

2009 Exempt Org. Return
prepared for:

**Friends of Vihn Montagnard Catholic
Orphanage and Mission - Vietnam**
PO Box 9322
Auburn, CA 95604

Lafler Moore Connerty & Webb, LLP
2237 Douglas Blvd Ste 140
Roseville, CA 95661-3831

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization **FRIENDS OF VIHN MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM** Employer identification number **16-1724012**

Name and title of officer
DAVE CHAIX **PRESIDENT**

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b <u>100,034.</u>
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LAFLER MOORE CONNERTY & WEBB, LLP to enter my PIN 68954 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 68630696430
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2009)

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)

2009

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning _____, **2009**, and ending _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C FRIENDS OF VIHN MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM PO BOX 9322 AUBURN, CA 95604</p>	<p>D Employer identification number 16-1724012</p> <p>E Telephone number 530-269-1431</p> <p>F Group Exemption Number..... ▶</p>
--	--	--	---

• 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 Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 100,034.

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

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received.....	1	98,316.
	2	Program service revenue including government fees and contracts.....	2	
	3	Membership dues and assessments.....	3	
	4	Investment income.....	4	1,718.
	5a	Gross amount from sale of assets other than inventory.....	5a	
	5b	Less: cost or other basis and sales expenses.....	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/> ▶	6	
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1).....	6a	
6b	b Less: direct expenses other than fundraising expenses.....	6b		
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	6c		
7a	7a Gross sales of inventory, less returns and allowances.....	7a		
7b	b Less: cost of goods sold.....	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8	8 Other revenue (describe ▶ _____).....	8		
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶	9	100,034.	
E X P E N S E S	10	10 Grants and similar amounts paid (attach schedule)..... SEE STATEMENT 1	10	79,130.
	11	11 Benefits paid to or for members.....	11	
	12	12 Salaries, other compensation, and employee benefits.....	12	
	13	13 Professional fees and other payments to independent contractors.....	13	550.
	14	14 Occupancy, rent, utilities, and maintenance.....	14	
	15	15 Printing, publications, postage, and shipping.....	15	460.
	16	16 Other expenses (describe ▶ SEE STATEMENT 2).....	16	1,615.
17	17 Total expenses. Add lines 10 through 16..... ▶	17	81,755.	
A S S E T	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	18,279.
	19	19 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).....	19	93,990.
	20	20 Other changes in net assets or fund balances (attach explanation).....	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	112,269.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	93,990.	112,269.
23 Land and buildings.....	23	
24 Other assets (describe ▶ _____).....	24	
25 Total assets.	93,990.	112,269.
26 Total liabilities (describe ▶ _____).....	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	93,990.	112,269.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions.)	Expenses
What is the organization's primary exempt purpose? <u>SEE STATEMENT 3</u>	(Required for section 501(c)(3) and (4) organizations and section 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 <u>PROVIDED FUNDS FOR THE PURCHASE AND REPAIRS OF EQUIPMENT, SUPPLIES, COMPUTERS, FOOD, AND CLOTHING FOR THE CHILDREN AT THE ORPHANAGE.</u>	
(Grants \$ <u>79,130.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 -----	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 -----	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (attach schedule) -----	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a) -----	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(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
<u>SEE STATEMENT 4</u>		0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) 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.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities N/A		
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ CA		

42a The organization's books are in care of ▶ AL BROOKS Telephone no. ▶ 530-269-1431
 Located at ▶ 504 BAROOSHIAN AUBURN CA ZIP + 4 ▶ 95603

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.....	46	X
47 Did the organization engage in lobbying activities? 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) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

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: _____
 Type or print name and title: PRESIDENT

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's Identifying Number (See instructions): P00096430
 Firm's name (or yours if self-employed), address, and ZIP + 4: LAFLE R MOORE CONNERTY & WEBB, LLP
2237 DOUGLAS BLVD STE 140 EIN: 94-3287444
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

2009

Open to Public Inspection

Name of the organization FRIENDS OF VIHN MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM	Employer identification number 16-1724012
--	---

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 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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 Total. 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 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 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. ▶						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a 33-1/3 support test – 2009. 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 stop here. The organization qualifies as a publicly supported organization. ▶		<input type="checkbox"/>
b 33-1/3 support test – 2008. 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 stop here. The organization qualifies as a publicly supported organization. ▶		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2009. 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 stop here. 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 10%-facts-and-circumstances test – 2008. 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 stop here. 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 Private foundation. 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	12,917.	39,763.	94,289.	78,107.	97,215.	322,291.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	12,917.	39,763.	94,289.	78,107.	97,215.	322,291.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						322,291.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	12,917.	39,763.	94,289.	78,107.	97,215.	322,291.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			385.	2,336.	1,718.	4,439.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	385.	2,336.	1,718.	4,439.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						326,730.

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	98.6 %
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	0.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	1.4 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	0.0 %

19a 33-1/3 support tests – 2009. 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 – 2008. If the organization did not check a box on line 14 or 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.

FRIENDS OF VINH MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM

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

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: \$ 75,344.

CLASS OF ACTIVITY: FINANCIAL SUPPORT
 DONEE'S NAME: VINH SON MONTAGNARD ORPHANAGE
 DONEE'S ADDRESS: 13 B NGUYEN HUE
 KONTUM, KONTUM . VIETNAM
 DESCRIPTION OF PROPERTY: IN KIND DONATIONS
 DATE OF GIFT: VARIOUS
 BOOK VALUE: 3,786.
 METHOD USED TO DETERMINE BV: PURCHASE
 FAIR MARKET VALUE: 3,786.
 METHOD USED TO DETERMINE FMV: PURCHASE

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

ADVERTISING AND PROMOTION.....	\$	456.
BANK CHARGES.....		450.
HATS AND SHIPPING BOXES-PROMO.....		437.
INFORMATION TECHNOLOGY.....		60.
OFFICE EXPENSES.....		168.
PO BOX RENTAL.....		44.
	TOTAL \$	<u>1,615.</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 40.00	\$	0. \$	0. \$
			0.	0.

FRIENDS OF VIHN MONTAGNARD CATHOLIC
ORPHANAGE AND MISSION - VIETNAM

16-1724012

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
DENNIS COYNE 877 BORDERLANDS DR. ERLANGER, KY 41018	SECRETARY 15.00	\$ 0.	\$ 0.	\$ 0.
AL BROOKS 504 BAROOSHIAN AUBURN, CA 95603	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.
MIKE GREGERSEN P.O. BOX. 9119 AUBURN, CA 95604	3RD VP 3.00	0.	0.	0.
RICHARD LAHEY 991 POPLAR CT. SUNNYVALE, CA 94086	BOARD MEMBER 1.00	0.	0.	0.
MARY WATERFIELD 1322 4TH AVE SAN FRANCISCO, CA 94122	BOARD MEMBER 1.00	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.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

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

Calendar year 2009 or fiscal year beginning month day year, and ending month day year

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701... **D** (insert letter) **CORP #** 9802094
 IRC Section 4947(a)(1) trust...

Corporation/Organization Name **FRIENDS OF VIH N MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM** **FEIN** 16-1724012

Address **PO BOX 9322** State ZIP Code
 City **AUBURN, CA 95604**

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption?.. Yes No
a Is this a group filing for affiliates? See General Instruction L. Yes No
b If 'Yes,' enter the number of affiliates.
c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? Yes No
e Federal Group Exemption Number.
f Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date.
F Check the box if the organization filed the following federal forms or schedule:
 1 990T 2 990PF 3 (Schedule H) 990
G 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. See General Instruction F.
 No filing fee is required. Other
H Accounting method used .. 1 Cash 2 Accrual 3 Other
I 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
J 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
K Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	1,718.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	98,316.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	4	100,034.
	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	100,034.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	81,755.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	18,279.
Filing Fee	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	Balance due. 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 **PRESIDENT** Title Date Telephone **530-269-1431**

Paid Preparer's Use Only
 Preparer's signature Date Check if self-employed Preparer's SSN/PTIN **P00096430**
 Firm's name (or yours, if self-employed) and address **LAFLE MOORE CONNERTY & WEBB, LLP** Telephone **94-3287444**
2237 DOUGLAS BLVD STE 140
ROSEVILLE, CA 95661-3831 Telephone **(916) 784-1040**

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	1,718.
	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	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	1,718.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 1	●	9	79,130.
	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. Attach schedule. SEE STATEMENT 3	●	17	2,625.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	81,755.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		93,990.	●	112,269.
2	Net accounts receivable			●	
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule.			●	
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule			●	
13	Total assets		93,990.		112,269.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		93,990.	●	112,269.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		93,990.		112,269.

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			
1	Net income per books	●	18,279.
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	Total. Add line 1 through line 5		18,279.
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	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		18,279.

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: \$ 75,344.

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: 3,786.
 METHOD USED TO DETERMINE BV: PURCHASE
 FAIR MARKET VALUE: 3,786.

TOTAL \$ 79,130.

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.
AL BROOKS 504 BAROOSHIAN AUBURN, CA 95603	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.

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
MIKE GREGERSEN P.O. BOX. 9119 AUBURN, CA 95604	3RD VP 3.00	\$ 0.	\$ 0.	\$ 0.
RICHARD LAHEY 991 POPLAR CT. SUNNYVALE, CA 94086	BOARD MEMBER 1.00	0.	0.	0.
MARY WATERFIELD 1322 4TH AVE SAN FRANCISCO, CA 94122	BOARD MEMBER 1.00	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.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

ADVERTISING AND PROMOTION.....	\$ 456.
BANK CHARGES.....	450.
HATS AND SHIPPING BOXES-PROMO.....	437.
INFORMATION TECHNOLOGY.....	60.
MANAGEMENT FEES.....	550.
OFFICE EXPENSES.....	168.
PO BOX RENTAL.....	44.
POSTAGE AND SHIPPING.....	372.
PRINTING AND PUBLICATIONS.....	88.
TOTAL	<u>\$ 2,625.</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> FRIENDS OF VIHN MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM <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>	Check if: <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>
---	--

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 1/01/09 ending 12/31/09) list:
 Gross annual revenue \$ 100,034. Total assets \$ 112,269.

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
	DAVE CHAIX	PRESIDENT	

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

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: \$ 75,344.

CLASS OF ACTIVITY: FINANCIAL SUPPORT
 DONEE'S NAME: VINH SON MONTAGNARD ORPHANAGE
 DONEE'S ADDRESS: 13 B NGUYEN HUE
 KONTUM, KONTUM . VIETNAM
 DESCRIPTION OF PROPERTY: IN KIND DONATIONS
 DATE OF GIFT: VARIOUS
 BOOK VALUE: 3,786.
 METHOD USED TO DETERMINE BV: PURCHASE
 FAIR MARKET VALUE: 3,786.
 METHOD USED TO DETERMINE FMV: PURCHASE

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

ADVERTISING AND PROMOTION.....	\$	456.
BANK CHARGES.....		450.
HATS AND SHIPPING BOXES-PROMO.....		437.
INFORMATION TECHNOLOGY.....		60.
OFFICE EXPENSES.....		168.
PO BOX RENTAL.....		44.
	TOTAL \$	<u>1,615.</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 40.00	\$ 0.	\$ 0.	0.

FRIENDS OF VIHN MONTAGNARD CATHOLIC
ORPHANAGE AND MISSION - VIETNAM

16-1724012

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
DENNIS COYNE 877 BORDERLANDS DR. ERLANGER, KY 41018	SECRETARY 15.00	\$ 0.	\$ 0.	\$ 0.
AL BROOKS 504 BAROOSHIAN AUBURN, CA 95603	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.
MIKE GREGERSEN P.O. BOX. 9119 AUBURN, CA 95604	3RD VP 3.00	0.	0.	0.
RICHARD LAHEY 991 POPLAR CT. SUNNYVALE, CA 94086	BOARD MEMBER 1.00	0.	0.	0.
MARY WATERFIELD 1322 4TH AVE SAN FRANCISCO, CA 94122	BOARD MEMBER 1.00	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.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

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

FRIENDS OF VIHN MONTAGNARD CATHOLIC
ORPHANAGE AND MISSION - VIETNAM

16-1724012

	2009	2008	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	98,316	78,108	20,208
INVESTMENT INCOME.....	1,718	2,336	-618
TOTAL REVENUE.....	100,034	80,444	19,590
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	79,130	57,803	21,327
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	550	0	550
PRINTING, PUBLICATIONS, AND POSTAGE.....	460	200	260
OTHER EXPENSES.....	1,615	631	984
TOTAL EXPENSES.....	81,755	58,634	23,121
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	18,279	21,810	-3,531
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	93,990	72,180	21,810
NET ASSETS/FUND BAL. AT END OF YEAR.....	112,269	93,990	18,279

	2009	2008	DIFF
REVENUE			
INTEREST.....	1,718	2,336	-618
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	98,316	78,108	20,208
TOTAL INCOME.....	100,034	80,444	19,590
EXPENSES AND DISBURSEMENTS			
CONTRIBUTIONS, GIFTS, GRANTS.....	79,130	57,803	21,327
OTHER DEDUCTIONS.....	2,625	831	1,794
TOTAL DEDUCTIONS.....	81,755	58,634	23,121
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	18,279	21,810	-3,531
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
SCHEDULE L			
BEGINNING ASSETS.....	93,990	72,180	21,810
BEGINNING LIABILITIES & NET WORTH.....	93,990	72,180	21,810
ENDING ASSETS.....	112,269	93,990	18,279
ENDING LIABILITIES & NET WORTH.....	112,269	93,990	18,279

2009

GENERAL INFORMATION
FRIENDS OF VIHN MONTAGNARD CATHOLIC
ORPHANAGE AND MISSION - VIETNAM

PAGE 1

16-1724012

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A
CALIFORNIA: 199, RRF-1

CARRYOVERS TO 2010

NONE