

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)

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 2002 calendar year, or tax year beginning 10/01, 2002, and ending 09/30/2003

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

C Name of organization: VILLAGEREACH
Number and street (or P.O. box if mail is not delivered to street address): 601 NORTH 34TH STREET
City or town, state or country, and ZIP + 4: SEATTLE, WA 98103

D Employer identification number: 91-2083484
E Telephone number: (206) 925-5200
F Accounting method: Cash, Accrual (checked), 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).

G Web site: WWW.VILLAGEREACH.ORG

J Organization type (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [X] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Enter 4-digit GEN
M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 241,253.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

SCANNED MAR 03 '04

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Total revenue is 241,253 and total expenses is 258,989.

18

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	NONE	NONE		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	28,906.	26,015.	2,891.	
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	10,302.	9,272.	1,030.	
30	Professional fundraising fees				
31	Accounting fees	3,093.		3,093.	
32	Legal fees	2,939.		2,939.	
33	Supplies	14,741.	13,267.	1,474.	
34	Telephone	942.		942.	
35	Postage and shipping	84.		84.	
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	1,055.	1,055.		
39	Travel	22,092.	22,092.		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) <b>\$TMT 2</b>	174,835.	149,157.	23,543.	2,135.
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	258,989.	220,858.	35,996.	2,135.

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

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

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

What is the organization's primary exempt purpose? **STMT 3**

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>VILLAGEREACH, A SECTION 501(C)(3) ORGANIZATION, WORKS TO ESTABLISH THE INFRASTRUCTURE REQUIRED FOR THE DELIVERY OF VACCINES TO REMOTE VILLAGERS IN DEVELOPING COUNTRIES.</u> (Grants and allocations \$ NONE)	220,858.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	220,858.

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

			(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	45	Cash - non-interest-bearing . . . . .	151,006.	45	36,227.	
	46	Savings and temporary cash investments . . . . .		46		
	47a	Accounts receivable . . . . .	47a			
	b	Less: allowance for doubtful accounts . . . . .	47b		47c	
	48a	Pledges receivable . . . . .	48a	34,439.		
	b	Less: allowance for doubtful accounts . . . . .	48b	NONE	48c	
	49	Grants receivable . . . . .		49	34,439.	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a			
	b	Less: allowance for doubtful accounts . . . . .	51b		51c	
	52	Inventories for sale or use . . . . .		52		
	53	Prepaid expenses and deferred charges . . . . .		53		
	54	Investments - securities (attach schedule) . . . . .		54		
	55a	Investments - land, buildings, and equipment: basis . . . . .	55a			
b	Less: accumulated depreciation (attach schedule) . . . . .	55b		55c		
56	Investments - other (attach schedule) . . . . .		130,278.	56	248,478.	
57a	Land, buildings, and equipment: basis . . . . .	57a				
b	Less: accumulated depreciation (attach schedule) . . . . .	57b	8,632.	57c	NONE	
58	Other assets (describe ► _____ )			58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		289,916.	59	319,144.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .	1,847.	60	655.	
	61	Grants payable . . . . .		61		
	62	Deferred revenue . . . . .		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b		
	65	Other liabilities (describe ► _____ )		65		
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		1,847.	66	655.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted . . . . .	288,069.	67	295,050.	
	68	Temporarily restricted . . . . .		68		
	69	Permanently restricted . . . . .		NONE	69	23,439.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds . . . . .		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		288,069.	73	318,489.
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		289,916.	74	319,144.

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

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?		X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instructions	NONE	
81b	Did the organization file Form 1120-POL for this year?		N/A
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?	X	
82b	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.)	50,000.	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	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.		N/A
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> NONE		
89b	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		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> NONE			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> NONE			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> WASHINGTON		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	1	
91	The books are in care of <input type="checkbox"/> BLAISE JUDJA-SATO Telephone no. <input type="checkbox"/> (206) 925-5220 Located at <input type="checkbox"/> 601 NORTH 34TH STREET, SEATTLE, WA ZIP + 4 <input type="checkbox"/> 98103		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 NONE		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	309.	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: a _____					
b <b>MISC. INCOME</b> _____			01	181.	
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				490.	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					490.

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

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

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

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

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

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

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

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

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (other than agent) in full knowledge of the contents of this return and the facts and circumstances.

Signature of officer: *Blaise Juda*

Type or print name and title: *Blaise Juda*

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**Paid Preparer's Use Only**

Preparer's signature: *Jonda Allwine*

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

JSA

**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

**2002**

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
CRAIG NAKAGAWA 601 NORTH 34TH STREET, SEATTLE, WA 98103	PROGRAM MANAGEMENT & OPERATIONS	53,414.
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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I or 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.		X
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)? . . . . . PART V, FORM 990 . . . . .	X	
e	Transfer of any part of its income or assets? . . . . .		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) . . . . .		X
4	Do you have a section 403(b) annuity plan for your employees? . . . . .		X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)**

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

6  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.)

11 a  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.)

11 b  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 5 of the instructions.)

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

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

Table with columns for Calendar year (or fiscal year beginning in) and rows for various support categories: 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 for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 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.

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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, record keeping, and financial aid.

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.

Table with columns: Limits on Lobbying Expenditures, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2002, 2001, 2000, 1999, and Total. Rows 45-50 detailing lobbying nontaxable and ceiling amounts.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table with columns: Yes, No, Amount. Rows detailing lobbying activities: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings, e Publications, f Grants, g Direct contact, h Rallies, i Total lobbying expenditures.

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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 2 columns: Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
PRIOR PERIOD ADJUSTMENT TO CAPITALIZE AMOUNTS INVESTED IN VITAGAS PREVIOUSLY REPORTED AS EXPENSES	48,156. -----
<b>TOTAL</b>	48,156. =====

FORM 990, PART II - OTHER EXPENSES  
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
DIRECT PROGRAM EXPENSES	68,078.	68,078.		
FUNDRAISING	2,135.			2,135.
CONTRACT LABOR	88,996.	80,096.	8,900.	
DUES & SUBSCRIPTIONS	983.	983.		
BANK CHARGES	730.		730.	
INSURANCE	13,124.		13,124.	
LICENSES AND PERMITS	325.		325.	
MISCELLANEOUS	464.		464.	
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TOTALS	174,835.	149,157.	23,543.	2,135.
	=====	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
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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  
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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PROGRAM ASSETS - VIDAGAS	78,000.	248,478.
PROGRAM ASSETS - VILLAGEREACH	52,278.	NONE
TOTALS	----- 130,278. =====	----- 248,478. =====

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 HR/WK	36,133.	NONE	NONE
NELSON MANDELA 601 NORTH 34TH STREET SEATTLE, WA 98103	HONORARY CHAIRMAN 1 HR/WK	NONE	NONE	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
CRAIG NAKAGAWA 601 NORTH 34TH STREET SEATTLE, WA 98103	VP, SEC & TREASURER 1 HR/WK	NONE	NONE	NONE
GRAND TOTALS		36,133.	NONE	NONE