

2010 TAX RETURN

PREPARER FILE COPY

Client: FRIENDS

Prepared for: FRIENDS OF VIHN SON MONTAGNARD CATHOLIC
ORPHANAGE AND MISSION - VIETNAM
PO BOX 9322
AUBURN, CA 95604
530-269-1431

Prepared by: JOHN J. MOORE
LAFLE MOORE CONNERTY & WEBB, LLP
2237 DOUGLAS BLVD STE 140
ROSEVILLE, CA 95661-3831
(916) 784-1040

Date: MARCH 8, 2011

Comments:

Route to: _____

CLIENT FRIENDS

LAFLER MOORE CONNERTY & WEBB, LLP
2237 DOUGLAS BLVD STE 140
ROSEVILLE, CA 95661-3831
(916) 784-1040

March 8, 2011

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

Dear Dave:

Enclosed is your 2010 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before May 16, 2011 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2010 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by May 16, 2011. Mail the California return on or before May 16, 2011 and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$50 payable by May 16, 2011. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 16, 2011 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

John J. Moore

LAFLER MOORE CONNERTY & WEBB, LLP
2237 DOUGLAS BLVD STE 140
ROSEVILLE, CA 95661-3831
(916) 784-1040

Client FRIENDS
March 8, 2011

**Friends of Vihn Son Montagnard Catholic
Orphanage and Mission - Vietnam**
PO Box 9322
Auburn, CA 95604
530-269-1431

FEDERAL FORMS

Form 990-EZ Schedule A Schedule O	2010 Return of Organization Exempt from Income Tax Organization Exempt Under Section 501(c)(3) Supplemental Information
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CALIFORNIA FORMS

Form 199 Form RRF-1	2010 California Exempt Organization Return 2011 Registration/Renewal Fee Report
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FEE SUMMARY

Preparation Fee	\$	575.00
Contribution to the Organization		(575.00)

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

2010

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 2010 calendar year, or tax year beginning _____, **2010, and ending** _____,

<p>B Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input checked="" type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>FRIENDS OF VIHN SON 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>
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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: ▶ N/A

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 **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..... ▶ \$ 113,918.

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.....

	1 Contributions, gifts, grants, and similar amounts received.....	1	112,716.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	
	4 Investment income.....	4	1,202.
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6a	
	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).....	6b	
	c Less: direct expenses from gaming and fundraising events.....	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	
	7a Gross sales of inventory, less returns and allowances.....	7a	
	b Less: cost of goods sold.....	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c	
	8 Other revenue (describe in Schedule O).....	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....	9	113,918.
	10 Grants and similar amounts paid (list in Schedule O)..... SEE SCHEDULE O.....	10	72,285.
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	536.
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	1,986.
	16 Other expenses (describe in Schedule O)..... SEE SCHEDULE O.....	16	6,480.
	17 Total expenses. Add lines 10 through 16.....	17	81,287.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	32,631.
REVENUE	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	112,269.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.....	21	144,900.

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

Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II. [X]

Table with 4 columns: Description, (A) Beginning of year, (B) End of year, and Line Number. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III. [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O. 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, and other relevant information for each program title.

Table with 3 columns: Description of program service, Expense amount, and Line Number. Rows include provided funds for equipment, supplies, computers, food, and clothing for children at an orphanage.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV. [X]

Table with 5 columns: (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.

Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 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 tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.		N/A
b Gross receipts, included on line 9, for public use of club facilities.		N/A
40 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.		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
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.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed ▶ CA		

42 a The organization's books are in care of ▶ AL BROOKS Telephone no. ▶ 530-269-1431
 Located at ▶ 504 BAROOSHIAN AUBURN CA ZIP + 4 ▶ 95603-3679

	Yes	No
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.		
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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)		X
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.		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? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

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

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 JOHN J. MOORE	Date 3/08/11	Check <input checked="" type="checkbox"/> 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

2010

Open to Public Inspection

Name of the organization	FRIENDS OF VIHN SON MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM	Employer identification number	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)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 by a governmental unit to the organization 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2010. 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 – 2009. 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 – 2010. 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 – 2009. 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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	39,763.	94,289.	78,107.	97,215.	112,716.	422,090.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						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.	39,763.	94,289.	78,107.	97,215.	112,716.	422,090.
7a Amounts included on lines 1, 2, and 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 \$5,000 or 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.)						422,090.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	39,763.	94,289.	78,107.	97,215.	112,716.	422,090.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		385.	2,336.	1,718.	1,202.	5,641.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	385.	2,336.	1,718.	1,202.	5,641.
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.)	39,763.	94,674.	80,443.	98,933.	113,918.	427,731.

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 2010 (line 8, column (f) divided by line 13, column (f)).	15	98.7 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	98.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	1.3 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	1.4 %

19a 33-1/3% support tests – 2010. 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 – 2009. 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

2010

**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**

3/08/11

02:10PM

**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: \$ 70,313.

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

ADVERTISING AND PROMOTION.....	\$	2,903.
BANK CHARGES.....		238.
HATS AND SHIPPING BOXES-PROMO.....		219.
OFFICE EXPENSES.....		1,629.
OUTSIDE SERVICES.....		950.
PO BOX RENTAL.....		44.
TRAVEL.....		497.
TOTAL	\$	<u>6,480.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
RECEIVABLE FROM ARTS & KIDS.....	\$ 0.	\$ 5,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 5,000.</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>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
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.

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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>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
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.
PATRICK LEARY 6440 STONERIDGE MALL RD #115 PLEASANTON, CA 94588	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.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

California Exempt Organization Annual Information Return

Calendar year 2010 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) (insert letter)
 IRC Section 4947(a)(1) trust...

Corporation/Organization Name **FRIENDS OF VIH N SON MONTAGNARD CATHOLIC ORPHANAGE AND MISSION - VIETNAM**
 Address **PO BOX 9322**
 City **AUBURN, CA 95604**
 State ZIP Code **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	1,202.
	2 Gross dues and assessments from members and affiliates.	2	
	3 Gross contributions, gifts, grants, and similar amounts received.	3	112,716.
	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 B.	4	113,918.
	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	113,918.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.	9	81,287.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	32,631.
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 **JOHN J. MOORE** Title **PRESIDENT** Date **3/08/11**
 Telephone **530-269-1431**
Paid Preparer's Use Only
 Preparer's signature **JOHN J. MOORE** Date **3/08/11** Check if self-employed
 Firm's name (or yours, if self-employed) and address **LAFLE MOORE CONNERTY & WEBB, LLP**
2237 DOUGLAS BLVD STE 140
ROSEVILLE, CA 95661-3831
 Telephone **94-3287444**
(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	1,202.
	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	1,202.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 1	●	9	72,285.
	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	9,002.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	81,287.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		112,269.	●	139,900.
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. STM. 4			●	5,000.
13	Total assets		112,269.		144,900.
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		112,269.	●	144,900.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		112,269.		144,900.

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	●	32,631.
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		32,631.
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		32,631.

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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: \$ 70,313.

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: 1,972.
 METHOD USED TO DETERMINE BV: PURCHASE
 FAIR MARKET VALUE: 1,972.

TOTAL \$ 72,285.

**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.

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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
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.
PATRICK LEARY 6440 STONERIDGE MALL RD #115 PLEASANTON, CA 94588	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.
		TOTAL \$ 0.	\$ 0.	\$ 0.

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

ADVERTISING AND PROMOTION.....	\$ 2,903.
BANK CHARGES.....	238.
HATS AND SHIPPING BOXES-PROMO.....	219.
OFFICE EXPENSES.....	1,629.
OTHER FEES.....	536.
OUTSIDE SERVICES.....	950.
PO BOX RENTAL.....	44.
POSTAGE AND SHIPPING.....	745.
PRINTING AND PUBLICATIONS.....	1,241.
TRAVEL.....	497.
TOTAL	\$ 9,002.

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

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

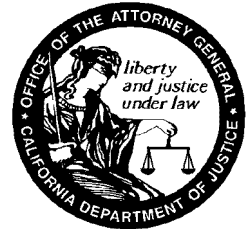
IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

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> FRIENDS OF VIHN SON 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>
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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 1/01/10 ending 12/31/10) list:
 Gross annual revenue \$ 113,918. Total assets \$ 144,900.

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	

3/08/11

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	2010	2009	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	112,716	98,316	14,400
INVESTMENT INCOME.....	1,202	1,718	-516
TOTAL REVENUE.....	113,918	100,034	13,884
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	72,285	79,130	-6,845
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	536	550	-14
PRINTING, PUBLICATIONS, AND POSTAGE.....	1,986	460	1,526
OTHER EXPENSES.....	6,480	1,615	4,865
TOTAL EXPENSES.....	81,287	81,755	-468
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	32,631	18,279	14,352
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	112,269	93,990	18,279
NET ASSETS/FUND BAL. AT END OF YEAR.....	144,900	112,269	32,631

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	2010	2009	DIFF
REVENUE			
INTEREST.....	1,202	1,718	-516
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	112,716	98,316	14,400
TOTAL INCOME.....	113,918	100,034	13,884
EXPENSES AND DISBURSEMENTS			
CONTRIBUTIONS, GIFTS, GRANTS.....	72,285	79,130	-6,845
OTHER DEDUCTIONS.....	9,002	2,625	6,377
TOTAL DEDUCTIONS.....	81,287	81,755	-468
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	32,631	18,279	14,352
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
SCHEDULE L			
BEGINNING ASSETS.....	112,269	93,990	18,279
BEGINNING LIABILITIES & NET WORTH.....	112,269	93,990	18,279
ENDING ASSETS.....	144,900	112,269	32,631
ENDING LIABILITIES & NET WORTH.....	144,900	112,269	32,631

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FEDERAL OVERRIDES**SCREEN 3.1**

- AN OVERRIDE ENTRY OF 575 HAS BEEN MADE IN FEDERAL "PREPARATION FEE (-1=SUPPRESS) [0]" (SCREEN 3.1, CODE 501).

CALIFORNIA OVERRIDES**SCREEN 64.011**

- AN OVERRIDE ENTRY OF 'D' HAS BEEN MADE IN CALIFORNIA "EXEMPT UNDER SECTION 23701 SUBSECTION [0]" (SCREEN 64.011, CODE 21).

2010

GENERAL INFORMATION

PAGE 1

CLIENT FRIENDS

**FRIENDS OF VIHN SON MONTAGNARD CATHOLIC
ORPHANAGE AND MISSION - VIETNAM**

16-1724012

3/08/11

02:10PM

FORMS NEEDED FOR THIS RETURN

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

CARRYOVERS TO 2011

NONE