

CT-12**For Oregon Corporations
and Certain Trusts****Charitable Activities Section
Oregon Department of Justice**1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
E-Mail: charitable.activities@doj.state.or.us
Web site: http://www.doj.state.or.usVOICE (971) 673-1880
TDD (503) 378-5938
FAX (971) 673-1882

For Accounting Periods Beginning in:

2005**Section I. General Information**

1.

Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: 222163-94

Organization Name: Vietnamese Science & Cultural Society of Oregon

Address: 4160 NW 152nd Terr

City, State, Zip: Portland, OR 97229

Phone: 503-617-0548

Fax:

Amended
Report?

Period Beginning: 1 / 1 /2005

Period Ending: 12 / 31 /2005

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes and any schedules presented as supplementary information to the basic financial statements.

 Yes No

3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?

 Yes No

If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____

4. Has the organization or any officer, director, or executive personnel of the organization ever been involved in a voluntary agreement with any district attorney or attorney general or a legal action in any court regarding the organization's solicitation, administration, or management practices? If yes, attach copies of the agreement and a written explanation.

 Yes No

5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter.

 Yes No

6. Is the organization ceasing operations and is this the final report? (If yes, see instructions.)

 Yes No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address
Tuong Nguyen	Secretary	503-617-7335	4669 NW 166 th Ave Portland, OR 97229

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive any compensation from the organization. Attach additional sheets if necessary. If an IRS form is attached that includes substantially the same information, the phrase "See IRS Form" may be entered in lieu of completing this section.

(A) Name, daytime phone number & mailing address	(B) Title & average weekly hours devoted to position	(C) Compensation (If not paid, enter \$0)	(D) Contributions to benefit plans & deferred compensation	(E) Expense account & other allowances
Name: Chi Jones Address: 4160 NW 152 nd Terr Portland, OR 97229 Phone: (503) 997-2260	President 10 Hrs/Week	-0-	-0-	-0-
Name: Tri Than Address: 17786 NW Reindeer Drive Portland, OR 97229 Phone: (503) 614-8472	Vice President 6 Hrs/Week	-0-	-0-	-0-
Name: Tuong Nguyen Address: 4669 NW 166 th Ave Portland, OR 97229 Phone: (503) 617-7335	Secretary / Treasurer 6 Hrs/Week	-0-	-0-	-0-

Section II. Fee Calculation

<p>9. Total Revenue..... <small>(From Line 12 on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared.)</small></p>	9.	19350.88																					
<p>10. Revenue Fee..... <small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 17</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 17	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200					
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<p>11. Net Assets or Fund Balances at End of the Reporting Period..... <small>(From Line 21 on Form 990 or Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 4 to calculate.)</small></p>	11.	4836.21																					
<p>12. Net Fixed Assets Used to Conduct Charitable Activities..... <small>(Generally, from Line 57c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 to calculate. See instructions if organization owns income-producing assets.)</small></p>	12.	-0-																					
<p>13. Amount Subject to Net Assets or Fund Balances Fee..... <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	-0-																					
<p>14. Net Assets or Fund Balances Fee..... <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small></p>	14.																						
<p>15. Delinquency Penalty..... <small>(If report is submitted after the due date, the delinquency penalty is \$20.)</small></p>	15.				20																		
<p>16. Total Amount Due..... <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.				30																		
<p>17. Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only."</p>																							

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.



Signature of officer

Date

Title

Paid Preparer's Use Only



Preparer's signature

Date

Phone

Preparer's name

Address