

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning 10/01, 2003, and ending 09/30/2004

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: VILLAGEREACH. D Employer identification number: 91-2083484. E Telephone number: (206) 925-5200. F Accounting method: Cash, Accrual.

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 N/A

H(c) Are all affiliates included? Yes No

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.VILLAGEREACH.ORG

J Organization type (check only one) 501(c) (3) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,827,364.

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

SCANNED JUN 25 2005

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received: 3,825,590. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments: 1,774. Row 5: Dividends and interest from securities. Row 6: Gross rents, Less: rental expenses, Net rental income or (loss). Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory, Less: cost or other basis and sales expenses, Gain or (loss), Net gain or (loss). Row 9: Special events and activities (attach schedule). Row 10: Gross sales of inventory, less returns and allowances, Less: cost of goods sold, Gross profit or (loss) from sales of inventory. Row 11: Revenue from Part VII, line 103. Row 12: Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11): 3,827,364. Row 13: Program services (from line 44, column (B)): 512,048. Row 14: Management and general (from line 44, column (C)): 92,959. Row 15: Fundraising (from line 44, column (D)): 62,655. Row 16: Expenses to affiliates (attach schedule). Row 17: Total expenses (add lines 16 and 44, column (A)): 667,662. Row 18: Excess or (deficit) for the year (subtract line 17 from line 12): 3,159,702. Row 19: Net assets or fund balances at beginning of year (from line 73, column (A)): 318,489. Row 20: Other changes in net assets or fund balances (attach explanation). Row 21: Net assets or fund balances at end of year (combine lines 18, 19, and 20): 3,478,191.

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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

013-15

23

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 93,152. noncash \$ )	22 93,152.	22 93,152.	STMT 1	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 140,209.	25 82,076.	25 25,488.	25 32,645.
26 Other salaries and wages	26 10,800.	26 6,879.	26 1,033.	26 2,888.
27 Pension plan contributions	27			
28 Other employee benefits	28 1,236.		28 1,236.	
29 Payroll taxes	29 12,318.	29 7,846.	29 1,178.	29 3,294.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 5,501.		32 5,501.	
33 Supplies	33 22,911.	33 17,446.	33 1,473.	33 3,992.
34 Telephone	34 1,382.	34 29.	34 1,353.	
35 Postage and shipping	35 92.		35 92.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 2,138.		38 36.	38 2,102.
39 Travel	39 40,420.	39 26,426.	39 7,522.	39 6,472.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize) STMT 2	43a 337,503.	43a 278,194.	43a 48,047.	43a 11,262.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 667,662.	44 512,048.	44 92,959.	44 62,655.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)**

What is the organization's primary exempt purpose? STMT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a VILLAGEREACH, A SECTION 501(C)(3) ORGANIZATION, WORKS TO ESTABLISH THE INFRASTRUCTURE REQUIRED FOR THE DELIVERY OF VACCINES TO REMOTE VILLAGERS IN DEVELOPING COUNTRIES. (Grants and allocations \$ 93,152.)	512,048.
b	
c	
d	
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	512,048.

**Part IV Balance Sheets** (See page 25 of 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	
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	36,227	<b>45</b>	483,776	
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>		
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 2,735,695			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	34,439	<b>48c</b>	2,735,695
	<b>49</b> Grants receivable . . . . .			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			<b>53</b>	
	<b>54</b> Investments - securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>		
<b>56</b> Investments - other (attach schedule) . . . . .	STMT. 4	248,478	<b>56</b>	261,285	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>		<b>57c</b>		
<b>58</b> Other assets (describe ▶ _____ )			<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		319,144	<b>59</b>	3,480,756	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	655	<b>60</b>	2,565	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>		
	<b>65</b> Other liabilities (describe ▶ _____ )			<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		655	<b>66</b>	2,565	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> <b>67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted . . . . .	295,050	<b>67</b>	3,478,191	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>		
	<b>69</b> Permanently restricted . . . . .	23,439	<b>69</b>	NONE	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> <b>complete lines 70 through 74.</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		318,489	<b>73</b>	3,478,191	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		319,144	<b>74</b>	3,480,756	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return NOT APPLICABLE
<b>a</b> Total revenue, gains, and other support per audited financial statements . . ▶ <b>a</b> <b>b</b> Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains <b>NOT APPLICABLE</b> on investments . . \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants . . . . \$ _____ (4) Other (specify): _____ \$ _____ Add amounts on lines (1) through (4) ▶ <b>b</b> <b>c</b> Line a minus line b . . . . . ▶ <b>c</b> <b>d</b> Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ (2) Other (specify): _____ \$ _____ Add amounts on lines (1) and (2) . . ▶ <b>d</b> <b>e</b> Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶ <b>e</b>	<b>a</b> Total expenses and losses per audited financial statements . . . . ▶ <b>a</b> <b>b</b> Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ _____ (2) Prior year adjustments reported on line 20, Form 990 . . . . \$ _____ (3) Losses reported on line 20, Form 990 \$ _____ (4) Other (specify): _____ \$ _____ Add amounts on lines (1) through (4) . . ▶ <b>b</b> <b>c</b> Line a minus line b . . . . . ▶ <b>c</b> <b>d</b> Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ (2) Other (specify): _____ \$ _____ Add amounts on lines (1) and (2) . . ▶ <b>d</b> <b>e</b> Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶ <b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 5		136,740.	3,470.	NONE

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

Form with questions 76-92 and Yes/No columns. Includes sub-questions a, b, c, d, e, f, g, h and various numerical inputs like 'NONE', '51,159', 'WASHINGTON', '1', '92'.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	1,774.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
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 _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				1,774.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,774.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

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

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: Craig Nakagawa

Type or print name and title: CRAG NAKAGAWA

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**Paid Preparer's Use Only**

Preparer's signature: [Signature]

Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK NUBER P.S.  
10900 NE 4TH, SUITE  
BELLEVUE, WA

**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 Section 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

**2003**

Name of the organization **VILLAGEREACH** Employer identification number **91-2083484**

**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
NONE				
Total number of other employees paid over \$50,000	NONE			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

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>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		X
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? . . . . .		X
b	Lending of money or other extension of credit? . . . . .		X
c	Furnishing of goods, services, or facilities? . . . . .		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990, PART V . . . . .	X	
e	Transfer of any part of its income or assets? . . . . .		X
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.) . . . . .		X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X

**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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

14  An organization organized and operated to test for public safety. Section 509(a)(4) (See page 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

Table with columns for calendar year (a) 2002, (b) 2001, (c) 2000, (d) 1999, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 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; 27 Organizations described on line 12; 28 Unusual Grants.

**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) **NOT APPLICABLE**

		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? . . . . .	29	
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? . . . . .	30	
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.) ----- ----- -----	31	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
	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? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
h	Other extracurricular activities? . . . . .	33h	
	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? . . . . .	34a	
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	34b	
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 . . . . .	35	

**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) **NOT APPLICABLE**

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

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

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 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>X</b>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		<b>X</b>	
c Media advertisements . . . . .		<b>X</b>	
d Mailings to members, legislators, or the public . . . . .		<b>X</b>	
e Publications, or published or broadcast statements . . . . .		<b>X</b>	
f Grants to other organizations for lobbying purposes . . . . .		<b>X</b>	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		<b>X</b>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		<b>X</b>	
i Total lobbying expenditures (Add lines c through h.) . . . . .			<b>NONE</b>

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

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

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

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

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

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

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

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

---

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
<u>GRANTS PAID</u>			
FOUNDATION FOR COMMUNITY DEVELOPMENT AV. 25 DE SETEMBRO EDIFICIO TIMES SQUARE BLOCO 2, 2 ANDAR C.P - 4206	NONE FOREIGN GRANT	TO PROVIDE GENERAL SUPPORT	93,152.
		TOTAL CONTRIBUTIONS PAID	----- 93,152. -----

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
-----	-----	-----	-----	-----
INSURANCE	14,963.		14,963.	
CONSULTING FEES	41,792.	31,265.	3,050.	7,477.
PROFESSIONAL FEES	11,220.		11,220.	
DUES & SUBSCRIPTIONS	234.	100.	20.	114.
CONTRACT LABOR	26,335.	8,206.	17,776.	353.
INTERNET	3,379.		61.	3,318.
BANK SERVICE CHARGES	774.	120.	654.	
LICENSES AND PERMITS	55.		55.	
MISCELLANEOUS EXPENSES	248.		248.	
SUBAGREEMENTS	6,964.	6,964.		
VEHICLE/EQUIPMENT PURCHASES	231,539.	231,539.		
	-----	-----	-----	-----
TOTALS	337,503.	278,194.	48,047.	11,262.
	=====	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

---

TO FACILITATE THE DISTRIBUTION OF VACCINES AND OTHER ESSENTIAL PRODUCTS TO REMOTE VILLAGES IN THIRD WORLD NATIONS TO ENSURE THAT THE WORLD'S POOREST CHILDREN WILL BE PROTECTED AGAINST PREVENTABLE DISEASES AND ILLNESSES AND MAY ENJOY AN IMPROVED QUALITY OF LIFE.

FORM 990, PART IV - INVESTMENTS - OTHER  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PROGRAM ASSETS - VIDAGAS	248,478.	261,285.
TOTALS	----- 248,478. =====	----- 261,285. =====



## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BLAISE JUDJA-SATO 601 NORTH 34TH STREET SEATTLE, WA 98103	PRESIDENT 40 HRS/WK	72,712.	1,735.	NONE
CRAIG NAKAGAWA 601 NORTH 34TH STREET SEATTLE, WA 98103	CHIEF OP. OFFICER 40 HRS/WK	64,028.	1,735.	NONE
GRACA MACHAL MANDELA 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1 HR/WK	NONE	NONE	NONE
JACQUES FRANCOIS MARTIN 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1 HR/WK	NONE	NONE	NONE
SETH BERKLEY, MD 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1 HR/WK	NONE	NONE	NONE
PAUL KLEINDORFER, PHD 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1 HR/WK	NONE	NONE	NONE
	GRAND TOTALS	136,740.	3,470.	NONE

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION -----	2002 ----	2001 ----	2000 ----	1999 ----	TOTAL -----
MISCELLANEOUS INCOME	181.				181.
TOTALS	181.				181.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Form header section including: Type or print, Name of Exempt Organization (VILLAGEREACH), Employer identification number (91-2083484), Address (1445 120TH AVENUE, NE, BELLEVUE, WA 98005)

Check type of return to be filed (file a separate application for each return):

- Form 990 [X], Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T(sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

- If the organization does not have an office or place of business in the United States, check this box [ ]
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box [ ] . If it is for part of the group, check this box [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 05/16, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
[X] tax year beginning 10/01, 2003, and ending 09/30, 2004.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title [CPA] Date [2/9/05]

For Paperwork Reduction Act Notice, see Instruction