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Form 990

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.

OMB No 1545-0047

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization WORLD BLESSING FOUNDATION		D Employer identification number 95-4695090
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (909) 482-4466
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 735 S MILLS AVE	Room/suite	G Gross receipts \$ 1483621.
<input type="checkbox"/> Initial return	City, town, or post office, state, and ZIP code CLAREMONT, CA 91711		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated return	F Name and address of principal officer: PAUL TAN 16279 ANNATOO CT, CHINO HILLS, CA 91709		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	J Website: ► N/A		H(c) Group exemption number ►
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1998 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HUMANITARIAN		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2031787.	1483621.	
9 Program service revenue (Part VIII, line 2g)	0.	0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2031787.	1483621.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1986793.	1408582.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	0.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100535.	75039.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2087328.	1483621.	
19 Revenue less expenses Subtract line 18 from line 12	-55541.	0.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	2087328.	1483621.	
21 Total liabilities (Part X, line 26)	-55541.	0.	
22 Net assets or fund balances Subtract line 21 from line 20	2087328.	1483621.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and exhibits, and to the best of my knowledge, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information

Sign Here	Signature of officer HIMAWAN DJUHANA	Print/Type preparer's name LITA HENDRANATA	Preparer's signature
Paid	Type or print name and title		
Preparer	Firm's name ► LITA HENDRANATA		
Use Only	Firm's address ►		

May the IRS discuss this return with the preparer shown above? (see instructions)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instr