other		<del>                                     </del>		
(A)				
(B)				
(C)		<u> </u>		
(D)		<del> </del>		
(E)				
(G)				
(H)		2 23 7 20 4		i 7 % and "I "eddo. "M
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		1. The state of th		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		e 11c. See Form 990, Pa	rt X, line 13.	<del></del>
(a) Description of investment	(b) Book value	(c) Method of valu	iation <sup>.</sup> Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		"."	· . */ . */ .	
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11d. See Form 990. Pa	art X. line 15.	
	Description			(b) Book value
(1) DUE FROM AFFILIATES				1,403,233.
GEGUD THUL DEDOGTING		<del></del>		23,157.
The second secon	<del></del>	<del> </del>		32,392.
(4)				
(5)				
(6)		<del> </del>		
		<del></del>		
(8)				
(9)		<u> </u>		1 450 700
Total. (Column (b) must equal Form 990, Part X, col (B) lir  Part X: Other Liabilities.	ne 15)		<u> </u>	1,458,782.
Complete if the organization answered "Yes"	on Form 990, Part IV, III			-
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO AFFILIATES		100,499.		in in
(3)				
(4)				
(5)				
(6)				· *
(7)		-		
(8)				* **
				A* .
(9)				•
	25.1	100 499		
<ul><li>Total. (Column (b) must equal Form 990, Part X, col (B) lir</li><li>Liability for uncertain tax positions. In Part XIII, provid</li></ul>		100,499.	analal atatamanta t	hat raparte the

Schedule D (Form 990) 2015

. VIETNAMESE AMERICAN INIT	TIATIVE FOR	04-3289039 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	
Complete if the organization answered "Yes" on Form 990, Part IV, line		
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	27 × 72
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part XII   Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line		
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		<b>₹</b>
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	<u> </u>	
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	<u> </u>	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	:)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	, Part IV, lines 1b and 2b	o, Part V, line 4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information	
		<del></del>
PART IV, LINE 2B:		
THE ORGANIZATION HELD \$2,916 IN SECURITY 1	DEPOSITS FOR	THE PERIOD ENDING
DECEMBER 31, 2015.		
	<u>-</u>	
PART X, LINE 2:		
	<u> </u>	
GAAP PRESCRIBES A RECOGNITION THRESHOLD A	ND MEASUREME	NT ATTRIBUTE FOR
CONSOLIDATED FINANCIAL STATEMENT RECOGNIT	ION AND MEAS	UREMENT OF A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN	A TAX RETURI	N. FOR THOSE BENEFITS
TO BE RECOGNIZED, A TAX POSITION MUST BE	MORE-LIKELY-	THAN-NOT TO BE
SUSTAINED UPON EXAMINATION BY TAXING AUTHOR	ORITIES. FOR	THE PERIOD ENDED
DECEMBER 31, 2015, THE AGENCY HAS DETERMINE	NED THAT IT	HAS NOT TAKEN ANY TAX

POSITIONS WHICH WOULD RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN

532054
09-21-15
Schedule D (Form 990) 2015

04-3289039 Page 5 DEVELOPMENT, INC. Schedule D (Form 990) 2015 Part XIII Supplemental Information (continued) THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE AGENCY RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE. THERE WERE NO INTEREST OR PENALTIES FOR THE PERIOD ENDED **DECEMBER 31, 2015.** GENERALLY, THE AGENCY'S INFORMATION/TAX RETURNS REMAIN OPEN FOR POSSIBLE FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS AFTER THE FILING DATE. THE AGENCY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(F.orm.990.or.990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

**ZU-15** 

OMB No 1545-0047

Open to Public

Name of the organization

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

VIETNAMESE AMERICAN INITIATIVE FOR

Emplo

Employer identification number

DEVELOP	MENT,_INC				04-3289	039
Part Fundraising Activities. required to complete this part	Complete if the organization answe	red "Yes	" on	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of no tion of go fundraisi (includin trofession	on-go overr ing e ng of nal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraisi have custo or control contribution	ody   I of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes 1	No			
			_			
			_			
			_			
		-	$\dashv$			
			_			
Total  3 List all states in which the organization	un is registered or licensed to collect	contribut	<b>▶</b>	or has been notified	d it is available from re	agetration
or licensing				S OF HAS DEET HOUNE		
			_			
		<del>-</del>				
				<del></del>		<del></del>
						<del></del>
			_			

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990-EZ) 2015 DEVELOPMENT, INC.

04-3289039 Page 2

		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
-			GALA (event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			(2001113/20)		<del> ` ` `</del>	<del></del>
Reve	1	Gross receipts	75,515.			75,515.
Ì	2	Less Contributions	60,747.			60,747.
$\perp$	3	Gross income (line 1 minus line 2)	14,768.			14,768.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	14,768.	<u> </u>		14,768.
ا ۵	8	Entertainment	10,388.		<u> </u>	10,388.
- [	9	Other direct expenses  Direct expense summary. Add lines 4 throug	b O in column (d)			25,156,
	10	Net income summary. Subtract line 10 from I	, ,			25,156. <10,388.
Pa	ri i	Gaming. Complete if the organization	answered "Yes" on Forn	1990. Part IV. line 19. or	reported more than	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1580 B	\$15,000 on Form 990-EZ, line 6a				
_		,,		(b) Pull tabs/instant		(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)
8						
ב	1	Gross revenue				
g	2	Cash prizes				
andx:	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs			·	
	5	Other direct expenses	ļ		<del></del>	
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line i	7 from line 1, column (d)		•	
				_		
9	En	ter the state(s) in which the organization cond	ucts gaming activities			
а	ls 1	the organization licensed to conduct gaming a	ctivities in each of these	states?	-	Yes No
b	lf "	'No," explain				
0-						T V
		ere any of the organization's gaming licenses r 'Yes," explain			year <i>:</i> 	Yes No
	_					
	_					
208	32 0	9-14-15			Schedule G (Fo	rm 990 or 990-E <b>Z)</b> 201

Sch	edule G (Form 990 or 990-EZ) 2015 DEVELOPMENT, INC. 04-	3289039 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	13a <u>%</u>
	An outside facility	13b %
	·	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
t	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of gaming revenue retained by the third party > \$	
,	If "Yes," enter name and address of the third party.	
•	71 100, Office that address of the time party.	
	Nama -	
	Name	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation > \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	└── Yes └── No
1	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year > \$	
Pź	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	Lines 9, 9b, 10b, 15b,
تــتا	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	.,,,
	15c, 15, and 17b, as applicable. Also provide any additional information (see instructions).	
_		
_	<u> </u>	
_		<del></del>
_		
_		

Schedule G (Form 990 or 990-E7)	DEVELOPMENT, INC.	04-3289039 Page 4
Schedule G (Form 990 or 990-EZ) PartiV Supplemental Inform	nation (continued)	age 4
- Canada Antalaga ( Canada Can		
		<del></del>
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		·
	<del></del>	
	<del></del>	·
	<del></del>	Schedule G (Form 990 or 990-E2

532084 04-01-15

### 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.

Open to Public Inspection \* \*\*\*

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 04-3289039

Name of the organization

VIETNAMESE AMERICAN INITIATIVE FOR INC. DEVELOPMENT,

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY DEVELOPMENT CORPORATION. THE MISSION OF THE ORGANIZATION IS

TO BUILD A STRONG VIETNAMESE AMERICAN COMMUNITY IN BOSTON. THE FOUR

BASIC GOALS OF THE MISSION ARE: TO INCREASE CIVIC PARTICIPATION,

PROMOTE ECONOMIC DEVELOPMENT AND SELF SUFFICIENCY, TO BUILD AFFORDABLE

HOUSING FOR RESIDENTS AND TO FOSTER YOUTH LEADERSHIP.

1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE

PARTICIPATION, PROMOTE ECONOMIC DEVELOPMENT AND SELF SUFFICIENCY.

BUILD AFFORDABLE HOUSING FOR RESIDENTS AND TO FOSTER YOUTH LEADERSHIP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROPERTY MANAGEMENT AND ECONOMIC AND BUSINESS DEVELOPMENT - THE

PROPERTY MANAGEMENT AND ECONOMIC AND BUSINESS DEVELOPMENT DIVISION

PROVIDES TECHNICAL ASSISTANCE TO BUSINESS OWNERS AND ENTREPRENEURS.

**EXPENSES \$ 50,377.** INCLUDING GRANTS OF \$ 0. **REVENUE \$ 17,283.** 

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD OF DIRECTORS WILL REVIEW THE 990 AND APPROVE THE 990 BEFORE IT IS

FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD IS ASKED ANNUALLY TO VERIFY/CONFIRM THAT THERE ARE NO NEW

CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

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

532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization -VIETNAMESE AMERICAN INITIATIVE FOR - DEVELOPMENT, INC.	- Employer-identification-number- 04-3289039
THE BOARD OF DIRECTORS REVIEWS ANNUAL COMPENSATION OF OTH	<u> </u>
DIRECTORS IN SIMILAR SIZED ORGANIZATIONS. THE ORGANIZATION	<del> </del>
COMPENSATION FOR ALL STAFF AND COMPARES TO OTHER SIMILAR	SIZED
ORGANIZATIONS. EMPLOYEES HAVE AN ANNUAL PERFORMANCE REVIEW	EW PROCESS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGNIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERS	ST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	DUEST.
·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

OMB No 1545-0047

Open to Publication

(g) Section 512(b)(13) controlled Employer identification number 04-3289039ž entity? /IETNAMESE AMERICAN Direct controlling Yes × 178,664. DEVELOPMENT, INC. entity NITIATIVE FOR Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling VIET AID, INC. entity End-of-year assets Ð status (if section LINE 11B, II Public charity 501(c)(3)) 73,260. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

VIETNAMESE AMERICAN INITIATIVE FOR Total income Exempt Code section 501(C)(3) ਉ Legal domicile (state or Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) **TASSACHUSETTS** MASSACHUSETTS Primary activity Primary activity AFFORDABLE HOUSING REAL ESTATE INC. 04-3289039, 42 CHARLES ST., DORCHESTER, MA DEVELOPMENT, FIELDS CORNER HOUSING CORP - 04-3490920 Name, address, and EIN (if applicable) LLC Name, address, and EIN of related organization of disregarded entity VIETNAMESE COMMUNITY CENTER, CORCHESTER, MA 02122 Name of the organization **42 CHARLES STREET** Part II Part 02122

or Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2015

DEVELOPMENT, INC. Schedule R (Form 990) 2015

| Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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(a)	<u>(</u>	(၁)	(a)	(e)	E	6)	<u>(E</u> )	<b>E</b>	3	ξ,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		45545	Yes No	K-1 (Form 1065)	YesNo	
BLOOMFIELD GARDENS LIMITED										-
PARTNERSHIP - 26-2799726, 42	1									
CHARLES STREET, DORCHESTER,	AFFORDABLE									
MA 02122	HOUSING	Ψ¥	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1460 HOUSE LIMITED										
PARTNERSHIP - 20-8956711, 42	т									
CHARLES STREET, DORCHESTER,	AFFORDABLE									-
MA 02122	HOUSING	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
			VIETNAMESE							
UW4 LIMITED PARTNERSHIP -			AMERICAN		•					
47-1831747, 42 CHARLES	AFFORDABLE		INITIATIVE FOR							
STREET, DORCHESTER, MA 02122	HOUSING	MA MA	DEVELOPMENT,	RELATED	0.	6,098,715.	×	N/A	×	900.66
			VIETNAMESE							_
UW4 GP LLC - 04-3289039			AMERICAN						-	
42 CHARLES STREET	AFFORDABLE		INITIATIVE FOR							=
DORCHESTER, MA 02122	HOUSING	MA	DEVELOPMENT,	RELATED	0.	48,667.	×	N/A	×	79.00%
RECOMPRESSION OF Belated Organizations Tayable as a Corneration	rganizations Taxable	Con Corn	oration or Truet Cor	nn or Triist Complete if the organization anciwared "Vec" on Form 000 Dart IV line 34 heralise if had one or more related	oV" bereword n	a" on Form 990 B	ort IV line 34	heralise it had on	or no	o related

| Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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(i)	512(b)(13) controlled entity?	Yes					-			-			-	-	
		۶	_	_	×	_		*			_			_	
(H)	Percentage ownership				79.00%			79.00\$							
(6)	Share of end-of-year	doodlo			1.			0.							
(J)	Share of total income				0			0							
(e)	Type of entity (C corp, S corp,	nen no	_		c corè		-	c corp	_	 	_	-			
(p)	Direct controlling entity				VIET AID, INC.			VIET AID, INC. C CORP							
(၁)	Legal domicile (state or foreign	country)			MA			MA							
(q)	Primary activity				AFFORDABLE HOUSING			AFFORDABLE HOUSING							
(a)	Name, address, and EIN of related organization		BLOOMFIELD GARDENS GP, INC 26-2799651	42 CHARLES STREET	DORCHESTER, MA 02122	1460 HOUSE GP, INC 20-8956140	42 CHARLES STREET	DORCHESTER, MA 02122							

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2015

# VIETNAMESE AMERICAN INITIATIVE FOR DEVELOPMENT, INC.

Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015 Yes ₽ Ξ ₽ ပ္ 우 đ 5 19 무 (d) Method of determining amount involved 19 두 ¥ 2 # = ÷ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 ∤35b, or 36. FMV 886,560.FMV 245,264.FMV 3,812,477.FMV 137,407.FMV 100,499. (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) 闰 Д Д Ы m Performance of services or membership or fundraising solicitations by related organization(s) Д Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization (3) 1392 DORCHESTER AVENUE, LLC e Loans or loan guarantees by related organization(s) (1) FIELDS CORNER HOUSING CORP (2) FIELDS CORNER HOUSING CORP Purchase of assets from related organization(s) Exchange of assets with related organization(s) (4) UW4 LIMITED PARTNERSHIP (6) UW4 LIMITED PARTNERSHIP Sale of assets to related organization(s) Dividends from related organization(s) (6) 532163 09-08-15 \_ ۵

Schedule R (Form 990) 2015 DEVELOPMENT, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?																																
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9	Are all partners sec 501(c)(3) orgs?	Yes No				Г								$\vdash$										•									
i	Predominant income (related, unrelated, excluded from tax under																																
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Schedule R (Form 990) 2015

## VIETNAMESE AMERICAN INITIATIVE FOR DEVELOPMENT, INC.

Schedule H (Form 990) 2015 DEVELOPMENT, INC.	04-3289039 Page 5
Provide additional information	
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE	AS PARTNERSHIP:
NAME OF RELATED ORGANIZATION:	
UW4 LIMITED PARTNERSHIP	
DIRECT CONTROLLING ENTITY: VIETNAMESE AMERICAN INITIATIVE	FOR DEVELOPMENT,
INC.	
NAME OF RELATED ORGANIZATION:	
UW4_GP_LLC	
DIRECT CONTROLLING ENTITY: VIETNAMESE AMERICAN INITIATIVE	FOR DEVELOPMENT,
INC.	
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