

# 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)

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning **07/01/04** and ending **06/30/05**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**VILLAGE MISSIONS**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 197**  
 City or town, state or country, and ZIP + 4  
**Dallas, OR 97338-0197**

**D** Employer identification number  
**43 6043847**

**E** Telephone number  
 ( **503** ) **623-4107**

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

**G** Web site: ▶ **www.village-missions.org**

**J** Organization type (check only one) ▶  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,943,786**

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶  
**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	2,304,335		
	b	Indirect public support	1b	5,487,166		
	c	Government contributions (grants)	1c	0		
	d	<b>Total</b> (add lines 1a through 1c) (cash \$ <u>7,791,501</u> noncash \$ <u>0</u> )	1d		7,791,501	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
	3	Membership dues and assessments	3		0	
	4	Interest on savings and temporary cash investments	4		94,079	
	5	Dividends and interest from securities	5		1,877	
	6a	Gross rents	6a	40,700		
	b	Less: rental expenses	6b	66,121		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		-25,421	
7	Other investment income (describe ▶ )	7		0		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	13,011	8a	950
	b	Less: cost or other basis and sales expenses	(B) Other	13,390	8b	0
	c	Gain or (loss) (attach schedule) <b> Stmt 1</b>		-379	8c	950
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		571	
Revenue	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1a)	9a	0		
	b	Less: direct expenses other than fundraising expenses	9b	0		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11	Other revenue (from Part VII, line 103)	11		1,668		
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		7,864,275		
Expenses	13	Program services (from line 44, column (B))	13		7,080,742	
	14	Management and general (from line 44, column (C))	14		592,948	
	15	Fundraising (from line 44, column (D))	15		139,485	
	16	Payments to affiliates (attach schedule)	16		0	
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		7,813,175	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		51,100	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,035,833	
	20	Other changes in net assets or fund balances (attach explanation) <b> Stmt 2</b>	20		-971,378	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,115,555	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <b>Stmt 3</b> (cash \$ <b>13,886</b> noncash \$ <b>0</b> )	<b>13,886</b>	<b>13,886</b>		
23	Specific assistance to individuals (schedule)	<b>0</b>	<b>0</b>		
24	Benefits paid to or for members (schedule)	<b>0</b>	<b>0</b>		
25	Compensation of officers, directors, etc. . . .	<b>155,676</b>	<b>60,112</b>	<b>95,564</b>	<b>0</b>
26	Other salaries and wages . . . . .	<b>6,440,106</b>	<b>6,202,568</b>	<b>168,646</b>	<b>68,892</b>
27	Pension plan contributions . . . . .	<b>112,104</b>	<b>107,611</b>	<b>4,493</b>	<b>0</b>
28	Other employee benefits . . . . .	<b>372,880</b>	<b>274,643</b>	<b>76,539</b>	<b>21,698</b>
29	Payroll taxes . . . . .	<b>17,427</b>	<b>2,250</b>	<b>13,120</b>	<b>2,057</b>
30	Professional fundraising fees . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31	Accounting fees . . . . .	<b>18,062</b>	<b>0</b>	<b>18,062</b>	<b>0</b>
32	Legal fees . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33	Supplies . . . . .	<b>20,039</b>	<b>8,843</b>	<b>9,457</b>	<b>1,739</b>
34	Telephone . . . . .	<b>17,481</b>	<b>8,317</b>	<b>7,451</b>	<b>1,713</b>
35	Postage and shipping . . . . .	<b>28,494</b>	<b>1,785</b>	<b>23,889</b>	<b>2,820</b>
36	Occupancy . . . . .	<b>9,874</b>	<b>4,372</b>	<b>4,369</b>	<b>1,133</b>
37	Equipment rental and maintenance . . . . .	<b>3,044</b>	<b>0</b>	<b>2,435</b>	<b>609</b>
38	Printing and publications . . . . .	<b>46,499</b>	<b>0</b>	<b>46,499</b>	<b>0</b>
39	Travel . . . . .	<b>345,026</b>	<b>315,697</b>	<b>17,415</b>	<b>11,914</b>
40	Conferences, conventions, and meetings . . . . .	<b>7,008</b>	<b>1,180</b>	<b>5,828</b>	<b>0</b>
41	Interest . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
42	Depreciation, depletion, etc. (schedule) <b>Stmt 4</b>	<b>29,942</b>	<b>0</b>	<b>29,942</b>	<b>0</b>
43	Other expenses not covered above (itemize): a . . . . .	<b>175,627</b>	<b>79,478</b>	<b>69,239</b>	<b>26,910</b>
b	<b>See Statement 5</b>				
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15 .</i>	<b>7,813,175</b>	<b>7,080,742</b>	<b>592,948</b>	<b>139,485</b>

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose? <b>Conduct Christian evangelism through rural churches</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <b>See Statement 6</b>	
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	<b>7,080,742</b>

**Part IV Balance Sheets** (See page 24 of the instructions.)

		<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	45	Cash- non-interest-bearing . . . . .		240	45	240
	46	Savings and temporary cash investments . . . . .		2,056,782	46	2,410,538
	47a	Accounts receivable . . . . .	47a 16,147	325,228	47c	16,147
	b	Less: allowance for doubtful accounts . . . . .	47b 0			
	48a	Pledges receivable . . . . .	48a 0	0	48c	0
	b	Less: allowance for doubtful accounts . . . . .	48b 0	0	49	0
	49	Grants receivable . . . . .		0	50	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0		0
	51a	Other notes and loans receivable (attach schedule). See Statement 7. . . . .	51a 6,732	8,240	51c	6,732
	b	Less: allowance for doubtful accounts . . . . .	51b 0			
	52	Inventories for sale or use . . . . .		0	52	0
	53	Prepaid expenses and deferred charges . . . . .		677,541	53	74,027
	54	Investments- securities (schedule) Stmt 8 . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	623,195	54	618,482
	55a	Investments- land, buildings, and equipment: basis . . . . .	55a 0	0	55c	0
	b	Less: accumulated depreciation (attach schedule). . . . .	55b 0			
56	Investments- other (attach schedule) Stmt 9 . . . . .		87,571	56	87,571	
57a	Land, buildings, and equipment: basis . . . . .	57a 1,199,111	659,452	57c	648,066	
b	Less: accumulated depreciation (attach schedule). Stmt 10. . . . .	57b 551,045				
58	Other assets (describe ► _____ )		0	58	0	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		4,438,249	59	3,861,803	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		402,416	60	746,248
	61	Grants payable . . . . .		0	61	0
	62	Deferred revenue . . . . .		0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule). . . . .		0	63	0
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a	0
	b	Mortgages and other notes payable (attach schedule) . . . . .		0	64b	0
	65	Other liabilities (describe ► _____ )		0	65	0
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		402,416	66	746,248	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted. . . . .		3,781,174	67	2,823,642
	68	Temporarily restricted . . . . .		219,843	68	257,084
	69	Permanently restricted . . . . .		34,816	69	34,829
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds . . . . .			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .			72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21). . . . .		4,035,833	73	3,115,555
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		4,438,249	74	3,861,803

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	<b>7,928,261</b>
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		<b>-2,134</b>
(2)	Donated services and use of facilities \$		<b>0</b>
(3)	Recoveries of prior year grants . . . \$		<b>0</b>
(4)	Other (specify):		
	..... \$		<b>0</b>
	Add amounts on lines (1) through (4) ▶	b	<b>-2,134</b>
c	Line a minus line b . . . . . ▶	c	<b>7,930,395</b>
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		<b>0</b>
(2)	Other (specify):		
	<b>Stmt 11</b> . . . . . \$		<b>-66,120</b>
	Add amounts on lines (1) and (2) ▶	d	<b>-66,120</b>
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	<b>7,864,275</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements . . . ▶	a	<b>7,879,295</b>
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		<b>0</b>
(2)	Prior year adjustments reported on line 20, Form 990 . . . . \$		<b>0</b>
(3)	Losses reported on line 20, Form 990 . . . \$		<b>0</b>
(4)	Other (specify):		
	..... \$		<b>0</b>
	<b>Stmt 12</b> . . . . . \$		<b>66,120</b>
	Add amounts on lines (1) through (4) ▶	b	<b>66,120</b>
c	Line a minus line b . . . . . ▶	c	<b>7,813,175</b>
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		<b>0</b>
(2)	Other (specify):		
	..... \$		<b>0</b>
	Add amounts on lines (1) and (2) ▶	d	<b>0</b>
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	<b>7,813,175</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 13				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule- see page 26 of the instructions.

**Part VI Other Information** (See page 27 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.		<input checked="" type="checkbox"/>
78b	b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . .	<input checked="" type="checkbox"/>	
80b	b If "Yes," enter the name of the organization <b>See Statement 14</b> ..... and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions . . . . .  81a  <b>0</b>		
81b	b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		<input checked="" type="checkbox"/>
82b	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . .  82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		<input checked="" type="checkbox"/>
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
85a	85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members? . . . . .		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		
85c	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85d	c Dues, assessments, and similar amounts from members . . . . .  85c		
85e	d Section 162(e) lobbying and political expenditures . . . . .  85d		
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .  85e		
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .  85f		
85h	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .  85g		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .  85h		
86a	86 <i>501(c)(7) orgs.</i> Enter: a Initiation fees and capital contributions included on line 12 . . . . .  86a		
86b	b Gross receipts, included on line 12, for public use of club facilities . . . . .  86b		
87a	87 <i>501(c)(12) orgs.</i> Enter: a Gross income from members or shareholders . . . . .  87a		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  87b		
88	88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .  88		<input checked="" type="checkbox"/>
89a	89a <i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <b>0</b> ; section 4912 ▶ <b>0</b> ; section 4955 ▶ <b>0</b>		
89b	b <i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. . . . .  89b		<input checked="" type="checkbox"/>
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶ <b>0</b>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization. . . . . ▶ <b>0</b>		
90a	90a List the states with which a copy of this return is filed ▶ <b>None</b>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)  90b  <b>240</b>		
91	91 The books are in care of ▶ <b>James S Cross</b> Telephone no. ▶ ( ) <b>503-623-4107</b> Located at ▶ <b>PO Box 197, Dallas, OR</b> ZIP + 4 ▶ <b>97338-0197</b>		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶  92		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments			14	94,079	
96 Dividends and interest from securities . . . . .			14	1,877	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					-25,421
98 Net rental income or (loss) from personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory			18	571	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a <b>Fees for Services Rendered</b>			03	1,361	
b <b>Reimbursement for materials</b>			01	307	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		0		98,195	-25,421
105 <b>Total</b> (add line 104, columns (B), (D), and (E)). . . . .					72,774

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

<b>Please Sign Here</b>	<b>James S Cross, CFO</b> Type or print name and title.	Date <b>12/21/2005</b>
-------------------------	------------------------------------------------------------	---------------------------

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	



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

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

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

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

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

Name of the organization <b>VILLAGE MISSIONS</b>	Employer identification number <b>43 6043847</b>
-----------------------------------------------------	-----------------------------------------------------

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>Walt Jacoby</b> ----- <b>PO Box 197, Dallas, OR 97338-0197, US</b>	<b>District Rep 42</b>	<b>60,051</b>	<b>9,600</b>	<b>0</b>
Total number of other employees paid over \$50,000 . . . . . ▶	<b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		✓
<b>b</b> Lending of money or other extension of credit? . . . . .		✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	✓	
<b>e</b> Transfer of any part of its income or assets? . . . . .		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . . <b>Stmt 17.</b>	✓	
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	✓	
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		✓

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** .....
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



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

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

Calendar year (or fiscal year beginning in) . ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
21 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. . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22. . . . .					
24 Line 23 minus line 17. . . . .					
25 Enter 1% of line 23 . . . . .					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . . ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ▶					26d
e Public support (line 26c minus line 26d total) . . . . . ▶					26e
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified pers on." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:  (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					27c
d Add: Line 27a total . _____ and line 27b total . _____ . . . . . ▶					27d
e Public support (line 27c total minus line 27d total). . . . . ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . . ▶					27f
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					27g %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . ▶					27h %
28 <b>Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount. . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)).					
<b>50</b> Grassroots lobbying expenditures . . . . .					

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .	✓	✓	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	✓	✓	
<b>c</b> Media advertisements . . . . .	✓	✓	
<b>d</b> Mailings to members, legislators, or the public . . . . .	✓	✓	
<b>e</b> Publications, or published or broadcast statements . . . . .	✓	✓	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	✓	✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	✓	✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	✓	✓	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			<b>0</b>

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash . . . . .	<b>51a(i)</b>	<input checked="" type="checkbox"/>
	(ii) Other assets . . . . .	<b>a(ii)</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .	<b>b(i)</b>	<input checked="" type="checkbox"/>
	(ii) Purchases of assets from a noncharitable exempt organization . . . . .	<b>b(ii)</b>	<input checked="" type="checkbox"/>
	(iii) Rental of facilities, equipment, or other assets . . . . .	<b>b(iii)</b>	<input checked="" type="checkbox"/>
	(iv) Reimbursement arrangements . . . . .	<b>b(iv)</b>	<input checked="" type="checkbox"/>
	(v) Loans or loan guarantees . . . . .	<b>b(v)</b>	<input checked="" type="checkbox"/>
	(vi) Performance of services or membership or fundraising solicitations . . . . .	<b>b(vi)</b>	<input checked="" type="checkbox"/>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	<b>c</b>	<input checked="" type="checkbox"/>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship



**Statement 1**

Form: 990

Page: 1

Part: I

Question: 8

**VILLAGE MISSIONS****43-6043847****Sales of Assets Other than Inventory**

---

**Noninventory Asset**

<b>Description:</b>	1993 Ford Taurus		
<b>Sold To:</b>	Mike Stiener		
<b>Sales Price:</b>	\$200.00	<b>Date Sold:</b>	10/31/2004
<b>Expense of Sale:</b>	\$0.00	<b>Date acquired:</b>	06/28/1999
<b>Cost or value when acquired:</b>	\$5,800.00	<b>How acquired:</b>	
<b>Depreciation since acquisition:</b>	\$5,800.00		Gift
<b>Net Sale:</b>	<b>\$200.00</b>		

---

**Noninventory Asset**

<b>Description:</b>	1985 Ford Ranger		
<b>Sold To:</b>	Larry Shetenhelm		
<b>Sales Price:</b>	\$750.00	<b>Date Sold:</b>	01/31/2005
<b>Expense of Sale:</b>	\$0.00	<b>Date acquired:</b>	08/20/1993
<b>Cost or value when acquired:</b>	\$3,247.00	<b>How acquired:</b>	
<b>Depreciation since acquisition:</b>	\$3,247.00		Purchase
<b>Net Sale:</b>	<b>\$750.00</b>		

---

**Publicly Traded Securities**

<b>Description:</b>			
<b>Sold To:</b>			
<b>Sales Price:</b>	\$13,011.00	<b>Date Sold:</b>	
<b>Expense of Sale:</b>	\$0.00	<b>Date acquired:</b>	
<b>Cost or value when acquired:</b>	\$13,390.00	<b>How acquired:</b>	
<b>Depreciation since acquisition:</b>	\$0.00		
<b>Net Sale:</b>	<b>-\$379.00</b>		

---

**Statement 2**

Form: 990

Page: 1

Part: I

Question: 20

**VILLAGE MISSIONS****43-6043847****Other changes in Net Assets or Fund Balances**

<b>Explanation</b>	<b>Amount</b>
Unrealized losses on long term investments	-\$2,134.00
Increase in minimum pension liability over unrec prior service cost	-\$969,244.00
<b>Total:</b>	<b>-\$971,378.00</b>

**Statement 3**

Form: 990

Page: 2

Part: II

Question: 22

**VILLAGE MISSIONS****43-6043847****Grants and Allocations**

<b>Date:</b>		<b>Name and Address:</b>
<b>Type:</b>	Cash	Calvary Baptist Church
<b>Number of individuals:</b>		PO Box 476
<b>Grant Amount</b>	\$600.00	Foresthill, CA 95631
<b>Classification</b>	General Operating	United States
<b>Relationship:</b>	Affiliated ministry	
<b>Description of Property:</b>		
	<b>How Determined:</b>	
<b>Book Value of Property:</b>		
<b>FMV of Property:</b>		
<b>Date:</b>		<b>Name and Address:</b>
<b>Type:</b>	Cash	Ecola Bible School
<b>Number of individuals:</b>		PO Box 190
<b>Grant Amount</b>	\$8,550.00	Cannon Beach, OR 97110
<b>Classification</b>	General Operating	United States
<b>Relationship:</b>	Affiliated ministry	
<b>Description of Property:</b>		
	<b>How Determined:</b>	
<b>Book Value of Property:</b>		
<b>FMV of Property:</b>		
<b>Date:</b>		<b>Name and Address:</b>
<b>Type:</b>	Cash	Gideons International
<b>Number of individuals:</b>		PO Box 560
<b>Grant Amount</b>	\$75.00	Dallas, OR 97338
<b>Classification</b>	Memorial gift	United States
<b>Relationship:</b>	Memorial gift	
<b>Description of Property:</b>		
	<b>How Determined:</b>	
<b>Book Value of Property:</b>		
<b>FMV of Property:</b>		
<b>Date:</b>		<b>Name and Address:</b>
<b>Type:</b>	Cash	Elk Plain Community Church
<b>Number of individuals:</b>		4115 224th St E
<b>Grant Amount</b>	\$4,661.00	Spanaway, WA 98387
<b>Classification</b>	General Operating	United States
<b>Relationship:</b>	Affiliated ministry	
<b>Description of Property:</b>		
	<b>How Determined:</b>	
<b>Book Value of Property:</b>		
<b>FMV of Property:</b>		
<b>Total Grants:</b>	<b>\$13,886.00</b>	

**Statement 4**

Form: 990

Page: 2

Part: II

Question: 42

**VILLAGE MISSIONS**

**43-6043847**

**Depreciation and Depletion**

<b>Asset</b>	<b>Current Deprec.</b>
DALLAS OFFICE	\$12,212.00
FURNISHINGS	\$546.80
OFFICE EQ	\$1,494.93
EQ ACQ POST 83	\$4,069.93
SOFTWARE PC	\$5,550.00
OFFICE IMPRVMT	\$95.00
COMPUTER EQ	\$5,973.55
<b>Total</b>	<b>\$29,942.21</b>



**Statement 5**

Form: 990

Page: 2

Part: II

Question: 43

**VILLAGE MISSIONS****43-6043847****Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundraising</b>
Contract services	\$4,014.00	\$0.00	\$4,014.00	\$0.00
Publicity	\$12,719.00	\$6,572.00	\$4,807.00	\$1,340.00
Insurance	\$57,133.00	\$30,274.00	\$26,593.00	\$266.00
Building / grounds maintenance	\$6,335.00	\$0.00	\$6,008.00	\$327.00
Data processing maint repair	\$18,738.00	\$182.00	\$12,855.00	\$5,701.00
Miscellaneous	\$67.00	\$25.00	\$42.00	\$0.00
Bank service charges	\$166.00	\$0.00	\$166.00	\$0.00
Conference Staff	\$4,046.00	\$4,046.00	\$0.00	\$0.00
Honoraria	\$3,400.00	\$3,400.00	\$0.00	\$0.00
Consulting	\$10,750.00	\$0.00	\$0.00	\$10,750.00
Video production	\$12,723.00	\$6,181.00	\$603.00	\$5,939.00
Hospitality	\$1,415.00	\$80.00	\$1,049.00	\$286.00
Background checks	\$757.00	\$757.00	\$0.00	\$0.00
Staff training	\$3,163.00	\$300.00	\$1,626.00	\$1,237.00
Web Site	\$5,859.00	\$916.00	\$4,943.00	\$0.00
Dues and subscriptions	\$6,774.00	\$872.00	\$4,838.00	\$1,064.00
Taxes	\$1,695.00	\$0.00	\$1,695.00	\$0.00
Moving	\$25,873.00	\$25,873.00	\$0.00	\$0.00
<b>Total:</b>	<b>\$175,627.00</b>	<b>\$79,478.00</b>	<b>\$69,239.00</b>	<b>\$26,910.00</b>

**Statement 6**

Form: 990

Page: 2

Part: III

Question:

**VILLAGE MISSIONS**

**43-6043847**

**Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Christianity Programs: Recruit, screen, hire and train prospective candidates for ministry. Candidates are assigned to a church upon acceptance. (9 candidate couples)	\$5,651.00
<b>Grants and Allocations:</b> \$0.00	
Christianity Programs, GeneralOther: Conduct leadership development training through seminars, conferences and college courses. Offer for-credit courses in rural ministry through 4 cooperating schools. (15 conferences)	\$57,505.00
<b>Grants and Allocations:</b> \$0.00	
Christianity Programs: Provide spiritually qualified missionaries to rural churches. Village Missions provides salary support in approx. 12 of churches served. (205 churches)	\$6,805,366.00
<b>Grants and Allocations:</b> \$13,886.00	
Christianity Programs: Annual staff conference for missionaries and their families. Five 3-12 day conferences take place throughout the U.S. (798 individuals)	\$212,220.00
<b>Grants and Allocations:</b> \$0.00	
<b>Total:</b>	<b>\$7,080,742.00</b>

**Statement 7**

Form: 990

Page: 3

Part: IV

Question: 51C

**VILLAGE MISSIONS**

**43-6043847**

**Schedule of Other Notes and Loans Receivable**

---

<b>Borrower's Name:</b>	Notes receivable
<b>Borrower's Title:</b>	
<b>Original Amount:</b>	\$8,000.00
<b>Balance Due:</b>	\$6,732.00
<b>Date of Note:</b>	
<b>Maturity Date:</b>	
<b>Repayment Terms:</b>	
<b>Interest Rate:</b>	
<b>Security Provided by Borrower:</b>	
<b>Purpose of Loan:</b>	
<b>Description of Consideration:</b>	
<b>FMV of Consideration:</b>	
<b>Relationship of Borrower/Lender:</b>	

---

<b>Total Due:</b>	<b>\$6,732.00</b>
-------------------	-------------------

**Statement 8**

Form: 990

Page: 3

Part: IV

Question: 54

**VILLAGE MISSIONS****43-6043847****Investments - Securities**

<b>Security</b>	<b>Valuation Type</b>	<b>Amount</b>
Mutual funds	FMV	\$107,991.00
Accrued interest receivable	FMV	\$11,628.00
Us Govt Treasury and other agency	FMV	\$498,863.00
<b>Total:</b>		<b>\$618,482.00</b>

**Statement 9**

Form: 990

Page: 3

Part: IV

Question: 56

**VILLAGE MISSIONS**

**43-6043847**

**Other Investments**

<b>Investment</b>	<b>Valuation Type</b>	<b>Amount</b>
Equity sharing agreement	Cost	\$30,000.00
Donated property held for investment	FMV	\$57,571.00
<b>Total:</b>		<b>\$87,571.00</b>

**Statement 10**

Form: 990

Page: 3

Part: IV

Question: 57

**VILLAGE MISSIONS****43-6043847****Schedule of Land, Buildings and Equipment**

<b>Description</b>	<b>Cost</b>	<b>Depreciation</b>	<b>Book Value</b>
Buildings and improvement	\$894,201.00	\$355,071.00	\$539,130.00
Vehicles	\$6,546.00	\$6,546.00	\$0.00
Furniture and Equipment	\$221,711.00	\$170,706.00	\$51,005.00
Data processing	\$38,570.00	\$18,722.00	\$19,848.00
Land	\$38,083.00	\$0.00	\$38,083.00
<b>Total:</b>	<b>\$1,199,111.00</b>	<b>\$551,045.00</b>	<b>\$648,066.00</b>

**Statement 11**

Form: 990

Page: 4

Part: IV-A

Question: d(2)

**VILLAGE MISSIONS**

**43-6043847**

**Revenue Audit Line d(2)**

<b>Description</b>	<b>Amount</b>
Rental expenses	-\$66,120.00
<b>Total:</b>	<b>-\$66,120.00</b>

**Statement 12**

Form: 990

Page: 4

Part: IV-B

Question: b(4)

**VILLAGE MISSIONS**

**43-6043847**

**Expense Audit Line b(4)**

<b>Description</b>	<b>Amount</b>
Rental expenses	\$66,120.00
<b>Total:</b>	<b>\$66,120.00</b>



**Statement 13**

Form: 990

Page: 4

Part: V

Question:

**VILLAGE MISSIONS****43-6043847****Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Title</b>	<b>Hrs</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Allan Ed PO Box 197 Dallas, OR 97338 United States	Chairman	0	\$0.00	\$0.00	\$0.00
Brian Wechsler PO Box 197 Dallas, OR 97338 United States	Exec Director	42	\$52,781.00	\$9,600.00	\$0.00
Doebler Gilbert PO Box 197 Dallas, OR 97338 United States	Board Member/Emp	42	\$41,701.00	\$9,600.00	\$0.00
Hanson Glen PO Box 197 Dallas, OR 97338 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Hild Ruth PO Box 197 Dallas, OR 97338 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Hopkins B Wayne PO Box 197 Dallas, OR 97338 United States	Board Member	0	\$0.00	\$0.00	\$0.00
James Cross PO Box 197 Dallas, OR 97338 United States	CFO	42	\$42,783.00	\$9,600.00	\$0.00
McGraw Douglas PO Box 197 Dallas, OR 97338 United States	Vice Chairman	0	\$0.00	\$0.00	\$0.00
Moore Ken PO Box 197 Dallas, OR 97338 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Still Donald PO Box 197	Board Member	0	\$0.00	\$0.00	\$0.00

<b>Name and Address</b>	<b>Title</b>	<b>Hrs</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Dallas, OR 97338 United States					
Walker Keith PO Box 197 Dallas, OR 97338 United States	Board Member/Emp	42	\$18,411.00	\$9,600.00	\$0.00
Williams Alton PO Box 197 Dallas, OR 97338 United States	Board Member	0	\$0.00	\$0.00	\$0.00
<b>TOTALS</b>			<b>\$155,676.00</b>	<b>\$38,400.00</b>	<b>\$0.00</b>

**Statement 14**

Form: 990

Page: 5

Part: VI

Question: 80 b

**VILLAGE MISSIONS**

**43-6043847**

**Related Organizations**

<b>Description</b>	<b>Exempt</b>
Creative Evangelism	Yes

**Statement 15**

Form: 990

Page: 6

Part: VIII

Question:

**VILLAGE MISSIONS**

**43-6043847**

**Relationship of Activities**

---

**Line No      Relationship of Activities to the Accomplishment of Exempt Purposes**

---

97 b      Provide low-cost apartment housing to retired employees with low income

**Statement 16**

Form: 990

Page: None

Part: None

Question: None

**VILLAGE MISSIONS**

**43-6043847**

**Reasonable Cause Explanation**

---

**Reasonable Cause Explanation**

---

Financial audit was not finalized until November 12, 2005. Additional time needed to file a complete and accurate return.

**Statement 17**  
Form: Schedule A  
Page: 2  
Part: III  
Question: 3

**VILLAGE MISSIONS**  
**43-6043847**

---

**Explanation of Grant Determination**

---

**Explanation of grant qualifications**

---

Village Missions makes loans to dependents of employees who are pursuing education at a Bible college.