

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)

2005

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 **2005** calendar year, or tax year beginning **7/1/2005**, 2005, and ending **6/30/2006**, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VILLAGE MISSIONS		D Employer identification number 43 : 6043847
		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	E Telephone number (503) 623-4107

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's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,754,883**

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 the instructions.)

		(A) Securities	(B) Other		
Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	3,002,071		
	b Indirect public support	1b	4,580,999		
	c Government contributions (grants)	1c	0		
	d Total (add lines 1a through 1c) (cash \$ 7,583,070 noncash \$ 0)				1d 7,583,070
	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 87,935
	5 Dividends and interest from securities				5 29,587
	6a Gross rents	6a	36,958		
	b Less: rental expenses	6b	54,127		
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c -17,169
7 Other investment income (describe ▶)				7 0	
	8a Gross amount from sales of assets other than inventory	0	14,345		
	b Less: cost or other basis and sales expenses	0	5,785		
	c Gain or (loss) (attach schedule) Stmt 1	0	8,560		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 8,560
	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 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
	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 2,988
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 7,694,971
Expenses	13 Program services (from line 44, column (B))				13 6,911,413
	14 Management and general (from line 44, column (C))				14 592,676
	15 Fundraising (from line 44, column (D))				15 138,168
	16 Payments to affiliates (attach schedule)				16 0
	17 Total expenses (add lines 16 and 44, column (A))				17 7,642,257
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 52,714
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 3,115,555
	20 Other changes in net assets or fund balances (attach explanation) Stmt 2				20 -134,815
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 3,033,454

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
22	Grants and allocations (attach schedule) Stmt 3 (cash \$ <u>15,902</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22	15,902	15,902	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0	0	
25	Compensation of officers, directors, etc.	25	154,170	53,060	101,110
26	Other salaries and wages	26	6,309,128	6,091,708	162,728
27	Pension plan contributions	27	3,370	0	3,370
28	Other employee benefits	28	419,833	336,860	79,858
29	Payroll taxes	29	19,601	3,431	13,261
30	Professional fundraising fees	30	41,005	0	0
31	Accounting fees	31	19,165	0	19,165
32	Legal fees	32	3,121	2,485	636
33	Supplies	33	17,305	8,178	8,363
34	Telephone	34	17,578	10,023	6,051
35	Postage and shipping	35	31,326	1,343	21,247
36	Occupancy	36	9,669	4,526	4,713
37	Equipment rental and maintenance	37	3,625	289	2,810
38	Printing and publications	38	43,799	369	36,130
39	Travel	39	338,440	312,677	20,043
40	Conferences, conventions, and meetings	40	6,322	0	6,322
41	Interest	41	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	30,528	0	30,528
43	Other expenses not covered above (itemize):				
a	<u>See Statement 5</u>	43a	158,370	70,562	76,341
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	7,642,257	6,911,413	592,676

Stmt 4

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 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 6</u> (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). . . . ►	6,911,413

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		2,410,538	46	2,267,917	
	47a Accounts receivable	47a	9,875			
	b Less: allowance for doubtful accounts	47b	0	16,147	47c	9,875
	48a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable			0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51a Other notes and loans receivable (attach schedule) See Statement 7	51a	10,000			
	b Less: allowance for doubtful accounts	51b	0	6,732	51c	10,000
	52 Inventories for sale or use			0	52	0
	53 Prepaid expenses and deferred charges			74,027	53	75,513
	54 Investments—securities (attach schedule) Stmnt 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			618,482	54	750,487
	Liabilities	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) Stmnt 9				87,571	56	81,786
57a Land, buildings, and equipment: basis		57a	1,231,170			
b Less: accumulated depreciation (attach schedule) Stmnt 10		57b	589,965	648,066	57c	641,205
58 Other assets (describe ▶)				0	58	0
59 Total assets (must equal line 74). Add lines 45 through 58.				3,861,803	59	3,837,023
Net Assets or Fund Balances	60 Accounts payable and accrued expenses		746,248	60	803,569	
	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			746,248	66	803,569	
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		2,823,642	67	2,788,378	
	68 Temporarily restricted		257,084	68	210,232	
	69 Permanently restricted		34,829	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; column (B) must equal line 21)			3,115,555	73	3,033,454	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.			3,861,803	74	3,837,023	

Part VI Other Information <i>(continued)</i>		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 quid pro quo contributions?	✓	
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 quid pro quo 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	
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	✓
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	89b	✓
	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
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	205
91a	The books are in care of ▶ <u>James S Cross</u> Telephone no. ▶ <u>503-623-4107</u> Located at ▶ <u>PO Box 197, Dallas, OR</u> ZIP + 4 ▶ <u>97338-0197</u>		
	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)?	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.		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	✓
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 ▶ <u>92</u>		☐

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	87,935	
96 Dividends and interest from securities			14	29,587	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					-17,169
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	8,560	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Dental services</u>			03	1,375	
b <u>Services rendered</u>			03	809	
c <u>Miscellaneous</u>			01	804	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		129,070	-\$17,169
105 Total (add line 104, columns (B), (D), and (E))					111,901

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 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 16

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).

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: Jim Cross, CFO Date: _____

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: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization

VILLAGE MISSIONS

Employer identification number

43 6043847

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
Walt Jacoby PO Box 197, Dallas, OR 97338-0197, US	District Rep 42	56,451	9,600	0
Total number of other employees paid over \$50,000 . ▶		0		

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
None		
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
None		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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 ► \$ _____ (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.		
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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e Transfer of any part of its income or assets?		✓
3a 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.) Stmnt 17.	✓	
b Do you have a section 403(b) annuity plan for your employees?	✓	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
4a 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 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 33 1/3%** 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 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 2001 through 2004 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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 2001 through 2004, 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 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.

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		
	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	41	
	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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 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
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: 8

VILLAGE MISSIONS

43-6043847

Sales of Assets Other than Inventory

Noninventory Asset

Description:	Kettleman City property land portion		
Sold To:	King's County Management & Development CA		
Sales Price:	\$14,345.00	Date Sold:	10/02/2005
Expense of Sale:	\$0.00	Date acquired:	12/26/2002
Cost or value when acquired:	\$5,785.00	How acquired:	
Depreciation since acquisition:	\$0.00		Gift
Net Sale:	\$8,560.00		

Statement 2

Form: 990

Page: 1

Part: I

Question: 20

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

Explanation	Amount
Pension plan payments	-\$110,000.00
Audit adjustment from prior year	-\$45.00
Retirement expense adjustment	\$139,197.00
Unrealized Gain/loss on valuation of investments	-\$33,708.00
Increase in minimum pension liability over unrec prior service cost	-\$130,259.00
Total:	-\$134,815.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 22

VILLAGE MISSIONS

43-6043847

Grants and Allocations

Date:		Name and Address:
Type:	Cash	Ecola Bible School
Number of individuals:		PO Box 190
Grant Amount	\$8,550.00	Cannon Beach, OR 97110
Classification	General operating	United States
Relationship:	Common program & activiti	
Description of Property:		
	How Determined	
Book Value of Property:		
FMV of Property:		
Date:		Name and Address:
Type:	Cash	Gideons International
Number of individuals:		PO Box 560
Grant Amount	\$180.00	Dallas, OR 97338
Classification	Memorial gift	United States
Relationship:	Memorial gift	
Description of Property:		
	How Determined	
Book Value of Property:		
FMV of Property:		
Date:		Name and Address:
Type:	Cash	Stonecroft Ministries
Number of individuals:		PO Box 9609
Grant Amount	\$7,172.00	Kansas City, MO 64134
Classification	General Operating	United States
Relationship:	Common program & activiti	
Description of Property:		
	How Determined	
Book Value of Property:		
FMV of Property:		
Total Grants:	\$15,902.00	

Statement 4

Form: 990

Page: 2

Part: II

Question: 42

VILLAGE MISSIONS**43-6043847****Depreciation and Depletion**

Asset	Current Deprec.
Software PC	\$5,627.00
Office improvem	\$95.00
Office Equip	\$1,495.00
Computer equip	\$5,723.00
Equip acq 83 on	\$3,638.00
Dallas Office	\$13,105.00
Furnishings	\$845.00
Total	\$30,528.00

Statement 5

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	Fundraising
Background checks	\$1,080.00	\$1,080.00	\$0.00	\$0.00
Moving expense	\$3,662.00	\$2,392.00	\$0.00	\$1,270.00
Staff training	\$16,020.00	\$12,872.00	\$3,148.00	\$0.00
Taxes	\$1,263.00	\$0.00	\$505.00	\$758.00
Miscellaneous	\$91.00	\$0.00	\$50.00	\$41.00
Publicity	\$5,321.00	\$1,376.00	\$879.00	\$3,066.00
Building/grounds maintenance	\$4,180.00	\$0.00	\$4,020.00	\$160.00
Bank Service charges	\$775.00	\$0.00	\$775.00	\$0.00
Honoraria	\$3,300.00	\$3,300.00	\$0.00	\$0.00
Video Production	\$9,350.00	\$9,350.00	\$0.00	\$0.00
Conference staff	\$4,150.00	\$4,150.00	\$0.00	\$0.00
Web Site	\$6,239.00	\$38.00	\$6,201.00	\$0.00
Dues and subscriptions	\$3,847.00	\$70.00	\$2,787.00	\$990.00
Data processing maint	\$23,787.00	\$0.00	\$18,914.00	\$4,873.00
Hospitality	\$1,098.00	\$76.00	\$1,013.00	\$9.00
Contract Services	\$4,203.00	\$0.00	\$4,203.00	\$0.00
Insurance	\$67,404.00	\$33,458.00	\$33,646.00	\$300.00
Consulting	\$2,600.00	\$2,400.00	\$200.00	\$0.00
Total:	\$158,370.00	\$70,562.00	\$76,341.00	\$11,467.00

Statement 6

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. (691 individuals)	\$178,946.00
Grants and Allocations: \$0.00	
Christianity Programs: Recruit, screen, hire and train prospective candidates for ministry. Candidates are assigned to a church upon acceptance. (16.5 candidate couples)	\$11,062.00
Grants and Allocations: \$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. (4 classes)	\$63,607.00
Grants and Allocations: \$0.00	
Christianity Programs: Provide spiritually qualified missionaries to rural churches. Village Missions provides salary support in approx. 40% of churches served. (206 churches)	\$6,657,798.00
Grants and Allocations: \$15,902.00	
Total:	\$6,911,413.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 51C

VILLAGE MISSIONS

43-6043847

Schedule of Other Notes and Loans Receivable

Borrower's Name:	Various
Borrower's Title:	
Original Amount:	\$10,000.00
Balance Due:	\$10,000.00
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:	\$10,000.00
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Statement 8

Form: 990

Page: 4

Part: IV

Question: 54

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

Security	Valuation Type	Amount
US Govt Treasury and other agency	FMV	\$559,057.00
Mutual Funds	FMV	\$177,352.00
Accrued Interest Receivable	FMV	\$14,078.00
Total:		\$750,487.00

Statement 9

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 10

Form: 990

Page: 4

Part: IV

Question: 57

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

Description	Cost	Depreciation	Book Value
Land	\$65,677.00	\$0.00	\$65,677.00
Furniture & equipment	\$220,013.00	\$172,192.00	\$47,821.00
Transportation equipment	\$6,547.00	\$6,547.00	\$0.00
Buildings & improvements	\$900,363.00	\$386,876.00	\$513,487.00
Data Processing	\$38,570.00	\$24,350.00	\$14,220.00
Total:	\$1,231,170.00	\$589,965.00	\$641,205.00

Statement 11

Form: 990

Page: 5

Part: IV-A

Question: b(4)

VILLAGE MISSIONS

43-6043847

Revenue Audit Line b(4)

Description	Amount
rental expense	\$54,128.00
Total:	\$54,128.00

Statement 12

Form: 990

Page: 5

Part: IV-A

Question: d(2)

VILLAGE MISSIONS

43-6043847

Revenue Audit Line d(2)

Description	Amount
Unrealized Gain/Loss on valuation of investments	\$33,708.00
Total:	\$33,708.00

Statement 13

Form: 990

Page: 5

Part: IV-B

Question: b(4)

VILLAGE MISSIONS

43-6043847

Expense Audit Line b(4)

Description	Amount
rental expenses	\$54,128.00
Pension plan payments less pension adjustment	-\$29,197.00
Audit adjustment	\$45.00
Total:	\$24,976.00

Statement 14

Form: 990

Page: 5

Part: V

Question:

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

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Allan Ed PO Box 197 Dallas, OR 97338 United States	Chairman	0	\$0.00	\$0.00	\$0.00
Wechsler Brian PO Box 197 Dallas, OR 97338 United States	Exec Director	42	\$50,381.00	\$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
Cross James PO Box 197 Dallas, OR 97338 United States	CFO	42	\$46,283.00	\$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

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Dallas, OR 97338 United States					
Walker Keith PO Box 197 Dallas, OR 97338 United States	Board Member/Emp	42	\$18,411.00	\$0.00	\$0.00
Williams Alton PO Box 197 Dallas, OR 97338 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Stuart Don PO Box 197 Dallas, OR 97338-0197 United States	Board Member	0	\$0.00	\$0.00	\$0.00
TOTALS			\$156,776.00	\$28,800.00	\$0.00

Statement 15

Form: 990

Page: 6

Part: VI

Question: 80 b

VILLAGE MISSIONS

43-6043847

Related Organizations

Description	Exempt
Creative Evangelism Inc	Yes

Statement 16

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 Provide low-cost apartment housing to retired employees with low income.

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 or similar educational institution.