

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2006**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2006 calendar year, or tax year beginning , 2006, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> FRIENDS OF VINH MONTAGNARD CATHOLIC ORPHANAGE & MISSION-VIETNAM PO BOX 9322 AUBURN, CA 95604-9322	<b>D</b> Employer identification number 16-1724012 <b>E</b> Telephone number 530-269-1431 <b>F</b> Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I Website:** ▶ N/A  
**J Organization type** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 39,763.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

<b>REVENUE</b>	<b>1</b>	Contributions, gifts, and similar amounts received	<b>1</b>	39,763.
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	<b>6</b>	Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here. <input type="checkbox"/>		
	<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>6c</b>	Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>		
<b>8</b>	Other revenue (describe ▶ _____)	<b>8</b>		
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	39,763.	
<b>EXPENSES</b>	<b>10</b>	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	<b>10</b>	23,734.
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	80.
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	590.
	<b>16</b>	Other expenses (describe ▶ SEE STATEMENT 2)	<b>16</b>	1,598.
<b>17</b>	<b>Total expenses</b> (add lines 10 through 16)	<b>17</b>	26,002.	
<b>18</b>	Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	13,761.	
<b>ASSETS</b>	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	9,222.
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	22,983.

**Part II Balance Sheets** – If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	9,222.	<b>22</b> 22,983.
<b>23</b>	Land and buildings		<b>23</b>
<b>24</b>	Other assets (describe ▶ _____)		<b>24</b>
<b>25</b>	<b>Total assets</b>	9,222.	<b>25</b> 22,983.
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____)	0.	<b>26</b> 0.
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	9,222.	<b>27</b> 22,983.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	PROVIDED FUNDS FOR THE PURCHASE OF SEWING MACHINES, EQUIPMENT, SUPPLIES, COMPUTERS, DESKS, FOOD, AND CLOTHING FOR THE CHILDREN AT THE ORPHANAGE. (Grants \$ 23,734.) If this amount includes foreign grants, check here. <input checked="" type="checkbox"/>	28a	
29	----- ----- (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30	----- ----- (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31	Other program services (attach schedule) ..... (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ..... <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.
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Part V Other Information (Note the statement requirement in the instructions)		SEE STATEMENT 5	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity .....	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes .....	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? .....	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year? .....	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.) .....	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ..... <input type="checkbox"/> 37a	0.		
b	Did the organization file Form 1120-POL for this year? .....	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? .....	38a		X
b	If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved .....	38b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 .....	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities .....	39b	N/A	

**Part V Other Information** (Note the statement requirement in the instructions) (Continued)

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

**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
<b>40b</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.

**d** Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
<b>40e</b>		X

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

**42 a** The books are in care of ▶ PATRICK KEEGAN Telephone no. ▶ 408-241-1138  
 Located at ▶ 1130 CLYDEBANK COURT, SUNNYVALE CA ZIP + 4 ▶ 94087-7917

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
<b>42b</b>		X

If 'Yes,' enter the name of the foreign country: . . . ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

	Yes	No
<b>42c</b>		X

If 'Yes,' enter the name of the foreign country: . . . ▶

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

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

**Please Sign Here**

▶ Signature of officer Date  
 ▶ DAVE CHAIX PRESIDENT  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	LAFLEER MOORE CONNERTY & WEBB, LLP 2237 DOUGLAS BLVD STE 140 ROSEVILLE, CA 95661-3831		EIN ▶ N/A
		Phone no. ▶	(916) 784-1040

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2006**

Name of the organization **FRIENDS OF VINH MONTAGNARD CATHOLIC ORPHANAGE & MISSION-VIETNAM** Employer identification number **16-1724012**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
<b>e</b> Transfer of any part of its income or assets? . . . . .		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ <u>N/A</u>		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ <u>N/A</u>		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ <u>0</u>		
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ <u>0.</u>		

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.**(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					<b>0.</b>

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . . ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	12,917.				12,917.
<b>16</b> Membership fees received . . . . .					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					0.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					0.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					0.
<b>23</b> Total of lines 15 through 22 . . . . .	12,917.				12,917.
<b>24</b> Line 23 minus line 17 . . . . .	12,917.				12,917.
<b>25</b> Enter 1% of line 23 . . . . .	129.				

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . N/A . . . ▶	<b>26a</b>	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . . ▶	<b>26b</b>	
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	<b>26c</b>	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	
e Public support (line 26c minus line 26d total) . . . . . ▶	<b>26e</b>	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶	<b>26f</b>	%

<b>27 Organizations described on line 12:</b>		
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	12,917.
d Add: Line 27a total . . . . . 0. and line 27b total . . . . . 0.	<b>27d</b>	0.
e Public support (line 27c total minus line 27d total) . . . . . ▶	<b>27e</b>	12,917.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶	<b>27f</b>	12,917.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶	<b>27g</b>	100.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶	<b>27h</b>	0. %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	FINANCIAL SUPPORT		
DONEE'S NAME:	VINH SON MONTAGNARD ORPHANAGE		
DONEE'S ADDRESS:	13 B NGUYEN HUE		
	KONTUM, KONTUM . VIETNAM		
AMOUNT GIVEN:		\$	20,402.
		TOTAL CASH GRANTS AND ALLOCATIONS \$	<u>20,402.</u>

NONCASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	FINANCIAL SUPPORT		
DONEE'S NAME:	VINH SON MONTAGNARD ORPHANAGE		
DONEE'S ADDRESS:	13 B NGUYEN HUE		
	KONTUM, KONTUM . VIETNAM		
AMOUNT GIVEN:		\$	400.
DESCRIPTION OF PROPERTY:	500 PROPELLER TOYS		
DATE OF GIFT:	2/05/2006		
BOOK VALUE:	400.		
METHOD USED TO DETERMINE BV:	PURCHASE RECEIPT		
FAIR MARKET VALUE:	400.		
METHOD USED TO DETERMINE FMV:	PURCHASE RECEIPT		
CLASS OF ACTIVITY:	FINANCIAL SUPPORT		
DONEE'S NAME:	VINH SON MONTAGNARD ORPHANAGE		
DONEE'S ADDRESS:	13 B NGUYEN HUE		
	KONTUM, KONTUM . VIETNAM		
AMOUNT GIVEN:		\$	2,932.
DESCRIPTION OF PROPERTY:	451 SPOOLS OF THREAD		
DATE OF GIFT:	1/05/2006		
BOOK VALUE:	2,932.		
METHOD USED TO DETERMINE BV:	PURCHASE RECEIPT		
FAIR MARKET VALUE:	2,932.		
METHOD USED TO DETERMINE FMV:	PURCHASE RECEIPT		
		TOTAL NONCASH GRANTS AND ALLOCATIONS \$	<u>3,332.</u>
		TOTAL GRANTS AND ALLOCATIONS \$	<u>23,734.</u>
		TOTAL GRANTS AND SIMILAR AMOUNTS PAID \$	<u>23,734.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BOARD MEETING EXPENSE.....	\$	110.
STATE FILING.....		50.
SUPPLIES.....		156.
WEB SITE SUPPORT.....		<u>1,282.</u>
	TOTAL \$	<u>1,598.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROVIDE A COORDINATED EFFORT TO RAISE RESOURCES FOR THE CHILDREN AT VINH SON MONTAGNARD ORPHANAGE.

**STATEMENT 4**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVE CHAIX 10103 GAUTIER DR. AUBURN, CA 95602	PRESIDENT 30	\$ 0.	\$ 0.	\$ 0.
DENNIS COYNE 877 BORDERLANDS DR. ERLANGER, KY 41018	SECRETARY 15	0.	0.	0.
PATRICK KEEGAN 1130 CLYDEBANK CT. SUNNYVALE, CA 94087	TREASURER 3	0.	0.	0.
PATRICK MCKEE 270 HIDDEN CREEK DR. AUBURN, CA 95603	SENIOR VP 6	0.	0.	0.
SISTER MARIE DOMINIQUE NGUYEN 427 S. EVERGREEN AVE. LOS ANGELES, CA 90033	1ST VP 21	0.	0.	0.
MIKE LITTLE 18 ARGENTO DR. MISSION VIEJO, CA 92692	2ND VP 3	0.	0.	0.
MIKE GREGERSEN P.O. BOX. 9119 AUBURN, CA 95604	3RD VP 3	0.	0.	0.
MEL POTTER 10235 VAN PARKER LN. GALT, CA 95632	BOARD MEMBER 2	0.	0.	0.
RICHARD LAHEY 991 POPLAR CT. SUNNYVALE, CA 94086	BOARD MEMBER 1	0.	0.	0.
HANK GONZALES 146 RIVERVIEW DR AUBURN, CA 95603	BOARD MEMBER 3	0.	0.	0.

**STATEMENT 4 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PAUL DAVIS 4576 ENGLISH CREEK CINCINNATI, OH 45845	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
<b>TOTAL</b>		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

**STATEMENT 5**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

YEAR  
**2006**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month _____ day _____ year _____ and ending month _____ day _____ year _____	
<b>IMPORTANT: Your number is required.</b>	
California corporation number <b>9802094</b>	Federal employer identification number (FEIN) <b>16-1724012</b>
Corporation/Organization name <b>FRIENDS OF VINH MONTAGNARD CATHOLIC ORPHANAGE &amp; MISSION-VIETNAM</b>	
Address including Suite, Room, or PMB no. <b>PO BOX 9322</b>	
City <b>AUBURN, CA</b>	State ZIP Code <b>95604-9322</b>
<b>A</b> Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date <b>•</b>	
<b>B</b> Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
<b>C</b> If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. <b>See General Instruction F. No filing fee is required.</b> <input type="checkbox"/>	
<b>D</b> Is this a group filing? See General Instruction N . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>E</b> Accounting method used . <u>CASH</u>	
<b>F</b> Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>D</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

### Part I Complete Part I unless not required to file this form. See General Instructions B and C.

<b>Receipts and Revenues</b> <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . <b>•</b>	<b>1</b>	
	2 Gross dues and assessments from members and affiliates. . . . . <b>•</b>	<b>2</b>	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions . . . . . <b>•</b>	<b>3</b>	39,763.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. . . . . <b>•</b>	<b>4</b>	39,763.
	5 Cost of goods sold . . . . . <b>5</b>	<b>5</b>	
	6 Cost or other basis, and sales expenses of assets sold. . . . . <b>6</b>	<b>6</b>	
	7 Total costs. Add line 5 and line 6 . . . . .	<b>7</b>	
	8 Total gross income. Subtract line 7 from line 4 . . . . .	<b>8</b>	39,763.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18 . . . . .	<b>9</b>	26,002.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . .	<b>10</b>	13,761.
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. . . . .	<b>11</b>	10.
	12 Penalty for failure to file on time. See General Instruction L. . . . .	<b>12</b>	
	13 Use tax. See General Instruction M. . . . . <b>•</b>	<b>13</b>	
	14 <b>Balance due.</b> Add line 11, line 12, and line 13 . . . . .	<b>14</b>	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. . . . .  Yes  No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. . . . .  Yes  No
- 17** Is the organization exempt under R&TC Section 23701g? . . . . .  Yes  No  
If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ \_\_\_\_\_
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? . . . . .  Yes  No  
If 'Yes,' enter amount of total income reported. . . . \$ \_\_\_\_\_
- 19** The financial records are in care of. PATRICK KEEGAN Daytime telephone 408-241-1138  
located at 1130 CLYDEBANK COURT 94087-7917

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____ Date _____	<b>PRESIDENT</b> Title <b>530-269-1431</b> Daytime telephone
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature _____ Date _____	Check if self-employed <input checked="" type="checkbox"/> <b>•</b> Paid preparer's SSN or PTIN <b>P00096430</b>
	Firm's name (or yours, if self-employed) and address <u>LAFLEER MOORE CONNERTY &amp; WEBB, LLP</u> <u>2237 DOUGLAS BLVD STE 140</u> <u>ROSEVILLE, CA 95661-3831</u>	FEIN <b>94-3287444</b> Daytime telephone <b>(916) 784-1040</b>

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions . . . . .	<b>1</b>	
	<b>2</b> Interest . . . . .	<b>2</b>	
	<b>3</b> Dividends . . . . .	<b>3</b>	
	<b>4</b> Gross rents . . . . .	<b>4</b>	
	<b>5</b> Gross royalties . . . . .	<b>5</b>	
	<b>6</b> Gross amount received from sale of assets . . . . .	<b>6</b>	
	<b>7</b> Other income. Attach schedule . . . . .	<b>7</b>	
	<b>8 Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	<b>8</b>	
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . SEE . STATEMENT . 1 . . . . .	<b>9</b>	23,734 .
	<b>10</b> Disbursements to or for members . . . . .	<b>10</b>	
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule . . . . .SEE . STATEMENT . 2 . . . . .	<b>11</b>	0 .
	<b>12</b> Other salaries and wages . . . . .	<b>12</b>	
	<b>13</b> Interest . . . . .	<b>13</b>	
	<b>14</b> Taxes . . . . .	<b>14</b>	
	<b>15</b> Rents . . . . .	<b>15</b>	
	<b>16</b> Depreciation and depletion . . . . .	<b>16</b>	
	<b>17</b> Other. Attach schedule . . . . . SEE . STATEMENT . 3 . . . . .	<b>17</b>	2,268 .
	<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	<b>18</b>	26,002 .

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
<b>1</b> Cash . . . . .		9,222 .		22,983 .
<b>2</b> Net accounts receivable . . . . .				
<b>3</b> Net notes receivable. Attach schedule . . . . .				
<b>4</b> Inventories . . . . .				
<b>5</b> Federal and state government obligations . . . . .				
<b>6</b> Investments in other bonds. Attach schedule . . . . .				
<b>7</b> Investments in stock. Attach schedule . . . . .				
<b>8</b> Mortgage loans (number of loans . . . . .)				
<b>9</b> Other investments. Attach schedule . . . . .				
<b>10a</b> Depreciable assets . . . . .				
<b>b</b> Less accumulated depreciation . . . . .				
<b>11</b> Land . . . . .				
<b>12</b> Other assets. Attach schedule . . . . .				
<b>13 Total</b> assets . . . . .		9,222 .		22,983 .
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable . . . . .				
<b>15</b> Contributions, gifts, or grants payable . . . . .				
<b>16</b> Bonds and notes payable. Attach schedule . . . . .				
<b>17</b> Mortgages payable . . . . .				
<b>18</b> Other liabilities. Attach schedule . . . . .				
<b>19</b> Capital stock or principle fund . . . . .		9,222 .		22,983 .
<b>20</b> Paid-in or capital surplus. Attach reconciliation . . . . .				
<b>21</b> Retained earnings or income fund . . . . .				
<b>22 Total</b> liabilities and net worth . . . . .		9,222 .		22,983 .

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

<b>1</b> Net income per books . . . . .	<b>7</b> Income recorded on books this year not included in this return. Attach schedule . . . . .
<b>2</b> Federal income tax . . . . .	<b>8</b> Deductions in this return not charged against book income this year. Attach schedule . . . . .
<b>3</b> Excess of capital losses over capital gains . . . . .	<b>9</b> Total. Add line 7 and line 8 . . . . .
<b>4</b> Income not recorded on books this year. Attach schedule . . . . .	<b>10</b> Net income per return. Subtract line 9 from line 6 . . . . .
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	
<b>6</b> Total. Add line 1 through line 5 . . . . .	

**STATEMENT 1**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: FINANCIAL SUPPORT  
 DONEE'S NAME: VINH SON MONTAGNARD ORPHANAGE  
 DONEE'S STREET ADDRESS: 13 B NGUYEN HUE  
 DONEE'S CITY, STATE, ZIP: KONTUM,  
 AMOUNT GIVEN: \$ 20,402.

CLASS OF ACTIVITY: FINANCIAL SUPPORT  
 DONEE'S NAME: VINH SON MONTAGNARD ORPHANAGE  
 DONEE'S STREET ADDRESS: 13 B NGUYEN HUE  
 DONEE'S CITY, STATE, ZIP: KONTUM,  
 DESCRIPTION OF PROPERTY: 500 PROPELLER TOYS  
 DATE OF GIFT: 2/05/06  
 BOOK VALUE: 400.  
 METHOD USED TO DETERMINE BV: PURCHASE RECEIPT  
 FAIR MARKET VALUE: 400.

CLASS OF ACTIVITY: FINANCIAL SUPPORT  
 DONEE'S NAME: VINH SON MONTAGNARD ORPHANAGE  
 DONEE'S STREET ADDRESS: 13 B NGUYEN HUE  
 DONEE'S CITY, STATE, ZIP: KONTUM,  
 DESCRIPTION OF PROPERTY: 451 SPOOLS OF THREAD  
 DATE OF GIFT: 1/05/06  
 BOOK VALUE: 2,932.  
 METHOD USED TO DETERMINE BV: PURCHASE RECEIPT  
 FAIR MARKET VALUE: 2,932.

TOTAL \$ 23,734.

**STATEMENT 2**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVE CHAIX 10103 GAUTIER DR. AUBURN, CA 95602	PRESIDENT 30	\$ 0.	\$ 0.	\$ 0.
DENNIS COYNE 877 BORDERLANDS DR. ERLANGER, KY 41018	SECRETARY 15	0.	0.	0.
PATRICK KEEGAN 1130 CLYDEBANK CT. SUNNYVALE, CA 94087	TREASURER 3	0.	0.	0.
PATRICK MCKEE 270 HIDDEN CREEK DR. AUBURN, CA 95603	SENIOR VP 6	0.	0.	0.

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SISTER MARIE DOMINIQUE NGUYEN 427 S. EVERGREEN AVE. LOS ANGELES, CA 90033	1ST VP 21	\$ 0.	\$ 0.	\$ 0.
MIKE LITTLE 18 ARGENTO DR. MISSION VIEJO, CA 92692	2ND VP 3	0.	0.	0.
MIKE GREGERSEN P.O. BOX. 9119 AUBURN, CA 95604	3RD VP 3	0.	0.	0.
MEL POTTER 10235 VAN PARKER LN. GALT, CA 95632	BOARD MEMBER 2	0.	0.	0.
RICHARD LAHEY 991 POPLAR CT. SUNNYVALE, CA 94086	BOARD MEMBER 1	0.	0.	0.
HANK GONZALES 146 RIVERVIEW DR AUBURN, CA 95603	BOARD MEMBER 3	0.	0.	0.
PAUL DAVIS 4576 ENGLISH CREEK CINCINNATI, OH 45845	BOARD MEMBER 1	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

BOARD MEETING EXPENSE.....	\$ 110.
EQUIPMENT RENTAL AND MAINTENANCE.....	80.
POSTAGE AND SHIPPING.....	506.
PRINTING AND PUBLICATIONS.....	84.
STATE FILING.....	50.
SUPPLIES.....	156.
WEB SITE SUPPORT.....	1,282.
TOTAL	\$ 2,268.

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>CT130659</u> FRIENDS OF VINH MONTAGNARD CATHOLIC ORPHANAGE & MISSION-VIETNAM <small>Name of Organization</small> PO BOX 9322 <small>Address (Number and Street)</small> AUBURN, CA 95604-9322 <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>9802094</u> Federal Employer ID No. <u>16-1724012</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/06 ending 12/31/06) list:  
 Gross annual revenue \$ 39,763. Total assets \$ 22,983.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 530-269-1431  
 Organization's e-mail address DMC347@SBCGLOBAL.NET

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

DAVE CHAIX	PRESIDENT		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>