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SCANNED JAN 2 5 2013

Department of the Treasury Internal Revenue Service

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)

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

WORLD B1/04/2813-3647PM Pg 3 2011 Open to Public Inspection

<u>A_</u>	For the	e 2011 c	alendar yea		year be	ginning C)7/01	L/11	, and ending	<u>9 06/3</u>	<u>0/1</u>	2	=			
В	Check if ap	pplicable	C Name of org	ganization								•	D Emple	yer identific	ation numbe	er
	Address cl	hange			WC	RLD MIS	SION	INC								
$\overline{\Box}$	Nome she		Doing Busin	ess As									1 зв	-3213	457	
닏	Name cha	inge	Number and	street (or F	O box if n	nail is not deliver	ed to street	address)	·	·		Room/suite		none number		
Ш	Initial retur	m		•				·							-5689	.
П	Terminate	ы	City or town			SUITE	110		 				0.1	0-334	-3003	<u>' </u>
	10111111060	iu .	1	•	untry, and a	ZIP + 4										
Ш	Amended	return	GRAND				MI	494	418				G Gross red	cerpts \$	<u>3,879</u>	,575
\Box	Application	n pendina	F Name and a	address of pr	ncipal offic	er						III) la thia a d		-#I	□ v	X No
_		, ,										H(a) Is this a g	lioub ternin ioi	annates	Yes	NU
												H(b) Are all at	filiates include	d?	Yes	U No
												If "N	o," attach a lis	t (see instruc	tions)	
_	Y		X 501	,,,,,,, T	7	/	1, .	, [7							
<u>-</u>	Тах-өхөп				501(c)		(insert no)	4947(a)(1) or	527						
<u></u>	Website	P W	ww.woi		BBIO	n.ee						H(c) Group ex		T		
_		organization	X Corpor	ration	Trust	Association	Othe	er 🕨			L Ye	ar of formation	.998	M State o	f legal domicil	_e MI
P	art I	Sı	ımmary													
	1 E	Briefly de	scribe the or	rganizatio	n's miss	ion or most s	significar	nt activit	ies							
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5																
Activities & Governance	2 (Check thi	s box ▶	If the or	ganizatio	on discontinu	ed its op	eration	s or disposed o	of more than	25% c	of its net asset	s			
Ö	1		اسسا		-	rning body (3	11		
ο <u>σ</u>			-		_				4371 1 41-5					8		
Ë									rt VI, line 1b)				4	<u> </u>		
Ξ	5]	Total nun	iber of Indivi	iduals em	ployed II	n calendar ye	ear 2011	(Part V	', line 2a)				5	110		
Ş			ber-of volur										6	0		
•	Val	Total unre	elated busine	ess rever	De from	Part VIII, col	lumn (C)). line 12	2				7a			0
	1	Mat uprol	ated bleine	115	E domo	from Form 9	000 T to	24	-				7b			0
_	10	विटिन्हि	died posities	33 taxabic	rincome	HOIII I OIIII S	30-1, III	16 54				Prior Ye		L	urrent Year	
	8/8			JUT -	Will line	16)					\vdash		1,750		102	603
ne	10	Continout	ons and gita	mis (Pan	viii, iine	in)					-					
Ē	9 8	rogram	senvice reve	nue (Par	t VIII, line	e 2g)					⊢		4,382			,117
Revenue	10 1	nvestme	ment income (Part VIII, column (A), lines 3, 4, and 7d)								-25	1,794		-34	,053	
œ	11 (Other rev	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								75	8,686		971	,199	
	1	_	•						n (A), line 12)		_ -		3,024		2,066	
_	1								11 (17), 1110 12)				3,715			, 597
	1			•	•	IX, column (/	•	,			-		3,/13		313	, 337
	14 E	Benefits	oald to or for	member	s (Part I)	X, column (A), line 4)	1			\vdash					
S	15 8	Salaries,	other compe	ensation,	employe	e benefits (F	art IX, c	olumn (.	A), lines 5–10))	┕	15	7,189		161,	,708
cpenses	16a F	Professio	nal fundraisi	ing fees (Part IX,	column (A), I	ne 11e)						0			0
8	ь т	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,784									Γ					
ŭ						nes 11a-11c		اما		•		1.09	6,449	1	1,239	090
									05)		\vdash		7,353		720	
						equal Part I		ın (A), II	ne 25)		-					
	19 F	Revenue	less expens	es Subtr	act line	18 from line	12						4,329			<u>, 471</u>
50	Ž										⊢	Beginning of Cu			end of Year	
Net Assets or	20 7	Total ass	ets (Part X, I	line 16)							lacksquare		<u>6,184</u>		3,961	
Ş.	21 7	Total liab	ılıtıes (Part X	(, line 26)									<u>0,998</u>		L,999	
Ž.	22 1	Net asset	s or fund ba	lances S	ubtract l	ine 21 from I	ine 20					1,61	5,186	1	1,961	, 657
	art II		gnature E													
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orm	1990 (2011) WORLD MISSION INC 38-3213457		<u>F</u>	age 3
Pέ	art IV Checklist of Required Schedules		I	
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			\vdash
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	ŧ		•
	VII, VIII, IX, or X as applicable	-		ŧ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	X	
L	complete Schedule D, Part VI	11a		
b		11b		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		 -
-	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d	x	1
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	111		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	İ		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ĺ		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ŀ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		.,	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		- T
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19		-10	 -	\vdash
. 3	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a		20a	<u> </u>	X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form	990 (2011) WORLD MISSION INC	38-3213457		Р	age 4
Ρŧ	rt IV Checklist of Required Schedules (continued)				
	•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance	to any government or organization			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Sched	ule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants and other assistance	to individuals in the United States	ļ		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about	t compensation of the	i		
	organization's current and former officers, directors, trustees, key employee	s, and highest compensated	1	Ì	
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding prin	cipal amount of more than	1	ŀ	
	\$100,000 as of the last day of the year, that was issued after December 31,	2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a ten	porary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding esc	row at any time during the year		!	
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at	any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization enga	ge in an excess benefit transaction		,	
	with a disqualified person during the year? If "Yes," complete Schedule L, F		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction w	th a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organizat	ion's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I		25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employ	ee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year?	If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director	r, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee me	mber, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedu	le L, Part III	27	l	X
28	Was the organization a party to a business transaction with one of the follow				
	Part IV instructions for applicable filing thresholds, conditions, and exception	ns)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," com	plete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key emp	oyee? If "Yes," complete			
	Schedule L, Part IV		28b		X
С	An entity of which a current or former officer, director, trustee, or key emplo	yee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," comple	•	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions?	f "Yes," complete Schedule M	29	X_	
30	Did the organization receive contributions of art, historical treasures, or other	r similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	if "Yes," complete Schedule N,			
	Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25%	of its net assets? If "Yes,"			
	complete Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the	e organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part	•	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," or	omplete Schedule R, Parts II, III,			
	IV, and V, line 1		34		X
35a	Did the organization have a controlled entity within the meaning of section 5	12(b)(13) [?]	35a		X
b	Did the organization receive any payment from or engage in any transaction				
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36	<u></u>	X
37	Did the organization conduct more than 5% of its activities through an entity	that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes				
	Part VI		37	1	X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2011) WORLD MISSION INC 38-3213457 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 7 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)? X 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

X

13b

13c

Form	990 (2011) WORLD MISSION INC	38-3213457					age 6
Pa	rt VI Governance, Management, and Disclosure For each "	Yes" response to lines 2 thi	rough	7b below	v, and f	or a	
	"No" response to line 8a, 8b, or 10b below, describe the	circumstances, processes,	or ch	anges in S	Schedu	le	
	O. See instructions. Check if Schedule O contains a resp	onse to any question in this	s Par	t VI			_X_
Sec	tion A. Governing Body and Management						
						Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax ye	ear	1a	11			
	If there are material differences in voting rights among members of the governing l						
	if the governing body delegated broad authority to an executive committee or similar	· ·					
	committee, explain in Schedule O						ŀ
b	Enter the number of voting members included in line 1a, above, who are independ	ent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily perform	ned by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management of				3		X
4	Did the organization make any significant changes to its governing documents sind				4		X
5	Did the organization become aware during the year of a significant diversion of the				5		X
6	Did the organization have members or stockholders?	•			6		X
7a	Did the organization have members, stockholders, or other persons who had the p	ower to elect or appoint					
	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approx	val by) members,					
	stockholders, or persons other than the governing body?	•			7b		X
8	Did the organization contemporaneously document the meetings held or written ac	tions undertaken during the year b	y the f	ollowing.			
а	The governing body?	-	-	•	8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in				9		X
Sec	tion B. Policies (This Section B requests information about policies	es not required by the Interr	nal R	evenue C	ode)		
		-			•	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the ac	ctivities of such chapters.					
	affiliates, and branches to ensure their operations are consistent with the organization				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of		form?	,	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annu	ally interests that could give rise to	conflic	cts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance will	h the policy? If "Yes,"					
	describe in Schedule O how this was done	, ,			12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a re	eview and approval by					
	independent persons, comparability data, and contemporaneous substantiation of	the deliberation and decision?			-		
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture	or similar arrangement					
	with a taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	nization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and ta	ke steps to safeguard the					
	organization's exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ M.						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicab	le), 990, and 990-T (Section 501(c)(3)s o	nly)			
	available for public inspection. Indicate how you made these available. Check all the			* *			
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its govern	ing documents, conflict of interest	policy.				
	and financial statements available to the public during the tax year	-					
20	State the name, physical address, and telephone number of the person who posses	esses the books and records of the					
	organization. ▶ Beverly Frueh	2900 Wilson SW, Ste)			

MI 49418

Grandville

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga	nızatıon nor any	relate	ed or	ganı	zatio	ns c	ompe	ensated any current officer,	director, or trustee	
(A) Name and Title	(B) Average hours per week (describe hours for	bo of	x, unli ficer a	Pos check ess pe nd a c	erson i directo	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**21093-1413-0)	organization and related organizations
(1) Mark Young, Sr		†								
President	0.00	X		X				0	0	0
(2) Roger Lucas										
Treasurer	0.00	X		X	<u> </u>			0	0	0
(3)Dan Hibma		1								
Vice Pres	0.00	X		X				0	0	0
(4) Dave Dishaw										
Secretary	0.00	X		X				0	0	0
(5) Kurt Poll			1							
Director	0.00	X				↓		0	0	0
(6) John DaMoose										
Director	0.00	X						0	0	0
(7) Todd Ackerman									_	_
Director	0.00	X			ļ			0	0	0
(8) Greg Heeres		1								
Director	0.00	X	_	_		<u> </u>	_	0	0	0
(9) Paul Land								_	_	_
Director	0.00	X	-	-		1		0	0	0
(10) Roger Zylstra	0.00							_	_	0
Director (11) Kevin Harney	0.00	X	\vdash	\vdash		-		0	0	<u> </u>
Director	0.00	x			1			o	o	0
(12) Greg Kelley	1 0.00	^	-	 	1	\vdash	\vdash		<u> </u>	
Exec Direct.	40.00			x				67,000	o	5,525
(13)	1 30.00	+	-	├	\vdash	\vdash	\vdash	07,000		3,323
(10)						1				
(14)						\vdash			,	**
		1	<u> </u>	l	L	1				

	rt VII Section A. Officers			s K	av Fr	mnle	VAR		nd Highest Compensated				age o
	(A) Name and title	(B) Average hours per week (describe	(d	o not	Pos check ess pe	C) sition more erson i	than o	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F Estim amou oth compen	ated nt of er sation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz and re organiz	ation lated	
(15)													
(16)													-
(17)			-		-	-							
(18)													
(19)				-									
(20)	· · · · · · · · · · · · · · · · · · ·		-	-	-								
(21)													
(22)						 	ļ	ļ <u>.</u>				,	
(23)	· · · · · · · · · · · · · · · · · · ·												
(24)													
(25)													
1b	Sub-total	<u> </u>	.l	L	<u> </u>	<u> </u>	<u> </u>	>	67,000			5,	525
с d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				>	67,000			5,	525
2	Total number of individuals (increportable compensation from	-		to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in			
3	Did the organization list any for			or tr	uste	e. ke	v em	nlov	ree, or highest compensated			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schedu 1a, is the sum o	ıle J f rep	for s ortat	uch de co	indiv ompe	idual ensat	tion	and other compensation from		3		<u>X</u>
5	individual Did any person listed on line 1a									dividual	4_		X
Sec	for services rendered to the orgetion B. Independent Contract		s," c	omp	lete	Sche	dule	J to	r such person		5		X
1	Complete this table for your five compensation from the organization												
		(A) business address								(B) tion of services	C	(C) ompensa	ation
								L					
2	Total number of independent or received more than \$100,000 c		_						listed above) who	0			
		P										~~~	Δ

Pa	rt V	III Statement of Reve	nue					
		•			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
50 10			г . т			revenue		512, 513, or 514
ints	1a	Federated campaigns	1a		-			
Gra	b	Membership dues	1b		_			
ts, An	С	Fundraising events	1c	47,587	4			
Gif	d	Related organizations	1d		1			
imi	8	Government grants (contributions)	1e					
tior r S	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	1,055,016	5]			
dict	g	Noncash contributions included in lines 1a-	1f \$	353,313	3			
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<u> </u>	1,102,603			
ne				Busn Code				
ven	2a	The Treasure sales			26,684	26,684		
Re	b	Miscellaneous fees			433		<u> </u>	433
/ice	С						· · · · · · · · · · · · · · · · · · ·	
Sen	d							
m.	е							
gr	f	All other program service rever	iue					· · · · · · · · · · · · · · · · · · ·
Pro	a	Total. Add lines 2a-2f			27,117			<u> </u>
	3	Investment income (including d	lividend		· · · · · · · · · · · · · · · · · · ·			<u> </u>
		and other similar amounts)		→				
	4	Income from investment of tax-	exempt	bond proceeds				
	5	Royalties	CXOp.	bona processas				
		(i) Real	Ŧ	(II) Personal	1		The state of the s	
	6a	Gross rents	1	(ii) / Orderial	-		:	
	b	Less rental exps			-			Ī
		` 	-		-			
	C	Rental inc or (loss) Net rental income or (loss)			- 1			
	d 7a	Gross amount from		(v) Other				
		sales of assets (i) Securities		(a) Other	<u>-</u>			
	_	other than inventory		73,37	일 : i			
	ь	Less cost or other						
		basis & sales exps		107,428				
		Gain or (loss)		-34,053	-			
	d	Net gain or (loss)	_		-34,053	-34,053		
ne	8a	Gross income from fundraising ever						
		(not including \$ 47,						
ev.		of contributions reported on line 1c)						
Other Reven		See Part IV, line 18	a	<u></u>	4			
됐		Less direct expenses	ьL		_			
_		Net income or (loss) from funda		events	ļ			
	9a	Gross income from gaming activities	s					
		See Part IV, line 19	a		_			
	b	Less direct expenses	ьĹ		_		;	
	С	Net income or (loss) from gami	ng activ	rities				
	10a	Gross sales of inventory, less						
		returns and allowances	a	2,676,480				
	b	Less cost of goods sold	ь	1,705,283	i]			
		Net income or (loss) from sales	of inve		971,199		<u> </u>	971,199
		Miscellaneous Revenue		Busn Code				
	11a				7			
	b						· · · ·	
	С							
	d	All other revenue						
	_	Total. Add lines 11a-11d						
	12	Total revenue. See instruction	s		2,066,866	-7,369	0	971,632
			-			.,,,,,,		

Statement of Functional Expenses

Form 990 (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

, oqu.	Check if Schedule O contains a response to	any question in this Part IX			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	319,597	319,597		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	_			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,358	56,382	40,988	40,988
8	Pension plan accruals and contributions (include		·		
	section 401(k) and 403(b) employer contributions)				0.050
9	Other employee benefits	10,005	4,059	2,973	2,973 3,905
10	Payroll taxes	13,345	5,535	3,905	3,905
11	Fees for services (non-employees).				
a	Management				
b	Legal	23,305	22,586	719	
ن م	Accounting	23,305	22,560	719	
d	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	44,466	34,706		9,760
13	Office expenses	25,321	22,149	106	3,066
14	Information technology	6,566	5,289	15	1,262
15	Royalties	0,300	3,202		
16	Occupancy	257,990	232,956	20,027	5,007
17	Travel	17,774	11,973	45	5,756
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	115,560	109,563	5,997	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	171,628	125,082	46,546	
23	Insurance	62,515	60,706	1,809	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	<u> </u>			<u></u>
а	Truck & Vehicle Expense	139,987	138,024	30	1,933
b	Contributions	109,090	109,090		
С	Utilities	91,719	91,719		
d	Repairs and Maintenance	79,826	79,794	32	
	All other expenses	93,343	78,216	1,993	13,134
25		1,720,395	1,507,426	125,185	87,784
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2011)
- •					(2011)

Part X				38-3213457		Page 1 1
	•			(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			135,058	1	182,248
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			761	4	2,003
5	Receivables from current and former officers, directors, tro	ustees,	key			
	employees, and highest compensated employees. Comple	ete Par	t II of			
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u					
	4958(f)(1)), persons described in section 4958(c)(3)(B), are		-			
ļ	employers and sponsoring organizations of section 501(c)	(9) volu	untary		1	
2	employees' beneficiary organizations (see instructions)				6	
SIBSSEI 7	Notes and loans receivable, net				7	
8	Inventories for sale or use			219,852	_	258,781
9	Prepaid expenses and deferred charges	ı	1	54,659	9	2,354
10a	Land, buildings, and equipment cost or					
	other basis Complete Part VI of Schedule D	10a	5,698,5			
b	Less accumulated depreciation	10b	2,545,8	32 3,266,673		3,152,767
11	Investments—publicly traded securities		11			
12	Investments—other securities See Part IV, line 11		12			
13	Investments—program-related See Part IV, line 11		13			
14	Intangible assets				14	
15	Other assets See Part IV, line 11			359,181	15	362,964
16	Total assets. Add lines 1 through 15 (must equal line 34)			4,036,184		3,961,117
17	Accounts payable and accrued expenses	59,528		100,014		
18	Grants payable		18	-		
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of S		21			
၈ 22 စီ	Payables to current and former officers, directors, trustees					
	employees, highest compensated employees, and disqua	lified pe	ersons		1	05 00
	Complete Part II of Schedule L			95,000		95,000
23	Secured mortgages and notes payable to unrelated third p			2,266,470	23	1,804,446
24	Unsecured notes and loans payable to unrelated third part				24	
25	Other liabilities (including federal income tax, payables to					
	parties, and other liabilities not included on lines 17-24) C	omplet	e Part X		_	
	of Schedule D			2 420 000	25	1 000 460
26	Total liabilities. Add lines 17 through 25	,		2,420,998	26	1,999,460
<u>,,</u>	Organizations that follow SFAS 117, check here ▶ 🗓	and	complete			
27 28 29 20 Linux parauces 29 30 31 32 32 32 32 32 33 32 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	lines 27 through 29, and lines 33 and 34.			1 615 106	_	1 061 65
27	Unrestricted net assets			1,615,186		1,961,657
28	Temporarily restricted net assets				28	
2 29 5	Permanently restricted net assets		ጎ .		29	TANK TANK TANK TANK TANK TANK TANK TANK
<u> </u>	Organizations that do not follow SFAS 117, check her	re 🕨	and			
2	complete lines 30 through 34.				_	
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipment f				31	
5 32 2 33	Retained earnings, endowment, accumulated income, or o	other fu	inds	1 615 106	32	1 061 655
33	Total net assets or fund balances			1,615,186		1,961,657
34	Total liabilities and net assets/fund balances			4,036,184	34	3,961,11

Form **990** (2011)

Form	990 (2011) WORLD MISSION INC 38-3213457			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,0	66,	866
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7		
3	Revenue less expenses Subtract line 2 from line 1	3			471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,6		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	1,9	61,	657
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_ [
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	L
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ъ		l

OMB No 1545-0047

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2011 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Part I

WORLD MISSION INC

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part) See instructions.

Inspection
Employer identification number

38-3213457

The c	rgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box.)							
1	Ц	A church, con	ivention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2	Ц	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3	Ц	A hospital or a	a cooperative hospital service	e organization described in sect	ion 170(b)	(1)(A)(iii)							
4		A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)(A)(iii).	Enter th	ne hospi	tai's name,		
		city, and state	•										
5		An organization	on operated for the benefit of	a college or university owned or	r operated	by a gove	rnmenta	ıl unıt de	scribed	ın			
		section 170(b)(1)(A)(iv). (Complete Part	II)									
6		A federal, stat	te, or local government or go	vernmental unit described in se	ction 170(b)(1)(A)(v	<i>ı</i>).						
7		An organization	on that normally receives a s	ubstantial part of its support fron	n a govern	mental un	it or fron	n the ger	neral pu	iblic			
		described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part I	1)								
9	X	An organization	on that normally receives: (1)	more than 33 1/3% of its suppo	ort from cor	ntributions	, membe	ership fe	es, and	gross			
	_			ot functions—subject to certain e						-			
			•	d unrelated business taxable inc	•								
		acquired by th	e organization after June 30	, 1975 See section 509(a)(2).	(Complete	Part III)	•						
10		An organization	on organized and operated e	xclusively to test for public safety	y See sec	tion 509(a)(4).						
11	П	An organization	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations described in sec	ction 509(a)(1) or se	ction 509	9(a)(2). S	See sec	tion			
				ie type of supporting organization									
		a Type	I b Type II	c Type III–Function	ally integra	ted	d	Тур	e III–Otl	her			
e		By checking ti	his box, I certify that the orga	nization is not controlled directly			or more	disquali	fied per:	sons			
			=	than one or more publicly support									
		or section 509	9(a)(2)		_								
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g		,		
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribut	ion from a	ny of the							
		following per:	sons?										
		(i) A person	who directly or indirectly cor	ntrols, either alone or together w	ith persons	s describe	d in (ii) a	and				Yes	No
		(III) belov	v, the governing body of the	supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ıı)		
		(iii) A 35% co	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(in		
h		Provide the fo	ollowing information about th	e supported organization(s)							···		
(i)	Name	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vil) Am	ount of	
	org	janization		(described on lines 1–9	1 ''	sted in your		nization in of your	organizat	on in col zed in the	supp	ort	
			•	above or IRC section (see instructions))	governing	document?		port?		S ?			
				,	Yes	No	Yes	No	Yes	No			
(A)													
(B)													
							l						
(C)													
							_						
(D)													
(E)													
					1								
Total					1	<u> </u>		<u> </u>					
C ~ - C		maria Dadica	tion Act Natice, see the Inc						Cabad.	A /E	arm 990 ar 9	00 E7	1 2044

Form 990 or 990-EZ.

Page 2

Pa	irt II Support Schedule for O							
	Complete only if you che						ualify	under
	Part III If the organization	n fails to qualify	under the tests	s listed below, p	please complete	e Part III.)		
	tion A. Public Support	<u> </u>	1	T			 T	
Caler	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	' +	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge						·	
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	,					
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
7	Amounts from line 4			ļ			\rightarrow	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10		<u> </u>					
12	Gross receipts from related activities, etc	(see instructions)					12	
13	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop her		<u> </u>					
	tion C. Computation of Public S			<u> </u>				
14	Public support percentage for 2011 (line 6			(†))			14	<u>%</u> _
15 46-	Public support percentage from 2010 Sche			0	4/00/	_1. 4b	15	<u>%</u>
16a	33 1/3% support test—2011. If the organ				1/3% or more, cne	CK (NIS		▶ □
b	box and stop here . The organization quali	• •			s 22 1/20/ or more			
U	33 1/3% support test—2010. If the organic check this box and stop here. The organic				15 33 1/3% OF IIIOTE	•		
17a	10%-facts-and-circumstances test—20			-	or 16h and line 1	Λıc		
	10% or more, and if the organization meet	-						
	Part IV how the organization meets the "fa				•			
	organization	c.c and on our oldin	cos toot The orga	attor: quantos at	a position dapport			▶ □
b	10%-facts-and-circumstances test—20	10. If the organization	on did not check a	box on line 13, 16a	, 16b, or 17a, and I	ine		- []
	15 is 10% or more, and if the organization	•						
	Explain in Part IV how the organization me				•	cly		
	supported organization			-	•			▶ □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

instructions

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		, р	<u></u>		
	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	419,682	477,266	983,185	811,750	1,102,603	3,794,486
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	603,796	27,405	34,296	11,087	26,684	703,268
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,258,065	2,141,722	2,426,484	2,572,360	2,676,480	12,075,111
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,281,543	2,646,393	3,443,965	3,395,197	3,805,767	16,572,865
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	159,968	149,092	324,246	294,660	351,311	1,279,277
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					178,386	178,386
С	Add lines 7a and 7b	159,968	149,092	324,246	294,660	529,697	1,457,663
8	Public support (Subtract line 7c from line 6)		·				15,115,202
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	3,281,543	2,646,393	3,443,965	3,395,197	3,805,767	16,572,865
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,281,543	2,646,393	3,443,965	3,395,197	3,805,767	16,572,865
14	First five years. If the Form 990 is for the c						
	organization, check this box and stop here						>
Sec	ction C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2011 (line 8,	• • •)		15	91.20%
16	Public support percentage from 2010 Sched					16	88.76%
•	ction D. Computation of Investmen			(0)		147	
17	Investment income percentage for 2011 (lin		•	umn (†))		17	
18 19a	Investment income percentage from 2010 S			and line 15 is ma-	re than 33 1/30/	nd line	1 %
	33 1/3% support tests—2011. If the organ 17 is not more than 33 1/3%, check this box	k and stop here. The	e organization quali	fies as a publicly si	upported organizat	tion	▶ X
b	33 1/3% support tests—2010. If the organ						▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Schedule A (Form 990 or 990-EZ) 2011 WORLD MISSION INC

38-3213457

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
Opers to Public Inspection

Name of the organization

Employer identification number

	•			
_W	ORLD MISSION INC		38-3	213457
	Organizations Maintaining Donor Advised Fu		counts	. Complete if the
	organization answered "Yes" to Form 990, Part I			
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year		_	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that			.
	funds are the organization's property, subject to the organization's exclu	_		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	• •		
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
	conferring impermissible private benefit? Conservation Easements. Complete if the organized in the organize	paration analysis of "Vas" to Form 00	O Port	Yes No
<u></u>			u, Pari	. iv, line /.
'	Purpose(s) of conservation easements held by the organization (check	remaining the second se		Lawaa
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor		area
	Protection of natural habitat Preservation of open space	Preservation of a certified historic st	ucture	
2		vetice contribution in the form of a concentration	_	
_	Complete lines 2a through 2d if the organization held a qualified conser easement on the last day of the tax year.	vation contribution in the form of a conservation	41	
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	Troid at the Ella of the Tax Tour
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/0			
_	historic structure listed in the National Register	oo, and not on a	2d	
3	Number of conservation easements modified, transferred, released, ext	inquished, or terminated by the organization d		
	tax year ▶	iniguioriou, or terrimiatou by the organization of	g	
4	Number of states where property subject to conservation easement is le	ocated ►		
5	Does the organization have a written policy regarding the periodic monitoring			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year		
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing c	onservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)		
	(ı) and section 170(h)(4)(B)(ıı)?			∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easeme	•		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that describ	es the	
	organization's accounting for conservation easements.	Historia I Tarana and Other Ci	:l A	
177	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		milar A	ssets.
40				
ıa	if the organization elected, as permitted under SFAS 116 (ASC 958), no works of art, historical treasures, or other similar assets held for public of the similar assets held for th	· ·		
	public service, provide, in Part XIV, the text of the footnote to its financial		e oi	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to		hoot	
J	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide the following amounts relating to these items	on research in further and	UI	
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X			\$ \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, provide	the	*
-	following amounts required to be reported under SFAS 116 (ASC 958)	_ ·		
а	Revenues included in Form 990, Part VIII, line 1	Claumy to these terms	•	\$
h	Assets included in Form 990. Part Y			•

Sche	dule D (Form 990) 2011 WORLD M	ISSION INC			<u> 38-3213457 </u>	Page 2
Рa	rt III Organizations Maintaini	ng Collections of A	rt, Historical Tr	easures, o	r Other Similar Assets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records, ch	eck any of the follow	ving that are a	significant use of its	
а	Public exhibition	d 🗌 Lo	an or exchange pro	grams		
b	Scholarly research		her			
С	Preservation for future generations	الحا				
4	Provide a description of the organization's of	collections and explain hov	v they further the ord	anization's ex	empt purpose in Part	
	XIV	•	, ,			
5	During the year, did the organization solicit	or receive donations of art	t, historical treasures	s, or other simil	ar	
	assets to be sold to raise funds rather than					Yes No
Pa	art IV Escrow and Custodial A				wered "Yes" to Form 99	00, Part IV,
	line 9, or reported an amo					
1a	Is the organization an agent, trustee, custoo			other assets no	t	
	included on Form 990, Part X?	•				Yes No
b	If "Yes," explain the arrangement in Part XI	V and complete the followi	ng table			
	· · · · · ·		•			Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on	Form 990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XI	V				
Pa	ert V Endowment Funds. Com	plete if the organizat	tion answered "	Yes" to Forn	n 990, Part IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two year	s back (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses			<u> </u>		
g	End of year balance			<u> </u>	.,	<u> </u>
2	Provide the estimated percentage of the cu	rrent year end balance (lin	ie 1g, column (a)) he	eld as.		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ►	%				
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the poss	ession of the organization	that are held and ad	dministered for	the	
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
þ	If "Yes" to 3a(II), are the related organization					3b
4	Describe in Part XIV the intended uses of the			4.0		
Рa	art VI Land, Buildings, and Eq					(4) 5
	Description of property	(a) Cost or other bas	1 ''	other basis	(c) Accumulated	(d) Book value
		(investment)		ner)	depreciation	EA1 E1A
	Land			01,519	1 464 520	501,519
	Buildings			65,596	1,464,538	2,301,058
	Leasehold improvements			67,799	246,543	121,256
đ	Equipment			86,880	629,635	157,245

276,805

▶ 3,152,767 Schedule D (Form 990) 2011

205,116

71,689

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (F	Form 990) 2011 WORLD MISSION INC		38-3213457	Page 3
Part VII	Investments—Other Securities. See Form	990, Part X, line 12.	-	
•	(a) Description of security or category	(b) Book value	(c) Method of valua	tion
	(including name of security)		Cost or end-of-year mar	ket value
(1) Financial (derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments—Program Related. See Form	990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valua	ition
			Cost or end-of-year mar	ket value
(1)				
(2)				
(3)				
(4)	-			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part X, line 15			
	(a) Description			(b) Book value
(1)	Goodwill			352,514
(2)	Rental Deposits			10,450
(3)				
(4)				
(5)				
(6)				
(7)				
(8)_				
(9)				
(10)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		<u>▶</u>	362,964
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		_	
(2)			_	
(3)				
(4)				
(5)				
(6)			_	
(7)				
(8)			_	
(9)				
(10)				
(11)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	•		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

4b

Part XIV Supplemental Information

b Other (Describe in Part XIV)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

1,720,395

4c

5

38-3213457

Page **5**

Part XIV Supplemental Information (continued)

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

2011 Open to Public Inspection

		WORLD N	MISSION INC		38-3213	457
Pa				side the United States. Co	mplete if the organization answ	ered "Yes" to
		m 990, Part IV, line		·		
1		e grantees' eligibility for		substantiate the amount of its gran e, and the selection criteria used to		Yes No
2		ers. Describe in Part \ side the United States	/ the organization's proc	edures for monitoring the use of its	grants and other	
3	Activities per F	Region (The following I	Part I, line 3 table can be	e duplicated if additional space is ne	eeded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)					2	
(6)						
(7)						
(8)						
(9)						
(10)						
(11)				*****		
(12)						
(13)						
(14)						
(15)		***************************************				
(16)				<u></u>		
(17)					<u></u>	
	Sub-total					
	otal from continuation					
	otals (add nes 3a and 3b)			-		

Page 2

38-3213457

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Schedule F (Form 990) 2011 WORLD MISSION INC

Part II

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
organization	section and EIN			cash grant	cash	non-cash	of non-cash	(book, FMV,
	(if applicable)				disbursement	assistance	assistance	appraisal, other)
			SCHOOL DEVELOPMENT					FMV
(1)		SUB-SAHAR	SUB-SAHARAN AFRICA			5,151	BIBLES	
			SCHOOL DEVELOPMENT	640'01				FMV
(2)		SOUTH ASI	4			45,539	BIBLES	
			SCHOOL DEVELOPMENT	2,027				FMV
(3)		SUB-SAHAR	SUB-SAHARAN AFRICA			18,957	BIBLES	
			SCHOOL DEVELOPMENT					FMV
(4)		SUB-SAHAR	SUB-SAHARAN AFRICA			15,841	BIBLES	
			SCHOOL DEVELOPMENT	885'L				FMV
(2)		EAST ASIA	AND THE PACIFIC			15,454	BIBLES	
			SCHOOL DEVELOPMENT					FMV
(9)		SUB-SAHAR	SUB-SAHARAN AFRICA			11,591	BIBLES	
			SCHOOL DEVELOPMENT	78,891				FMV
8		SUB-SAHAR	SUB-SAHARAN AFRICA			10,870	BIBLES	
			SCHOOL DEVELOPMENT					FMV
(8)		SOUTH ASI	_ 1			5,151	BIBLES	
			SCHOOL DEVELOPMENT	18,009				FMV
(6)		SOUTH ASIA	A			15,454	BIBLES	
			SCHOOL DEVELOPMENT					FMV
(10)		SOUTH ASIA	A			10,203	BIBLES	
(11)				42,959				
ž.								
(21)								
(13)				, , , , , ,				
(14)								
(15)								
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~

Enter total number of other organizations or entities

Schedule F (Form 990) 2011

Sch	edule F (Form 990) 2011 WORLD MISSION INC	38-3213457		Page_4
P	art IV Foreign Forms			
1	Was the organization a U S transferor of property to a foreign corp the organization may be required to file Form 926, Return by a U S Corporation (see Instructions for Form 926)	-	Yes	X No
2	Did the organization have an interest in a foreign trust during the tamay be required to file Form 3520, Annual Return to Report Trans Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Info U.S. Owner (see Instructions for Forms 3520 and 3520-A)	actions with Foreign Trusts and	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation organization may be required to file Form 5471, Information Receptain Foreign Corporations (see Instructions for Form 5471)	•	☐ Yes	X No
4	Was the organization a direct or indirect shareholder of a passive qualified electing fund during the tax year? If "Yes," the organization information Return by a Shareholder of a Passive Foreign Investmental (see Instructions for Form 8621)	n may be required to file Form 8621,	Yes	X No
5	Did the organization have an ownership interest in a foreign partner the organization may be required to file Form 8865, Return of U S Foreign Partnerships (see Instructions for Form 8865)		Yes	X No
6	Did the organization have any operations in or related to any boyce "Yes," the organization may be required to file Form 5713, Internat for Form 5713)		Yes	X No

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WORLD MISSION INC

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, Ilne 6a.

Attach to Form 990 or Form 990-EZ

See separate instructions.

OMB No 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

2011 Open To Public Inspection

WORLD MISSION INC					38-3213	
Part i Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization complete this	n ans part	swer	ed "Yes" to Form 9	990, Part IV, line	17.
1 Indicate whether the organization raised funds through an			s Ch	eck all that apply		
a Mail solicitations	e Solicitation	of non	-gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fund	draisir	ıg eve	ents		
d In-person solicitations						
 Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in If "Yes," list the ten highest paid individuals or entities (fur compensated at least \$5,000 by the organization 	connection with pro	ofessio to agr	onal fu eeme	indraising services?	ndraiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo contr	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
****	_	 	utions?		col (i)	
1		Yes	NO			
2						
3						
4						
5						
6						
7 ,						
8						
9						
0						
Total	1	1				
				·		

Schedule G (Form 990 or 990-EZ) 2011 WORLD MISSION INC 38-3213457 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Golf Outing Fall Dinner (add col (a) through None col (c)) (event type) (event type) (total number) 24,706 47,587 22,881 Gross receipts 2 Less Charitable 24,706 47,587 22,881 contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor No Nο No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? If "No," explain 10a Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Is the organization a grantor, beneficiary of trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming? Indicate the percentage of gaming activity operated in The organization's facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$. If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Sche	dule G (Form 990 or 990-EZ) 2011 WORLD MISSION INC	38-3213	457	Page 3
formed to administer chantable gaming? Yes	11	Does the organization operate gaming activities with nonmembers?			s 🗌 No
Indicate the percentage of gaming activity operated in a The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **revenue?** **If "Yes," enter the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue retained by the third party Name ▶ Address ▶ 15 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
a The organization's facility b An outside facility 13a % 13b % 13b % 13b % 13b % 13b % 13c Note that name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this spart to provide the explanations required by Part I, line 2b, columns (in) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		formed to administer charitable gaming?		, 🗌 Ye	s No
An outside facility Lefter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter amount of gaming revenue received by the organization If "Yes," enter name and address of the third party Name Address Address Gaming manager information. Name Gaming manager compensation S Description of services provided Director/officer	13	Indicate the percentage of gaming activity operated in			
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$. If "Yes," enter name and address of the third party ▶ \$. and the amount of gaming revenue retained by the third party ▶ \$. If "Yes," enter name and address of the third party ▶ \$. Address ▶ 6 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (y), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	а	The organization's facility		13a	<u>%</u> _
records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party ▶ \$ If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (y), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	b	An outside facility	L	13b	%_
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$. c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (in) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	14				
Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$. □ If "Yes," enter name and address of the third party Name ► Address ► Gaming manager information. Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		Name ►			
revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		Address ▶			
amount of gaming revenue retained by the third party c If "Yes," enter name and address of the third party Name Address Address Gaming manager information. Name Gaming manager compensation \$ Description of services provided Director/officer	15a			Ye	s No
c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ The the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part iV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
Name ► Address ► 16 Gaming manager information. Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		amount of gaming revenue retained by the third party ▶ \$.			
Address ► 16 Gaming manager information. Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	С	If "Yes," enter name and address of the third party			
Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No. b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part iV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		Name ▶			
Saming manager compensation ► \$ Description of services provided ► Director/officer		Address ▶			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information.			
Director/officer		Name ▶			
Director/officer		Gaming manager compensation ▶ \$			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		Description of services provided ▶			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (V), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		Director/officer Employee Independent contractor			
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	17	Mandatory distributions			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		retain the state gaming license?		Ye	s 🗌 No
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			<u> </u>
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this					
	Par				
part to provide any additional information (see instructions)			licable. Also comp	plete this	
		part to provide any additional information (see instructions)			

SCHEDULE L (Form 990 or 990-EZ) **Transactions With Interested Persons**

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b

See separate instructions

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ

Employer identification number

Open To Public inspection

	WORLD MISSION INC	!						38-	321	34	57			
Part I	Excess Benefit Transactions (section Complete if the organization answered "Yes" of							/ line /	40h					
	Complete it the organization answered Tes	JII F OIII	1 330,	raitiv, iii	16 234 01 235, 01	1 01111 330-	LZ, Fait v	, 11116	100			(c)	Correct	ed?
1	(a) Name of disqualified person					(b) Descrip	otion of transac	ction				Yes	\neg	ło
(1)														
(2)													\perp	
(3)													_	
(4)													\perp	
(5)													\bot	
(6)												l		
	ne amount of tax imposed on the organization ma	nagers	or dis	qualified p	ersons during the	e year			▶ 0					
	section 4958	and by	tha ar						D 0					
3 Enter ti	ne amount of tax, if any, on line 2, above, reimbur	sea by	trie or	gamzation	ı				– 3					
Part II	Loans to and/or From Interested F	Porce									-			
rant H	Complete if the organization answered "Yes" of			Part IV Iu	ne 26 or Form 00	n-E7 Part	: \/ line 38	2						
<u></u>	(a) Name of interested person and purpose		oan to		c) Onginal		Balance due	a	(e) In d	efault?	(f) Ap	proved	(g) W	'ntten
		or fro	m the		cipal amount	, ,						ard or	agree	
			zation? From						Yes	No	Yes	No	Yes	No
Note 1	Payable to Board Members	10	FION								1.55			
(1)		x			65,000		65,	000		X		x	x	
	Payable to Board Member	x			30,000		30,	000		X	ļ	x		x
(2)		+^			30,000		30,	000				A		A
(3)		.												
(4)														
(4)		+	\Box			~								
(5)														<u> </u>
(6)														
(6)														
(7)														
(8)						i								
70/		1					.							
(9)												_		
10)														
Γotal					▶ \$		95,	000						
Part III	Grants or Assistance Benefiting I													
	Complete if the organization answered "Yes" of	on Forn	n 990,	Part IV, li	ne 27									
	(a) Name of interested person		(b) Rela		veen interested person rganization	and the		(c) Amo	ount and	type o	of assist	ance		
(1)														
(2) (3) (4) (5) (6)														
(4)														
(5)														
(6)														
(7)		_												
(8)														
(9)							_							
10)		- 1				- 1								

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c										
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues? Yes No						
(1) LAND &	CO	Director owned	156 501	Donated rent	x x						
(2) LAND &		Director owned	27,223		x						
(3)		Director owned	27,225	Donated delli-							
(4)											
(5)			· ····· <u>-</u> ···························		+ + -						
(6)					+						
(7)					+ +						
(8)				· · · · · · · · · · · · · · · · · · ·	+ + -						
(9)					+						
10)					++						
Part V	Supplemental Information Complete this part to provide additional info	rmation for responses to questions	s on Schedule L (see i	nstructions)							
·											
			-								
											
		<u></u>									
·											
··.											
	·										
			·······								
				· · · · · · · · · · · · · · · · · · ·	-						
	-				-						

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30
Attach to Form 990

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD MISSION INC

Employer identification number 38-3213457

Pa	art I Types of Property	DION						
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution	Method of determining			
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amour	ıts		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		_					
5	Clothing and household						_	
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests		· · · · · · · · · · · · · · · · · · ·					
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures	<u> </u>			<u> </u>			
14	Qualified conservation							
4-	contribution—Other	 						
15	Real estate—Residential							
16 47	Real estate—Commercial	ļ 						
17 10	Real estate—Other Collectibles							
18 19	Food inventory	 						
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (RENT, UTILITIES)	<u> </u>	4	353,313	FAIR VALUE			
26	Other ►(, , , , , , , , , , , , , , , , , , , ,				
27	Other ▶(· · · · · · · · · · · · · · · · · · ·					
28	Other ►(
29	Number of Forms 8283 received by the	ne organiza	ation during the tax year f	or contributions for				
	which the organization completed For	m 8283, P	art IV, Donee Acknowled	gement	29			
							Yes	No
30a	During the year, did the organization r	eceive by	contribution any property	reported in Part I, lines 1-2	8 that		ŀ	
	it must hold for at least three years from	om the date	e of the initial contribution	, and which is not required t	o be		1	: }
	used for exempt purposes for the enti	re holding	period?			30a		X
b	If "Yes," describe the arrangement in	Part II					ŧ	
31	Does the organization have a gift acco	eptance po	olicy that requires the revi	ew of any non-standard			ŧ	
	contributions?					31		X
32a	Does the organization hire or use third	d parties or	r related organizations to	solicit, process, or sell nonc	ash		Í	
	contributions?					32a		X
b	If "Yes," describe in Part II						1	
33	If the organization did not report an ar	nount in co	olumn (c) for a type of pro	pperty for which column (a) is	s checked,			
	describe in Part II					L	<u></u>	<u> </u>

Schedule M (Form 990) (2011)

WORLD MISSION INC

38-3213457

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

WORLD MISSION INC

Employer identification number 38-3213457

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Prior to the filing of Form 990 the form is reviewed by the board for comment and approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are periodically required to complete a conflict of interest
questionnarie whereby they must disclose ownership of financial interests,
loans, and other involvement with entities with whom the organization has a
relationship.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of the CEO and Executive Director are subject to the organization's compensation policy which requires that either the board or a board-appointed compensation committee meet with the individual and also review all pertinent information, including a review of compensation paid by comparable organizations for comparable services, in making a decision on compensation. All compensation decisions require a vote of the board and all compensation related discussions are documented in contemporaneous minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Decisions regarding compensation of other officers or key emplyees are subject to the same process as described above for the CEO and Executive Director.

Page 2

Name of the organization

WORLD MISSION INC

Employer identification number

38-3213457

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service Name(s) shown on return

DAA

(99)

► See separate instructions.

► Attach to your tax return.

There are no amounts for Page 2

Identifying number

	WORLD N	MISSION INC	<u> </u>			38-3	321	3457
	ss or activity to which this form relates			*				·
	ndirect Depreciati		orty Under Section					
FQ	Note: If you have a	•	-		omolete Part I	1		
1	Maximum amount (see instructions		, complete i art v	belore you co	bilipiete i art	·.	1	500,000
2	Total cost of section 179 property p	•	instructions)			-	2	
3	Threshold cost of section 179 proper			ctions)			3	2,000,000
4	Reduction in limitation Subtract line			,		-	4	
5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero or	less, enter -0- If married	filing separately, se	e instructions		5	
6	(a) Description			Cost (business use on	1	Elected cost		
		···						
7	Listed property Enter the amount f	rom line 29			7			
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines 6 a	ind 7			8	
9	Tentative deduction Enter the sma	aller of line 5 or line 8					9	
0	Carryover of disallowed deduction	•					10	
1	Business income limitation Enter to				see instructions)		11	
2	Section 179 expense deduction Ac			line 11			12	
3	Carryover of disallowed deduction to not use Part II or Part III below			<u></u>	13			
				-4' (D	4 in alcode losts	-1		\\
<u>ге</u> 4						a propert	<u>y) (</u>	see instructions)
-	Special depreciation allowance for during the tax year (see instructions		ier than listed property;) piaced in service	е		44	1,837
5	Property subject to section 168(f)(1	,				_	14	1,657
6	Other depreciation (including ACRS	•					16	169,366
	rt III MACRS Depreciat		de listed property) (See instruc	ctions)		10 1	203,500
			Section		, , , , , , , , , , , , , , , , , , ,			
7	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 2	011	•		17	425
8	If you are electing to group any assets placed				ө ▶			
	Section B	Assets Placed in Se	rvice During 2011 Tax	x Year Using the	General Depre	ciation Sys	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	đ	(g) Depreciation deduction
9a	3-year property							
b	5-year property	1						
C	7-year property	1						
<u>d</u>		4						
	15-year property	4						
<u>f</u>		-				0,1		
	25-year property Residential rental		<u>-</u>	25 yrs		S/L		
"	property			27 5 yrs	MM	S/L		
i	Nonresidential real			27 5 yrs	MM MM	S/L S/L		
•	property			39 yrs	MM	S/L	- 	
	Section C—As	ssets Placed in Serv	rice During 2011 Tax	Year Using the			vstem	
:0a	Class life		J			S/L	<u></u>	
	12-year	1		12 yrs.		S/L		
	40-year			40 yrs	MM	S/L		
Pa	rt IV Summary (See ins	tructions.)						
<u>?</u> 1	Listed property Enter amount from						21	
22	Total. Add amounts from line 12, li				Enter here			
	and on the appropriate lines of you						22	171,628
23	For assets shown above and place		e current year, enter the	е				
	portion of the basis attributable to s				23			
or F	Paperwork Reduction Act Notice	see senarate instru	ctions					Form 4562 (2011)

			Page 1
	Form 990, Part IX, Line 24e - All Other Expenses		
Description	Total Program Expenses Service	Management & General	Fund Raising
Dues & Subscriptions Purchases and Supplies Telephone Golf Outing Bank Fees Dinner Expense	\$ 83 000 004 887 58	\$ 407 12 1,478	1,064 8,683 3,387
Total	\$ 78,	\$ 1,993	\$ 13,134