

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning Jan 1, 2005, and ending Dec 31, 2005

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

C Name of organization: **SANDRA E ST 29 IB 200512 03 15 3 0000 NORTHWIND MINISTRIES INC 5DGS 6250 M COURTNY PKWY MERRITT IS FL 32953-7007**

D Employer identification number: 59-3061655

E Telephone number: (321) 459-0580

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: _____

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 ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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 ▶ _____

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

257 RECEIVED MAY 13 2006 GENERAL INT	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support <u>Cash</u>	1a	<u>35,949</u>		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>35,949</u> noncash \$ _____)	1d		<u>35,949</u>	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		<u>0</u>	
	3 Camp fees, dues and assessments	3		<u>0</u>	
	4 Interest on savings and temporary cash investments	4		<u>0</u>	
	5 Dividends and interest from securities	5		<u>0</u>	
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	6c Rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7		<u>0</u>		
8a Gross amount from sales of assets other than inventory	(A) Securities				
	(B) Other				
	8a				
	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		<u>0</u>		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ <u>271,887</u> of contributions reported on line 1a)	9a	<u>271,887</u>			
b Less: direct expenses other than fundraising expenses	9b	<u>95,579</u>			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		<u>176,308</u>		
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		<u>-</u>		
11 Other revenue (from Part VII, line 103)	11		<u>-</u>		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>212,257</u>		
Expenses	13 Program services (from line 44, column (B))	13	<u>212,257</u>		
	14 Management and general (from line 44, column (C))	14	<u>595,579</u>		
	15 Fundraising (from line 44, column (D))	15	<u>-</u>		
	16 Payments to affiliates (attach schedule)	16	<u>-</u>		
	17 Total expenses (add lines 16 and 44, column (A))	17		<u>307,836</u>	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>95,579</u>		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>989,648</u>		
	20 Other changes in net assets or fund balances (attach explanation) <u>Mortgage debt</u>	20	<u>252,153</u>		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>737,495</u>	

215 14

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.)

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		10% tithe 31,000		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees Closings, Recording, RTTY			2750	
33	Supplies			2550	
34	Telephone		1800	2300	
35	Postage and shipping		360	580	
36	Occupancy MTGS + RENTS		34,728	48,000	
37	Equipment rental and maintenance TRUCKS		4925	3261	
38	Printing and publications			445	
39	Travel gas			12,224	
40	Conferences, conventions, and meetings				
41	Interest paid - MTGS		60,223	see attachment A	
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a	U.T. Electric, Water & Sewer	43a	19,711		
b	Insurance - HO, Auto, liability	43b		15,968	
c	Pest control - Waste removal	43c	1540	1771	
d	Paper goods - Food outreach	43d	36,970		
e	Clothing & furniture outreach	43e			
f	Hurricane - replace ch. roof	43f	21,000		
g	Hurricane - replace SAC's computer	43g		6000	
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	307,832	212,257	95,579

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? <i>Assisting Poor & Needy & Preaching Gospel of Jesus Christ</i>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
<p>a. <i>Caring for homeless, indigent, elderly & addicted persons (15,000+ were helped in 2005). We preach the Gospel of Jesus Christ and feed, clothe, shelter, - counsel them free of charge to help them get back in mainstream society. No charge for weddings, funerals, baptisms, Bibles, bible study. We give financial assistance, rent, Rx's food, medical, travel, t.o.s., job placement, furnish apts., blankets.</i></p> <p>(Grants and allocations \$ <i>0</i>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	212,257
<p>b. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ <i>0</i>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ <i>0</i>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ <i>0</i>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e. Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f. Total of Program Service Expenses (should equal line 44, column (B), Program services).</p>	212,257

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 <i>building + mission fund</i>	936	867
	46 Savings and temporary cash investments	—	—
	47a Accounts receivable	0	0
	47b Less: allowance for doubtful accounts	0	0
	48a Pledges receivable	0	0
	48b Less: allowance for doubtful accounts	0	0
	49 Grants receivable	0	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	0
	51a Other notes and loans receivable (attach schedule)	0	0
	51b Less: allowance for doubtful accounts	0	0
	52 Inventories for sale or use	—	—
	53 Prepaid expenses and deferred charges	0	0
	54 Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	—	—
	55a Investments—land, buildings, and equipment: basis	—	—
	55b Less: accumulated depreciation (attach schedule)	1,475,000	1,280,870
56 Investments—other (attach schedule)	0	0	
57a Land, buildings, and equipment: basis	—	—	
57b Less: accumulated depreciation (attach schedule)	0	0	
58 Other assets (describe ▶ <i>See attachment B. Vehicles, contents church + Thrift store</i>)	327,000	320,900	
59 Total assets (must equal line 74). Add lines 45 through 58.	1,762,000	1,602,637	
Liabilities	60 Accounts payable and accrued expenses	0	0
	61 Grants payable	0	0
	62 Deferred revenue	0	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	0
	64a Tax-exempt bond liabilities (attach schedule)	0	0
	64b Mortgages and other notes payable (attach schedule) <i>Attachment C</i>	685,288	791,009
	65 Other liabilities (describe ▶ <i>Private mfg. 75,000 credit card debt</i>)	88,000	75,000
66 Total liabilities. Add lines 60 through 65	773,288	866,009	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted <i>cash system</i>	988,712	736,628
	68 Temporarily restricted	936	867
	69 Permanently restricted	—	—
	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	—	—
	71 Paid-in or capital surplus, or land, building, and equipment fund	—	—
	72 Retained earnings, endowment, accumulated income, or other funds	—	—
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)	989,648	737,495	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,762,936	1,603,504	

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

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

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	N/A

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dan Ira STAFFORD-CHESTER 318 N. Azure Ln. C. Bch Fl. 32931	P/T 80h/wk	0	0	0
Rev. Michael T. CHESTER 318 N. Azure Ln. C. Bch Fl. 32931	P/Pastor 80h/wk	0	0	0
Nancy CLAUSER 212 So. Shore Dr. Dover, Del 19901	VP/D 24h/wk.	0	0	0
Jacqueline McCune 215 Second St. Merritt Isl. Fl. 32953	Sec/O 31h/wk	0	0	0

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **4**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b**

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations. **75c**

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? **75d**

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<i>All Volunteer - No Employees</i>				

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity **76**

77 Were any changes made in the organizing or governing documents but not reported to the IRS? **77**
If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **78a**

b If "Yes," has it filed a tax return on **Form 990-T** for this year? **78b**

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement **79**

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? **80a**

b If "Yes," enter the name of the organization ▶ and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a**

b Did the organization file **Form 1120-POL** for this year? **81b**

	Yes	No
75a		
75b	<input checked="" type="checkbox"/>	
75c		<input checked="" type="checkbox"/>
75d		<input checked="" type="checkbox"/>
76		<input checked="" type="checkbox"/>
77		<input checked="" type="checkbox"/>
78a		<input checked="" type="checkbox"/>
78b		<input checked="" type="checkbox"/>
79		<input checked="" type="checkbox"/>
80a		<input checked="" type="checkbox"/>
81b		<input checked="" type="checkbox"/>

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b _____	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
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		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ _____	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ _____	
90a	List the states with which a copy of this return is filed	▶ <u>Florida</u>	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) <u>All Volunteery - NO employees</u>	90b <u>0</u>	
91a	The books are in care of ▶ <u>Sandra Stafford - Chester</u> Telephone no. ▶ <u>(321) 459-0580</u> Located at ▶ <u>6250 N. Courtney Pkwy. Merritt Isl. FL 32953</u> ZIP + 4 ▶ <u>32953-7007</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)? 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.	91b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

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 Thrift Stores			05		
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	NA	0			
95 Interest on savings and temporary cash investments					
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	NA	0			
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))					
105 Total (add line 104, columns (B), (D), and (E))					

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).
93	Donated goods to Thrift Stores are sold to support Church + Discipleship houses (Program) used to assist homeless, indigent, needy + addicted with food, clothing, furniture, Shelter. This year 2005 we provided Trailer loads of clothing, blankets, food, medicines and toys to Hurricane victims. -Rents, R's, Shelter.

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, from a personal benefit contract?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- 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 the taxpayer) is based on information and documents furnished to the preparer by the taxpayer. Declaration of preparer (other than the taxpayer) is based on information and documents furnished to the preparer by the taxpayer.

Please Sign Here
 Signature of officer: *Sandra Stafford-Chester*
 Type or print name and title: *Sandra Stafford-Chester*

Paid Preparer's Use Only
 Preparer's signature: *Sandra Stafford-Chester*
 Firm's name (or yours if self-employed), address, and ZIP + 4

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

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to Form 990 or 990-EZ**

Name of the organization: Northwind Ministries, Inc. 6250 N. Courtney Pkwy, Merritt Island, FL 32953
Employer identification number: 59-3061655

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
<i>All Volunteer / No employees</i>				
Total number of other employees paid over \$50,000 ▶ <u>0</u>				

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
<i>None</i>		
Total number of others receiving over \$50,000 for professional services ▶ <u>0</u>		

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
<i>None</i>		
Total number of other contractors receiving over \$50,000 for other services ▶ <u>0</u>		

59-3061655

Northwind Ministries
6250 N. Courtney Pkwy.
Meritt Island, FL 32953

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) 1 ✓
- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)
 - a Sale, exchange, or leasing of property? 2a ✓
 - b Lending of money or other extension of credit? 2b ✓
 - c Furnishing of goods, services, or facilities? 2c ✓
 - d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d ✓
 - e Transfer of any part of its income or assets? 2e ✓
- 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.) 3a ✓
- b Do you have a section 403(b) annuity plan for your employees? *NO EMPLOYEES.* 3b ✓
- c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? 3c ✓
- 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? 4a ✓
- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b ✓

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		N/A			
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	0
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	0
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	0
d Add: Amounts from column (e) for lines: 18 _____, 19 _____, 22 _____, 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

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	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

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.

59-3061655

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		

N/A

N/A

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 \$7,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$7,000,000	\$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))				N/A
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.)			

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

Attachment A

Northwind Ministries
6250 N. Courtney Pkwy.
Merritt Island, FL 32953

59-3061655



CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number Third World Missions 885 East Hall Road Merritt Island, FL 32953	* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2005 Form 1098
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Mortgage Interest Statement

RECIPIENT'S Federal identification no. 59-2915936	PAYER'S social security number 59-3061655	1 Mortgage interest received from payer(s)/borrower(s) \$ 60,223.29
PAYER'S/BORROWER'S name Northwind Ministries, Inc. Street address (including apt. no.) 6250 N. Courtenay Pkwy. City, state, and ZIP code Merritt Island, FL 32953		2 Points paid on purchase of principal residence (See Box 2 on back.) \$
Account number (see instructions) 1400-710,-711,-712,-713,-715,-716		3 Refund of overpaid interest (See Box 3 on back.) \$
		4

Copy B For Payer

The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service



59-3061655

Attachment B

(Attach - (59))

ASSETS

DEC. 31, 2005.

Vehicles/ Value

1988 Toyota box truck.....1200
 1981 Ford box truck.....1000
 1989 Ford box truck.....2700
 1999 Ford pu truck.....7000
 1999 SUV8000
 1986 Lincoln car.....800
 1998 Goshen shuttle.....4500

total \$24,900

Real Estate/ County appraisal value.

318 N. Azure Ln. triplex (parsonage/program). \$263,540
 317 Winslow Circle-duplex (program) \$185,290
 6498 Colony Park Dr. DBL trailer (retreat house \$75,970
 808 Dixon Blvd. thrift store \$235,000
 812 Dixon Blvd. sm. office \$90,000
 6250 N. Courtney Pkwy. (church) \$336,070
 6502 Colony Park Dr. trailer (program) \$75,000
 6506 Colony Park Dr. empty lot \$20,000

~~total \$1,280,870~~

Other

contents of thrift stores.....\$150,000
 contents of church.....\$100,000
 contents of food/pantry.....\$40,000
 contents of conference/school..\$3,000
 contents of offices.....\$3,000

total \$296,000

Sum total:.....\$1,601,770.



Northwind Ministries
6250 N. Courtney Pkwy.
Merritt Island, FL 32953

59-3061655

Attachment C

Third World Missions, Inc.
885 East Hall Road
Merritt Island, FL 32953-8443

Robert M. Bland, President
(321) 453-0350
FAX: (321) 452-7988

Part IV - 646

January 13, 2006

Northwind Ministries, Inc.
Attention: Sandra Stafford Chester
6250 N. Courtenay Pkwy.
Merritt Island, FL 32953

Dear Pastor Sandy:

Enclosed please find your mortgage interest statement for 2005. As of December 31, 2005, the principal balance of loan #1400-710 is \$24,115.74, loan #1400-711 is \$243,744.21. loan #1400-712 is \$88,363.53, loan #1400-713 is \$299,122.10, loan #1400-715 is \$54,707.46 and loan #1400-716 is \$80,955.76. These amounts do not include any back interest or late fees that may be due.

Total = \$ 791,008.80

In Christ,

THIRD WORLD MISSIONS, INC.

Robert M. Bland
Heb 13:8

Robert M. Bland
Hebrews 13:8
President

py

° Training Today's Nationals for Tomorrow's Mission °

°Belize °Brazil °Cambodia °Cameroon °Ecuador °Honduras °India °Indonesia °Kenya °Madagascar °Malawi °
°Mongolia °Mozambique °Nicaragua °Peru °Philippines °South Africa °Tanzania °Uganda °Ukraine °Zambia °Zimbabwe °

Northwind Ministries 59-3061655
6250 N. Courtney Pkwy.
Merritt Island, FL 32953

D-Attachment Part V-A (756)

I Sandra Stafford recently married
Rev Michael T. Chester.

Signed -
Sandra Stafford - Chester