

Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 2006 calendar year, or tax year beginning 7/1/2006, 2006, and ending 6/30/2007, 20

- 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) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- 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).

G Website: ▶ **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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7902336**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds	1a		11,150		
	b Direct public support (not included on line 1a)	1b		3,117,984		
	c Indirect public support (not included on line 1a)	1c		4,614,933		
	d Government contributions (grants) (not included on line 1a)	1d		0		
	e Total (add lines 1a through 1d) (cash \$ 7,744,067 noncash \$ 0)	1e				7,744,067
	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				81,364
	5 Dividends and interest from securities	5				33,835
	6a Gross rents	6a		39,153		
	b Less: rental expenses	6b		50,308		
c Net rental income or (loss). Subtract line 6b from line 6a	6c				-11,155	
7 Other investment income (describe ▶)	7				0	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
	0	8a	0			
	0	8b	0			
	0	8c	0			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				0
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0 of contributions reported on line 1b)	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	
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				3,917	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12				7,852,028	
Expenses	13 Program services (from line 44, column (B))	13			7,072,959	
	14 Management and general (from line 44, column (C))	14			641,111	
	15 Fundraising (from line 44, column (D))	15			242,543	
	16 Payments to affiliates (attach schedule)	16			0	
	17 Total expenses. Add lines 16 and 44, column (A)	17				7,956,613
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			-104,585	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			3,033,454	
	20 Other changes in net assets or fund balances (attach explanation) Stmt 1	20			-58,138	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21				2,870,731

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 the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ 8,800 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 8,800	8,800		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 177,218	58,911	118,307	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 20,695	20,695	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 6,393,247	6,137,831	175,943	79,473
27	Pension plan contributions not included on lines 25a, b, and c	27 111,003	107,595	3,408	0
28	Employee benefits not included on lines 25a - 27	28 382,263	286,009	82,589	13,665
29	Payroll taxes	29 22,746	2,124	14,495	6,127
30	Professional fundraising fees	30 54,000	0	0	54,000
31	Accounting fees	31 23,488	0	23,488	0
32	Legal fees	32 3,922	722	3,200	0
33	Supplies	33 29,241	9,886	13,905	5,450
34	Telephone	34 19,972	10,411	6,370	3,191
35	Postage and shipping	35 33,214	1,748	20,045	11,421
36	Occupancy	36 10,649	4,704	5,305	640
37	Equipment rental and maintenance	37 6,368	971	4,543	854
38	Printing and publications	38 68,637	3,718	33,932	30,987
39	Travel	39 435,016	371,331	41,966	21,719
40	Conferences, conventions, and meetings	40 4,413	0	4,413	0
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42 31,483	0	31,483	0 Stmt 3
43	Other expenses not covered above (itemize): See Statement 4	43a 120,238	47,503	57,719	15,016
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 7,956,613	7,072,959	641,111	242,543

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 the instructions.)

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.

What is the organization's primary exempt purpose? ► Conduct Christian ministry & evangelism through r	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement 5 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	7,072,959

Part IV Balance Sheets (See the instructions.)

Note: 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
Assets	45 Cash—non-interest-bearing	240	45	240
	46 Savings and temporary cash investments	2,267,917	46	2,128,233
	47a Accounts receivable	47a 20,999		
	b Less: allowance for doubtful accounts	47b 0	9,875	47c 20,999
	48a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable		0	49 0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b 0
	51a Other notes and loans receivable (attach schedule) See Statement 6	51a 6,000		
	b Less: allowance for doubtful accounts	51b 0	10,000	51c 6,000
	52 Inventories for sale or use		0	52 0
	53 Prepaid expenses and deferred charges		75,513	53 114,802
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	750,487	54a 777,812
	b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b 0
	55a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule) Stmt 7		81,786	56 81,786
	57a Land, buildings, and equipment: basis	57a 1,317,261		
b Less: accumulated depreciation (attach schedule) Stmt 8	57b 632,275	641,205	57c 684,986	
58 Other assets, including program-related investments (describe ▶)		0	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		3,837,023	59 3,814,858	
Liabilities	60 Accounts payable and accrued expenses	803,569	60	944,127
	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 Total liabilities. Add lines 60 through 65		803,569	66 944,127	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,788,378	67	2,567,948
	68 Temporarily restricted	210,232	68	267,939
	69 Permanently restricted	34,844	69	34,844
	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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		3,033,454	73 2,870,731
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,837,023	74 3,814,858

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	7,950,288	
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			0
2	Donated services and use of facilities	b2			0
3	Recoveries of prior year grants	b3			0
4	Other (specify): See Statement 9	b4			98,260
	Add lines b1 through b4		b	98,260	
c	Subtract line b from line a		c	7,852,028	
d	Amounts included on Part I, line 12, but not on line a :				
1	Investment expenses not included on Part I, line 6b	d1			0
2	Other (specify):	d2			0
	Add lines d1 and d2		d	0	
e	Total revenue (Part I, line 12). Add lines c and d ▶		e	7,852,028	

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

a	Total expenses and losses per audited financial statements		a	8,006,921	
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			0
2	Prior year adjustments reported on Part I, line 20	b2			0
3	Losses reported on Part I, line 20	b3			0
4	Other (specify): See Statement 10	b4			50,308
	Add lines b1 through b4		b	50,308	
c	Subtract line b from line a		c	7,956,613	
d	Amounts included on Part I, line 17, but not on line a :				
1	Investment expenses not included on Part I, line 6b	d1			0
2	Other (specify):	d2			0
	Add lines d1 and d2		d	0	
e	Total expenses (Part I, line 17). Add lines c and d ▶		e	7,956,613	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
See Statement 11				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	9		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b		✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		✓
d Does the organization have a written conflict of interest policy?	75d	✓	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 12				

Part VI Other Information (See the instructions.)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
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.	77		✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
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?	80a	✓	
b If "Yes," enter the name of the organization ▶ See Statement 13 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0	
b Did the organization file Form 1120-POL for this year?	81b		✓

Part VI Other Information (continued)		Yes	No
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?		✓
	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?	✓	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b _____		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members		
	85c _____		
	d Section 162(e) lobbying and political expenditures		
	85d _____		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e _____		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f _____		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g _____		
	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 _____		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a _____		
	b Gross receipts, included on line 12, for public use of club facilities		
	86b _____		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a _____		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b _____		
88a	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		✓
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
89a	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 501(c)(3) and 501(c)(4) orgs. 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		✓
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____ 0		
	e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		✓
	f <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
	g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
	89g _____		
90a	List the states with which a copy of this return is filed ▶ None		
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b _____	204
91a	The books are in care of ▶ James S Cross Telephone no. ▶ 503-623-4107		
	Located at ▶ PO Box 197, Dallas, OR ZIP + 4 ▶ 97338-0197		
	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)?	Yes	No
	91b _____		✓
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** |

Part VII Analysis of Income-Producing Activities (See 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	81,364	
96 Dividends and interest from securities			14	33,835	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					-11,155
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Office Services rendered			03	2,473	
b Miscellaneous			03	829	
c Dental services			03	615	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		119,116	-11,155
105 Total (add line 104, columns (B), (D), and (E)) ▶					107,961

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: _____ Date: _____

Jim Cross, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

Phone no.: _____



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization VILLAGE MISSIONS	Employer identification number 43 6043847
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
Walt Jacoby PO Box 197, Dallas, OR 97338-0197, US	District Rep 40	54,415	13,800	0
Glenn Daman PO Box 197, Dallas, OR 97338-0197, US	Leadership Dev Dir 40	50,955	10,200	0
Keith Hillard PO Box 197, Dallas, OR 97338-0197, US	District Rep. 40	44,600	10,800	0
Michael Jones PO Box 197, Dallas, OR 97338-0197, US	Assistant Director 40	44,201	13,925	0
Vernal Wilkinson PO Box 197, Dallas, OR 97338-0197, US	District Rep. 40	43,925	11,400	0
Total number of other employees paid over \$50,000 . ▶	1			

Part II-A 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
Contexture International Ltd 18006 Skypark Circle Suite 210, Irvine, CA 92614, US	Publicity and Fund Raising Cons	54,000
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
B R Trucking Inc Excavation 531 A Penney Rd, New Gloucester, ME 04260, US	Site work, foundations and fire ta	58,000
Total number of other contractors receiving over \$50,000 for other services ▶	0	See Statement 15

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

	Yes	No
1 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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
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.		
2 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.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
See Form 990, Pt. V		
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) Stmt. 16	3a	✓
b Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	✓
b Did the organization make any taxable distributions under section 4966?	4b	✓
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	✓
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 33½%** 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 33½%** 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. 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 Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					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 person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 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 10 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.

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

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 13 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
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h .)			0

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

Statement 1

Form: 990

Page: 1

Part: I

Question: 20

VILLAGE MISSIONS

43-6043847

Other changes in Net Assets or Fund Balances

Explanation	Amount
Unrealized gain on valuation of investments	\$47,952.00
Recognized net loss for retirement plan	-\$106,090.00
Total:	-\$58,138.00

Statement 2

Form: 990

Page: 2

Part: II

Question: 22

VILLAGE MISSIONS

43-6043847

Grants and Allocations

Classification General Operating

Ecola Bible School

Date:

Type: Cash

Address: PO Box 190

Grant Amt \$8,550.00

Cannon Beach, OR 97110
United States

Purp of payment to affiliate

Relationship: Common program & activities

Description of Property:

How Determined

Book Value of Property:

FMV of Property:

Classification Memorial Gift

Gideons International

Date:

Type: Cash

Address: PO Box 560

Grant Amt \$250.00

Dallas, OR 97338
United States

Purp of payment to affiliate

Relationship: Memorial gift

Description of Property:

How Determined

Book Value of Property:

FMV of Property:

Total Grants:

\$8,800.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 42

VILLAGE MISSIONS

43-6043847

Depreciation and Depletion

Asset	Current Deprec.
Dallas Office	\$13,104.00
Office Equipment	\$1,424.00
Software PC	\$5,627.00
Equipment acq 83 on	\$4,464.00
Automobiles	\$478.00
Computer Equipment	\$6,243.00
Furnishings	\$48.00
Office Improvements	\$95.00
Total	\$31,483.00

Statement 4

Form: 990

Page: 2

Part: II

Question: 43

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

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Conference Staff	\$4,050.00	\$4,050.00	\$0.00	\$0.00
Background Checks	\$632.00	\$632.00	\$0.00	\$0.00
Moving Expenses	\$15,073.00	\$15,073.00	\$0.00	\$0.00
Staff Training	\$8,243.00	\$2,197.00	\$4,150.00	\$1,896.00
Dues and Subscriptions	\$5,830.00	\$648.00	\$2,863.00	\$2,319.00
Miscellaneous	\$96.00	\$0.00	\$96.00	\$0.00
Publicity	\$18,012.00	\$6,221.00	\$7,175.00	\$4,616.00
Insurance	\$22,613.00	\$8,755.00	\$13,784.00	\$74.00
Building/grounds maintenance	\$3,143.00	\$0.00	\$2,805.00	\$338.00
Bank service charges	\$2,089.00	\$0.00	\$2,089.00	\$0.00
Consulting	\$7,989.00	\$7,200.00	\$0.00	\$789.00
Web Site	\$8,450.00	\$768.00	\$7,682.00	\$0.00
Honoraria	\$1,800.00	\$1,800.00	\$0.00	\$0.00
Hospitality	\$680.00	\$64.00	\$616.00	\$0.00
Taxes	\$347.00	\$0.00	\$347.00	\$0.00
Contract Services	\$4,300.00	\$0.00	\$4,300.00	\$0.00
Data :Processing Maintenance	\$16,891.00	\$95.00	\$11,812.00	\$4,984.00
Total:	\$120,238.00	\$47,503.00	\$57,719.00	\$15,016.00

Statement 5

Form: 990

Page: 3

Part: III

Question:

VILLAGE MISSIONS**43-6043847****Program Services**

Achievement	Pgm. Svc. Exp.
Christianity Programs: Annual staff conference for missionaries and their families. Four 3.5 day conferences take place throughout the U.S. (785 individuals) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$195,272.00
Christianity Programs: Recruit, screen, hire and train prospective candidates for ministry. Candidates are assigned to a church upon acceptance. (9 candidate couples) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$16,449.00
Christianity Programs, General/Other: Conduct leadership development training through seminars, conferences and college courses. Offer for-credit courses in rural ministry through 4 cooperating schools. (6 classes) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$74,113.00
Christianity Programs: Provide spiritually qualified missionaries to rural churches. Village Missions provides salary support in approx. 40% of churches served. (200 churches) Grants and Allocations: \$8,800.00 This amount includes foreign grants: No	\$6,787,125.00
Total:	\$7,072,959.00

Statement 6

Form: 990

Page: 4

Part: IV

Question: 51 C

VILLAGE MISSIONS

43-6043847

Schedule of Other Notes and Loans Receivable

Borrower's Name: Various

Borrower's Title:

Original Amount: \$6,000.00

Balance Due: \$6,000.00

Date of Note:

Maturity Date:

Repayment Terms:

Interest Rate:

Security Provided by Borrower:

Purpose of Loan:

Description of Consideration:

FMV of Consideration:

Relationship of Borrower/Lender:

Total Due: \$6,000.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 56

VILLAGE MISSIONS

43-6043847

Other Investments

Investment	Valuation Type	Amount
Equity Sharing Agreement	Cost	\$30,000.00
Donated Property held for Investment	FMV	\$51,786.00
Total:		\$81,786.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 57

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

Description	Cost	Depreciation	Book Value
Buildings & Improvements	\$902,107.00	\$419,541.00	\$482,566.00
Transportation Equipment	\$9,416.00	\$7,025.00	\$2,391.00
Land	\$120,371.00	\$0.00	\$120,371.00
Data Processing	\$38,570.00	\$29,976.00	\$8,594.00
Furniture & Equipment	\$221,469.00	\$175,733.00	\$45,736.00
Construction in Progress	\$25,328.00	\$0.00	\$25,328.00
Total:	\$1,317,261.00	\$632,275.00	\$684,986.00

Statement 9

Form: 990

Page: 5

Part: IV-A

Question: b(4)

VILLAGE MISSIONS

43-6043847

Revenue Audit Line b(4)

Description	Amount
Rental Expense	\$50,308.00
Gain (loss) in valuation & sale of assets	\$47,952.00
Total:	\$98,260.00

Statement 10

Form: 990

Page: 5

Part: IV-B

Question: b(4)

VILLAGE MISSIONS

43-6043847

Expense Audit Line b(4)

Description	Amount
Rental Expenses	\$50,308.00
Total:	\$50,308.00

Statement 11

Form: 990

Page: 5

Part: V

Question:

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

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
W Edward Allan	0	\$0.00	\$0.00	\$0.00
Title: Chairman Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States				
Gilbert Doebler	42	\$41,291.00	\$10,200.00	\$0.00
Title: Board Member/Emp Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States				
Glen Hanson	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States				
B Wayne Hopkins	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States				
Douglas McGraw	0	\$0.00	\$0.00	\$0.00
Title: Vice Chairman Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States				
Williams Alton	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Ruth Hild Title: Board Member Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States	0	\$0.00	\$0.00	\$0.00
Ken Moore Title: Board Member Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States	0	\$0.00	\$0.00	\$0.00
Keith Walker Title: Board Member/Emp Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States	42	\$9,845.00	\$0.00	\$0.00
Brian Wechsler Title: Exec Director Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States	42	\$50,190.00	\$12,600.00	\$0.00
James Cross Title: CFO Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338 Country: United States	42	\$58,550.00	\$10,200.00	\$0.00
Don Stuart Title: Board Member Addr 1: PO Box 197 Addr 2: CSZ: Dallas, OR 97338-0197 Country: United States	0	\$0.00	\$0.00	\$0.00
TOTALS		\$159,876.00	\$33,000.00	\$0.00

Statement 12

Form: 990

Page: 6

Part: V-B

Question:

VILLAGE MISSIONS

43-6043847

Former Officers, Directors, Trustees, and Key Employees

Name and Address	Loans and Advances	Comp.	Benefits	Expenses
Jack Canady	\$0.00	\$19,495.00	\$0.00	\$0.00
Addr: PO Box 197				
Addr 2:				
CSZ: Dallas, OR 97338-0197				
Country: United States				
Charles Seamans	\$0.00	\$1,200.00	\$0.00	\$0.00
Addr: PO Box 197				
Addr 2:				
CSZ: Dallas, OR 97338-0197				
Country: United States				
TOTALS	\$0.00	\$20,695.00	\$0.00	\$0.00

Statement 13

Form: 990

Page: 6

Part: VI

Question: 80 b

VILLAGE MISSIONS

43-6043847

Related Organizations

Description	Exempt
Creative Evangelism Inc	Yes

Statement 14

Form: 990

Page: 8

Part: VIII

Question:

VILLAGE MISSIONS

43-6043847

Relationship of Activities

Line No Relationship of Activities to the Accomplishment of Exempt Purposes

97 b This is rental less expenses for retirement facilities for retired missionaries

Statement 15
Form: Schedule A
Page: 1
Part: II-B
Question:

VILLAGE MISSIONS
43-6043847

Compensation Explanation - Contractors (Other)

Name	Expanation
B R Trucking Inc Excavation	This is all for the new retirement center for Village Missionaries at New Gloucester, Maine.

Statement 16
Form: Schedule A
Page: 2
Part: III
Question: 3a

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 or similar educational institution.