

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

**2011**

Department of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2011 calendar year, or tax year beginning** , 2011, **and ending** ,

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	FRIENDS OF VIHN SON MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM PO BOX 9322 AUBURN, CA 95604	16-1724012
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		530-269-1431
<input type="checkbox"/> Terminated		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ WWW.FRIENDSOFVSO.ORG

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 158,528.

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

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

<b>R E V E N U E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	157,234.
	<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>	1,294.
	<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 (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</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 (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	158,528.	
<b>E X P E N S E S</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	<b>10</b>	119,770.
	<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>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	2,001.
	<b>16</b>	Other expenses (describe in Schedule O) SEE SCHEDULE O	<b>16</b>	7,830.
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	129,601.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	28,927.	
<b>A S S E T S</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>	144,900.
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	173,827.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990-EZ** (2011)



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with columns for question number, description, and Yes/No/Amount. Rows include 33-41 covering various organizational activities and financial reporting requirements.

42a The organization's books are in care of COLLEEN SANDS Telephone no. 530-269-1431 Located at 13990 FRONTIER OAKS CT AUBURN CA ZIP + 4 95602

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes a 'See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.' section.

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

Table for questions 44a-45b regarding donor advised funds, hospital facilities, tanning services, controlled entities, and Form 720 reporting.

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

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	X
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

e Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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

**Sign Here**  
 Signature of officer: DAVE CHAIX Date: PRESIDENT  
 Type or print name and title.

**Paid Preparer Use Only**  
 Print/Type preparer's name: JOHN J. MOORE Preparer's signature: \_\_\_\_\_ Date: 2/27/12  
 Check  if self-employed PTIN: P00096430  
 Firm's name: LAFLE MOORE CONNERTY & WEBB, LLP Firm's EIN: 94-3287444  
 Firm's address: 2237 DOUGLAS BLVD STE 140 ROSEVILLE, CA 95661-3831 Phone no.: (916) 784-1040

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> FRIENDS OF VIHN SON MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM	<b>Employer identification number</b> 16-1724012
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
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).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test – 2011.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>33-1/3% support test – 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .	94,289.	78,107.	97,215.	112,716.	157,234.	539,561.
<b>2</b> 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. . . . .						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	94,289.	78,107.	97,215.	112,716.	157,234.	539,561.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						539,561.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6. . . . .	94,289.	78,107.	97,215.	112,716.	157,234.	539,561.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	385.	2,336.	1,718.	1,202.	1,294.	6,935.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	385.	2,336.	1,718.	1,202.	1,294.	6,935.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0.
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .	94,674.	80,443.	98,933.	113,918.	158,528.	546,496.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	98.73 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15. . . . .	<b>16</b>	98.68 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	1.27 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	1.32 %

**19a 33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . .

**b 33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . .





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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization **FRIENDS OF VIHN SON MONTAGNARD CATHOLIC  
ORPHANAGE AND MISSION - VIETNAM**

Employer identification number  
**16-1724012**

**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.**

**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**

2/27/12

09:57AM

**FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CLASS OF ACTIVITY: FINANCIAL SUPPORT  
 DONEE'S NAME: VINH SON MONTAGNARD ORPHANAGE  
 DONEE'S ADDRESS: 13 B NGUYEN HUE  
 KONTUM, KONTUM . VIETNAM  
 CASH AMOUNT GIVEN: \$ 117,898.

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

ADVERTISING AND PROMOTION.....	\$	6,120.
BANK CHARGES.....		490.
OFFICE EXPENSES.....		574.
OUTSIDE SERVICES.....		600.
PO BOX RENTAL.....		46.
	TOTAL \$	<u>7,830.</u>

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
RECEIVABLE FROM ARTS & KIDS.....	\$ 5,000.	\$ 1,000.
TOTAL	<u>\$ 5,000.</u>	<u>\$ 1,000.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS &amp; CONTRIB- UTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT &amp; OTHER ALLOWANCES</u>
DAVE CHAIX 10103 GAUTIER DR. AUBURN, CA 95602	PRESIDENT 40	\$ 0.	\$ 0.	\$ 0.
DENNIS COYNE 877 BORDERLANDS DR. ERLANGER, KY 41018	SECRETARY 15	0.	0.	0.
COLLEEN SANDS 13990 FRONTIER OAKS CT AUBURN, CA 95602	TREASURER 15	0.	0.	0.
PATRICK MCKEE 270 HIDDEN CREEK DR. AUBURN, CA 95603	SENIOR VP 6	0.	0.	0.

2/27/12

09:57AM

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS &amp; CONTRIB- UTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT &amp; OTHER ALLOWANCES</u>
SISTER MARIE DOMINIQUE NGUYEN 427 S. EVERGREEN AVE. LOS ANGELES, CA 90033	1ST VP 7	\$ 0.	\$ 0.	\$ 0.
MIKE LITTLE 18 ARGENTO DR. MISSION VIEJO, CA 92692	2ND VP 3	0.	0.	0.
AL BROOKS 504 BAROOSHIAN AUBURN, CA 95603	BOARD MEMBER 4	0.	0.	0.
RICHARD LAHEY 991 POPLAR CT. SUNNYVALE, CA 94086	BOARD MEMBER 1	0.	0.	0.
PATRICK LEARY 5652 PASEO NAVARRO PLEASANTON, CA 94566	BOARD MEMBER 4	0.	0.	0.
HANK GONZALES 146 RIVERVIEW DR AUBURN, CA 95603	BOARD MEMBER 3	0.	0.	0.
BART RUUD 843 SIERRA VIEW CIRCLE AUBURN, CA 95603	BOARD MEMBER 10	0.	0.	0.
CLYDE LEWANDOWSKI 6525 47TH AVE SE ST. CLOUD, MN 56304	BOARD MEMBER 4	0.	0.	0.
PAT KEEGAN 1130 CLYDEBANK CT. SUNNYVALE, CA 94087	BOARD MEMBER 3	0.	0.	0.
JANET MARING 510 SUNSET HILLS DRIVE MIDDLEVILLE, MI 49333	BOARD MEMBER 3	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

2011

# California Exempt Organization Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month day year, and ending month day year

Corporation/Organization Name **FRIENDS OF VIHN SON MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM** California corporation number **9802094**

Address (suite, room, or PMB no.) **PO BOX 9322** FEIN **16-1724012**

City **AUBURN, CA 95604** State ZIP Code

- A** First Return  Yes  No
- B** Amended Return  Yes  No
- C** IRC Section 4947(a)(1) trust  Yes  No
- D** Final Return  Yes  No
  - Dissolved  Surrendered (Withdrawn)
  - Merged/Reorganized Enter date: \_\_\_\_\_
- E** Check accounting method:
  - 1  Cash 2  Accrual 3  Other
- F** Federal return filed?
  - 1  990T 2  990 (PF) 3  Sch H (990)
- G** Is this a group filing for the subordinates/affiliates?  Yes  No  
If 'Yes,' attach a roster. See instructions
- H** Is this organization in a group exemption?  Yes  No  
If 'Yes,' What's the parent's name? \_\_\_\_\_
- I** 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?  Yes  No  
If 'Yes,' explain, and attach copies of revised documents.

- J** 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)?  Yes  No  
If 'Yes,' complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If 'Yes,' enter gross receipts from nonmember sources \$ \_\_\_\_\_
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
- M** Is the organization a Limited Liability Company?  Yes  No
- N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	1,294.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	157,234.
	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 B.	4	158,528.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	158,528.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	129,601.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	28,927.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total payments.	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	14	
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	10.

**Sign Here** 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	Title <b>PRESIDENT</b>	Date	Telephone <b>530-269-1431</b>
Preparer's signature	Firm's name (or yours, if self-employed) and address <b>LAFLE MOORE CONNERTY &amp; WEBB, LLP 2237 DOUGLAS BLVD STE 140 ROSEVILLE, CA 95661-3831</b>	Date <b>2/27/12</b>	Check if self-employed <input checked="" type="checkbox"/> Paid PTIN <b>P00096430</b> FEIN <b>94-3287444</b> Telephone <b>(916) 784-1040</b>

May the FTB discuss this return with the preparer shown above? See instructions.  Yes  No

**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>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	1,294.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	
	8	<b>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.		8	1,294.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 1	●	9	119,770.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	9,831.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	129,601.

<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>					
1	Cash		139,900.	●	172,827.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM. 4		5,000.	●	1,000.
13	<b>Total assets</b>		144,900.		173,827.
<b>Liabilities and net worth</b>					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		144,900.	●	173,827.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		144,900.		173,827.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	28,927.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		28,927.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		28,927.

2/27/12

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**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, KONTUM . VIETNAM  
 AMOUNT GIVEN: \$ 117,898.

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, KONTUM . VIETNAM  
 DESCRIPTION OF PROPERTY: IN KIND DONATIONS  
 DATE OF GIFT: VARIOUS  
 BOOK VALUE: 1,872.  
 METHOD USED TO DETERMINE BV: PURCHASE  
 FAIR MARKET VALUE: 1,872.

TOTAL \$ 119,770.

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

**CURRENT OFFICERS:**

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 40.00	\$ 0.	\$ 0.	\$ 0.
DENNIS COYNE 877 BORDERLANDS DR. ERLANGER, KY 41018	SECRETARY 15.00	0.	0.	0.
COLLEEN SANDS 13990 FRONTIER OAKS CT AUBURN, CA 95602	TREASURER 15.00	0.	0.	0.
PATRICK MCKEE 270 HIDDEN CREEK DR. AUBURN, CA 95603	SENIOR VP 6.00	0.	0.	0.
SISTER MARIE DOMINIQUE NGUYEN 427 S. EVERGREEN AVE. LOS ANGELES, CA 90033	1ST VP 7.00	0.	0.	0.
MIKE LITTLE 18 ARGENTO DR. MISSION VIEJO, CA 92692	2ND VP 3.00	0.	0.	0.

2/27/12

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

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
AL BROOKS 504 BAROOSHIAN AUBURN, CA 95603	BOARD MEMBER 4.00	\$ 0.	\$ 0.	\$ 0.
RICHARD LAHEY 991 POPLAR CT. SUNNYVALE, CA 94086	BOARD MEMBER 1.00	0.	0.	0.
PATRICK LEARY 5652 PASEO NAVARRO PLEASANTON, CA 94566	BOARD MEMBER 4.00	0.	0.	0.
HANK GONZALES 146 RIVERVIEW DR AUBURN, CA 95603	BOARD MEMBER 3.00	0.	0.	0.
BART RUUD 843 SIERRA VIEW CIRCLE AUBURN, CA 95603	BOARD MEMBER 10.00	0.	0.	0.
CLYDE LEWANDOWSKI 6525 47TH AVE SE ST. CLOUD, MN 56304	BOARD MEMBER 4.00	0.	0.	0.
PAT KEEGAN 1130 CLYDEBANK CT. SUNNYVALE, CA 94087	BOARD MEMBER 3.00	0.	0.	0.
JANET MARING 510 SUNSET HILLS DRIVE MIDDLEVILLE, MI 49333	BOARD MEMBER 3.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

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

ADVERTISING AND PROMOTION.....	\$ 6,120.
BANK CHARGES.....	490.
OFFICE EXPENSES.....	574.
OUTSIDE SERVICES.....	600.
PO BOX RENTAL.....	46.
POSTAGE AND SHIPPING.....	1,031.
PRINTING AND PUBLICATIONS.....	970.
TOTAL	\$ 9,831.

2/27/12

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STATEMENT 4  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

RECEIVABLE FROM ARTS & KIDS.....	1,000.
TOTAL \$	<u>1,000.</u>



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> <b>FRIENDS OF VIHN SON MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM</b> <small>Name of Organization</small> <u>PO BOX 9322</u> <small>Address (Number and Street)</small> <u>AUBURN, CA 95604</u> <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 1/01/11 ending 12/31/11) list:  
 Gross annual revenue \$ 158,528. Total assets \$ 173,827.

**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.**

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