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For Paperwork Reduction Act Notice, see the separate instructions.

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)

OMB No 1545-0047

Open to Public

		ue Service	► The organization	may have to u	se a copy of this r	eturn to satisf	y state re	eporting re	quirements.		Inspection
Α	For the	2012 cale	ndar year, or tax year b						RUARY.		
В	Check if	applicable	C Name of organization 📙	UNDAMEN	TAL BAPTIS	T WORLD	WIDE	יאוכצוות			
	Address	change	Doing Business As							.sz -16	03193
	Name ch	nange	Number and street (or P (3	t address)	Room/su	ııte		one num	
	Initial ret	um	P. C. BOX		56				90	<u> 187</u>	32146
	Terminat	ted	City, town or post office,			11-1351			Į.		105 1170
	Amende	d return	MEMPH	<u>15 TN</u>	3818	<u>4-1356</u>)	,			\$ 1905,979
	Applicati	on pending	F Name and address of prin		0001			H(a) is	this a group retu	m for affilia	tes? Yes No
			ERNEST	C. GAL	nbrell_						າ ∐ Yes ∐ No
<u></u>		npt status	№ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or [527			-	ee instructions)
<u>J</u>	Website				7	1			roup exempti		
K			Corporation Trust	Association _	_ Other ►	L Year	r of format	tion 190	75 M Sta	te of lega	d domicile TN
Р	art I	Summ	ary scribe the organizatio	n'e miesien e	r most significa	nt actuation:	T/ .		· · +	1 -	
	•										ud mussionan
9	i		ancial & regul								
nan	Ì		inary & foreig								
Governance	2		oncure by ρΧ is box ▶ ☐ if the orga								
ŝ	3		of voting members of				poscu	or more ti	. 3		12
ళ	4		of independent voting			•	ine 1h)		4	+	17
ij	5		nber of individuals em					• • •	. 5		2_
Activities &	6		nber of volunteers (est		-	•	<i>_</i> u, .	• • •	. 6		0
ď	7a		elated business reveni		• •				. 7a	1	0
	b		ated business taxable						. 7b		Ö
Φ	†	•			· · · · · · ·			Prio	r Year	1	Current Year
	8	Contribut	tions and grants (Part	VIII, line 1h) .			[1,76	0,916		1.903.030
Ĭ	9	Program	service revenue (Part	VIII, line 2g)			[, -	1.420		2,370
Revenue	10	Investme	nt income (Part VIII, co	olumn (A), <u>lin</u>	es 3, 4, and 7d).		[803		579
Œ	11	Other rev	enue (Part VIII, colum	n (A), lines 5	-66-8€, 9c, √0c,	and 11e) .	[0		0
	12		enue—add lines 8 throi				ie 12)	1.76	3.139		1,905,979
	13		nd similar amounts pai			lī3) .[♀] .	[1,70	9,126		1,851,492
	14		paid to or for members			''' &	[<u>3,181 </u>		<u>3, 550</u>
es	15		other compensation, en				5–10)	12	1490		3,785
Expenses	16a		nal fundraising fees (F	1	L 31/211/21P/31 N.S.	<u> </u>			0		. 0
X	b		draising expenses (Pai		· · · -			·		ļ	
ш			oenses (Part IX, colum				٠	4	1,763		41,122
	18		enses. Add lines 13-1			n (A), line 25)	.	<i>ا7را</i>	<u>66,560</u>	+-	1904,949
	19	Revenue	less expenses. Subtra	act line 18 fro	m line 12	<u> </u>	• •		3 4 1 f Corrent Yea	4	End of Year
Net Assets or Fund Balances		T	(5 40)				-	Beginning o	Corrent Yea	<u>r</u>	End of Year
Sse	20		ets (Part X, line 16)				٠ . ١	<u> </u>	21,671		232, 211
e de	21		ılıtıes (Part X, lıne 26) ts or fund balances. S				· ·	3	*/ ** **	+	26,141
	art II		ure Block	ubtract line 2	1 from line 20	-: :- :- :-	<u> </u>	20	5 ; 200		<u> 206,230</u>
			ry, Aeclare that I have exam	aload this return	unaludina ancompos	nuna sahadulas	and state	monto and	to the best o	f mu kaa	wledge and helpf it is
tru	e, correct	t, and compl	ge Declaration of preparer	other than office	er) is based on all info	ormation of which	h prepare	r has any kn	nowledge	i iliy kilo	wiedge and belief, it is
									1/14	1/18	<u> </u>
Sig	jn	Sign	ature of officer) ~ 11					Date		<u>-</u>
He		i i	ERNEST C.	GAMBA	>FLL	PRESI	DFN	7			
		Туре	or print name and title	~ 11 III Di	,	1 . 120 .					· ·
Pa	id	Print/Ty	pe preparer's name	Prep	arer's signature		Di	ate	Check		PTIN
	epare	r								nployed	ı
	e Onl	1	ame ▶	•					Fırm's EIN ▶		
		Firm's a	ddress ▶						Phone no		
Ma	y the IF	RS discuss	s this return with the p	reparer show	n above? (see ıı	nstructions)					. 🔲 Yes 🗌 No
For	Paperv	vork Redu	ction Act Notice, see th	e separate in	structions.		Cat N	lo 11282Y			Form 990 (2012)

Cat No 11282Y

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The mission is to: 1) and missionaries in financial & regulatory willers; 2) serve missionaries in areas of liaison between the missionary and fineren governments;
	1) treum and counsel missionanes; 4) assist missionanes by providing
	Low cost motionals for use during their terms it serves.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 1,855,042 including grants of \$ 1,851,492) (Revenue \$)
	Collection and distribution of voluntary contributions to designated
	missionasies and missionary projects, Payments were made to 35
	service,
4b	(Code:) (Expenses \$ 5 (2 3 including grants of \$) (Revenue \$)
	Printing survices provided several thousand booklets, newsletters,
	religious tracts; envelopes, and brochuses for use in missionary
	www.moog.supples.com.com.
4c	(Code:) (Expenses \$ 10,947 including grants of \$) (Revenue \$ 2370)
	maining services included the annual institute of missions, for
	in June 2012. In the U.S. the organization assists in the solicious
	training of English and Spanish speaking people through chutch
	planting withvilles In Medico, the organization assists in the religious
	it minting of fames quaking profite through church framing activities.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 1,271,172

Form **990** (2012)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ł
	complete Schedule A	1	X	ļ
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 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		 ^
5	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			X
-	"Yes," complete Schedule D, Part I	6		_
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? <i>If "Yes,"</i> complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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, VIII, IX, or X as applicable.	10		
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	-/
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		+
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	\vdash	1.0	X
14 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	X	
b	fundraising, business, investment, and program service activities outside the United States, or aggregate 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 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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			X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
h	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		IV

Form 99	0 (2012)		F	Page 4
Part	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 1? If "Yes," complete Schedule I, Parts I and II	21	163	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization'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 employee, highest 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, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	X	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other 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		Х
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		χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
J O	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part	0 (201 ² 2) V Statements Regarding Other IRS Filings and Tax Compliance			age 5
Leilí	Check if Schedule O contains a response to any question in this Part V			\Box
	Check it Scriedule O contains a response to any question in this Part V	• •	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 :		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · ·	$\vdash \uparrow \vdash$	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		- ∼,
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country: ▶	70		<u> </u>
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\rightarrow
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	-	
••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
•	gifts were not tax deductible?	6b		,
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7-		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		Д.,
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		^
Ü	required to file Form 8282?	,		.,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		-
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		<u>~</u> ,
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		^
•				
	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?			راــــا
9	Sponsoring organizations maintaining donor advised funds.	8		′
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		'
10		90		
	Section 501(c)(7) organizations. Enter:			Ì
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	-		1
a b	Gross income from members or shareholders	-		1
	and the state of t			
100				l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		/
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>`</u> \
L	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			1
b	Also approximate to be a second to second to second to select the selection of the second to sec			{
	100	↓		
С	Enter the amount of reserves on hand			1

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

14a

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	structi	ons.
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	r 	103	
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		لج
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6	لــــــا	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	1	,
	one or more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_	, ,	J
۵	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	-/-	NI
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 Schedule O	9	.	X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ΝÌ
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		^I
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X.	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with 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 review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l i		
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 to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	<u> </u>		
	organization's exempt status with respect to such arrangements?	16b]	71
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NoNE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made those available. Check all that apply	1 501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Dupon request Other (explain in Schedule O)	4		-1
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	T Inter	est p	опсу,
00	and financial statements available to the public during the tax year.	_ e		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	اد ور	~ ``\
	Organization: FRNEST C. GAMBRELL 6394 MAIN STREET LUCY T	///-	<u> </u>	,
	901-873-2146 CMILLINGTO	Form	n 990	(2012)

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

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 organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office of directo	ot ch	Pos eck s pe	c) ition more	e than Highest compensated	one an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) DR, ERNEST C. GAMBRELL CORPORATE PRESIDENT	40.0	✓	ee	✓		ated		41,096	0	0	
(2) REY, JIM GATLIN SECRE JARY	0.5	/						0	0	0	
(3) MR. JEFF FUTRELL TREASURER	2.0	/						0	0	<i>O</i>	
(4) MR DANA BRELAND BOARD MEMBER (5) REV. EDDIE CHAMPION	0,5	/						0	0	0	
BOARD MEMBER	0,5	V						0	0	0	
6 REV. DALE COFFEY BOARD MEMBER	0.25	✓						0	0	0	
17) REV. DAVID PITEMAN BOARD MEMBER 188	0,25	√						D	0	0	
(8) REV. FREEMAN WEEMS BOARD MEMBER	1.0	V						0	0	0	
(9) REN, MARTY WYNN BOARD MEMBER	0.25	/						0	0	0	
110) REV. KEVIN BROYHILL BOARD MEMBER	0.25	V						0	0	0	
(11) REV, FINLEY CUTSHAW BOARD MEMBER (12) REV. STEVE MOTES	1.0	/						0	0	0	
BOARD MEMBER	0,25	/						O	0	0	
(13)											
(14)											

(A) Name and title	(B) Average	(C) Position (do not check more than of box, unless person is both					h n4-61-		(E) Reportab	ا ما	(F)	
ivane and une	hours per week (list any hours for related organizations below dotted line)					Highest compensated employee	ee) Forme	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-N	n from ons	amo ot compe fror organ and i	unt of ther ensation in the dization related dizations
(15)												
(16)												
(17)												 .
(18)					-							
(19)	 											
(20)												
	- 											
(21)												
(22)	-											
(23)									-			
(24)									25 18			
(25)												
1b Sub-total	-		· ·	•	 	•	>	41,096	0		(>
d Total (add lines 1b and 1c) Total number of individuals (including bi reportable compensation from the organ	ut not limited					above	<u>▶</u>	ho received m	ore than \$1	00,000 (of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete							emp	loyee, or high	est compe	nsated	3	Yes No
For any individual listed on line 1a, is the organization and related organizations individual											4	X
5 Did any person listed on line 1a receive for services rendered to the organization									ation or inc	lividual	5	χ
Section B. Independent Contractors								·			•	1 /
 Complete this table for your five highest compensation from the organization. Re year. 												n's tax
(A) Name and business ac	dress							(B) Description of s	ervices	С	(C) ompens	ation
ROBERT MICKEY (MISSIONARY TO KENYA					1,9))				15	50,70	61 *
* INCLUDED IN PART 1)	LINE	a										
2 Total number of independent contract	,											

Part	VIII	Statement of Reve Check if Schedule O		so to any gues	tion in this Part VI	11		
		Check if Schedule O	contains a respon	se to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cor All other contributions, g and similar amounts not inc Noncash contributions includ Total. Add lines 1a-1	tributions) iffs, grants, cluded above iff ded in lines 1a-1f \$	1903,030 -0-	1,903,030			
Program Service Revenue	2a b c d e f	TRAINING AR	VENUE .	Business Code	2,370	2,370		
<u>~</u>	<u>g</u> 3	Total. Add lines 2a-2 Investment income						
	4 5	and other similar amount of the similar amou	-	nd proceeds ►	579			579
	6a b c	Gross rents Less rental expenses Rental income or (loss)		(ii) Personal		i, N ii		
	d 7a b	Net rental income or of Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(ii) Other		i !	,	
	c d	and sales expenses . Gain or (loss) . Net gain or (loss) .		▶		}		
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c)					
ð	С	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraising e	vents . ►		· -		
	С	Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gamıng actıvı ıventory, less	ties ▶		1		
	b c	Less. cost of goods s Net income or (loss) f Miscellaneous R	old b rom sales of inver	ntory > Business Code				
ļ	11a b c							
	d e 12	All other revenue Total. Add lines 11a- Total revenue. See in	 11d		1,905,979	4370		579 Form 990 (2012)

	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Sectio	n 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	-	ехрепзез	general expenses	expenses						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1.811.133	1.811.133								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1/1 250	40,359								
4 5	Benefits paid to or for members	3,550	3,550								
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,140		3,140							
9 10 11	Other employee benefits	645		645							
a b c	Management										
d e	Lobbying	-									
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	200		200							
12 13 14	Advertising and promotion	14,856		11,856							
15 16	Royalties	4,620		4,620							
17 18	Travel	1;811		1,871							
19 20	Conferences, conventions, and meetings Interest	2,317	2,317								
21 22 23	Payments to affiliates	4,883	43	4,840							
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.)		, .								
a b	REPAIRS PRESS EXPENSE	1,319 5,080	5,080	1,319							
c d	PRESS EXPENSE CHURCH PLANTING MINOR EQUIP MENT	3/630 346	8/630	346							
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,904949	1,871,112	33,837							
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 following SOP 98-2 (ASC 958-720)	1 - 17	,								

۲	art X			4		
		Check if Schedule O contains a response to any question in t	this Part)			🖄
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		75	1	75
	2	Savings and temporary cash investments	[156,523	2	153, 186
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net	-		4	
	5	Loans and other receivables from current and former officers, di		•		
		trustees, key employees, and highest compensated emp	oloyees.	· · · · · · · · · · · · · · · · · · ·	. -	
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under		,		Í
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emplo		•		
		sponsoring organizations of section 501(c)(9) voluntary employees' be	eneticiary	1		
ets	l _	organizations (see instructions) Complete Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
٩	8	Inventories for sale or use			8 9	
	9 10a	Prepaid expenses and deferred charges			9	1
	104		,183	1		
	b	Less: accumulated depreciation 10b \$\(\beta\)	073	83,093	10c	79 110
	11	Investments—publicly traded securities	1015	8 2,012	11	
	12	Investments—other securities. See Part IV, line 11	· ·		12	· ·
	13	Investments—program-related. See Part IV, line 11	• • •	13		
	14	Intangible assets	- F		14	
	15	Other assets. See Part IV, line 11	-		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		239,691	16	232,371
	17	Accounts payable and accrued expenses		313	17	201
	18	Grants payable	[18	
	19	Deferred revenue	[19	
	20	Tax-exempt bond liabilities	 		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
ies	22	Loans and other payables to current and former officers, du		1		
Ħ		trustees, key employees, highest compensated employees	-	d		
Liabilities		disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties	-		23	
	24		ا ساملد اد		24	
	25	Other liabilities (including federal income tax, payables to relate parties, and other liabilities not included on lines 17-24). Complete				
		of Schedule D		34,178	25	25,940
	26	Total liabilities. Add lines 17 through 25	·	34 491	26	3/1/4/
		Organizations that follow SFAS 117 (ASC 958), check here ▶	and	- 24711	120	- Ola / ITI
es		complete lines 27 through 29, and lines 33 and 34.		; !		
au	27	Unrestricted net assets		126,530	27	142,478
Bal	28	Temporarily restricted net assets		78,670	28	63.752
ᅙ	29	Permanently restricted net assets	[29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► complete lines 30 through 34.	☐ and ☐			
Š	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund.			31	
As	32	Retained earnings, endowment, accumulated income, or other fun		***	32	
Vet ,	33	Total net assets or fund balances		205,200	33	206,230
	34	Total liabilities and net assets/fund balances	<u>. , </u>	239,691	34	232,371
						Form 990 (2012)

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,90	5, 9	79	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1.90	4.9	49	
3	Revenue less expenses Subtract line 2 from line 1	3	1		30	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	<u>د رک</u>	00	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	20	6,2	130	1
Part	XII Financial Statements and Reporting			•		
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	• • •	<u></u>		
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other			- 1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in				
	Schedule O.		-	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\dashv	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			- 1	
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a				
	separate basis, consolidated basis, or both:		1		- 1	
	Separate basis Consolidated basis Both consolidated and separate basis		-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account				,	J/14
	•		2c		'	7, ,
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	cpiain in				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in				
Sa	the Single Audit Act and OMB Circular A-133?	IOITII III			Χ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao tho	3a	\dashv	<u>~\</u>	
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	-		JII
	Total and the state of the stat			990 (NI.
			Form	ラブ ひ ()	ZU (Z)	

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	of the organization	-1, DO	TIST WERLD	11116	11/16	لديد	I		dentificatio				
	t Reason f	or Public Cha	rity Status (All orga	nization	s must c	complete	this pa				<u></u>		
The o	organization is not A church, con A school desc A hospital or a A medical resi	a private foundate vention of church in section a cooperative ho	ation because it is: (Fo thes, or association of a 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun	or lines 1 churches ch Sched ation des	through 1 s describ ule E.) cribed in	1, checked in sec	only one tion 170	e box.) (b)(1)(A)((A)(iii).	i).		Enter	the	
5	An organization	-	the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal ur	it des	scribed	in
6 7	An organization	on that normally	nment or government receives a substantia)(A)(vi). (Complete Par	al part of					nit or fror	n the	gene	ral pub	olic
8 9	An organization receipts from support from	on that normally activities related gross investme	in section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unre- after June 30, 1975. Se	an 33¹/₃% :ions—su lated bus	6 of its si bject to i siness ta	upport fro certain e xable ind	xceptions come (les	s, and (2) ss sectio) no more	e thai	n 331/	/₃% of	its
10 11	An organization	on organized ar one or more pub	d operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	ne benefi describe	t of, to d in sect	perform ion 509(a	the funct a)(1) or so	tions of, ection 50	9(a)(2). Se		
е		indation manage	that the organization ers and other than one	is not co	ntrolled c	- lirectly o	r indirectl	ly by one		dısqu	alified	d perso	ns
f g	organization, o Since August	check this box 17, 2006, has t	a written determination							e III	supp 	orting · · [
		who directly or i	indirectly controls, eith					describe	d in (ii) ar			Yes No	0
			on described in (i) abo	-						⊢	1g(i) 1g(ii)		_
	(iii) A 35% cor	ntrolled entity of	a person described in	n (i) or (ii) i	above? .					1	1g(iii)		
_ <u>h</u>	Provide the formal Name of supported organization	llowing informat	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c	ization(s). organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?	(vii) Ai	mount supp	of moneta port	 ary
				Yes	No	Yes	No	Yes	No				_
(A) 													
(B) 													
(C)		,											
(D)													_
(E)												•	_
Total													_

NH

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						
	on A. Public Support		T	T	T	1	I
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.			<u> </u>			
	on B. Total Support		T	т	I		I
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
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		l			İ	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her				•		
Socti	on C. Computation of Public Suppor			· · · ·			
14	Public support percentage for 2012 (line 6		<u> </u>	1 column (fl)		14	%
15	Public support percentage from 2011 Sch		-			15	<u>%</u>
16a	331/3% support test—2012. If the organiz			on line 13, and	d line 14 is 33¹		
	box and stop here. The organization qual						▶ _
b	331/3% support test—2011. If the organicheck this box and stop here. The organi				·	15 is 33 ¹ / ₃ %	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the	e "facts-and-ci	rcumstances"	test, check th	is box and st	op here.
18	Private foundation. If the organization did	d not check a	box on line 13.	, 16a, 16b, 17a	 a, or 17b, chec	k this box and	see

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.)

	if the organization falls to quality	under the tes	sta flated beig	ow, picase ce	impicto i art	11.)	
	on A. Public Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1.735, 172	1197 (14	1.10.2 676	1.71.0911	1903.030	8,879,371
2	Gross receipts from admissions, merchandise	1,133,113	10111011	1) 15070 11	1100,116	1100,000	0101111
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,555	180	1,025	1,420	2,370	8,150
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	٥	0	, 0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	Q	0	O	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	1,738,327	1,698,354	1,783,104	1,762,336	1905,400	8,887,521
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000	D	<i>U</i>	U	0		
	or 1% of the amount on line 13 for the year	0	0	0	0		0
8 8	Add lines 7a and 7b	O		0	0		S.887.52
Secti	on B. Total Support	17.39.24.24.62.51	Proc 12 minute	10 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	17 (17 (27)	3/ 33 1/30
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,738,337	1698,354	1,783,104	1,762,336	1,405,400	8887521
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4242	1.916	1,543	1,068	519	9.408
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	o	0
С	Add lines 10a and 10b	4,242	1,976	1,543	1.068	579	9408
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	n
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	О	ò	0	o	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	1742569	1.700 330	1784647	1.7/.3.404	1,905,919	9 89L 9 29
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second	d, fhird, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) · · ▶ □
Section	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2012 (line 8					15	99.89 %
16	Public support percentage from 2011 Sch					16	99.88 %
	on D. Computation of Investment In				(5)	1471	0 11
17 18 19a	Investment income percentage for 2012 (Investment income percentage from 2011 331/3% support tests—2012. If the organ	l Schedule A, F ization did not	art III, line 17 check the box	on line 14, ar	id line 15 is m		· /
b	17 is not more than 331/3%, check this box 331/3% support tests—2011. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization de		_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**12**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Employer identification number Name of the organization BAPTIST WORLD WIDE MISSION, INC 62-1603193 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Page /	_		•
	Pag	зе	~

	III Organizations Maintaining							
NA	Using the organization's acquisition, collection items (check all that apply):		ther reco	ords, chec	ck any of t	he follo	wing that are a	significant use of it
¹a	Public exhibition		d	☐ Loan	or exchan			
þ	☐ Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	hey furthe	r the or	ganization's exe	empt purpose in Pai
5	During the year, did the organization assets to be sold to raise funds rather							
Par	IV Escrow and Custodial Arra	angements. Co	mplete	f the ord	anızation	answe	red "Yes" to I	
	V1 line 9, or reported an amour				•			,
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	ner interr	nediary fo				not
b	If "Yes," explain the arrangement in P							Amount
	Desired between							AIIIOUIII
C	Beginning balance					10	-	
d	Additions during the year					10	<u> </u>	
е	Distributions during the year					16		
f	Ending balance					11		<u>-</u>
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P							
	Endowment Funds. Compl							
Ν/ 1a	Beginning of year balance	(a) Current year	(b) Pr	or year	(c) Two yea	ars back	(d) Three years ba	ack (e) Four years back
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs				_			
f	Administrative expenses							
	End of year balance							
g 2	Provide the estimated percentage of t	he current year or	l	o /line 1a	l column /	all bold		
	Board designated or quasi-endowmer	-	0/.	e (iiile 19	i, column (ajj nelu	as.	
a b	Permanent endowment	%	70					
	Temporarily restricted endowment ▶							
С	The percentages in lines 2a, 2b, and 2		000/					
32	Are there endowment funds not in the	•		zation the	at are hold	and ad	ministered for t	tha.
Ja	organization by:	e possession or tr	ie organi	Zauon ina	at are neiu	anu au	ministered for i	G- 1
	(i) unrelated organizations						• • • • •	. 3a(i)
1_	• •						• • • •	. 3a(ii)
b	If "Yes" to 3a(ii), are the related organi							. 3b
4	Describe in Part XIII the intended uses						<u> </u>	
Part				1				··
	Description of property	(a) Cost or of (investm			r other basis ther)	de	Accumulated epreciation	(d) Book value
1a	Land			10	,500	學學的		10,500
b	Buildings			/ 34	742		57.486	67,256
С	Leasehold improvements				· <i>i</i> :		_0 -	1-0-
d	Equipment			スタ	1.941		28,587	1,354
e Total	Other	nust equal Form 0	90 Part	Y column	(R) line 1	0(c)	7-2	70 110
. Otal.	Add mies ta through te. (Column (a) II	iusi equal FUIII 9	ou, rail,	, column	(D), IIIIE I	U(U).) .		<u> </u>

Part VII	Investments - Other Securities	See Form 990, Part X,	line 12.	
NIA!	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				·
(H)				
(I)				
	(b) must equal Form 990, Part X, col (B) line 12) ▶			<u></u>
Part VIII	Investments-Program Related	I. See Form 990, Part X	, line 13.	
NA	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)		·		
(2)				
(3)				·
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets. See Form 990, Pa		T	41.5
NIA	(a) Description		(b) Book value
(1)				
(2)			····	·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)		· ·		· · · · · · · · · · · · · · · · · · ·
	ımn (b) must equal Form 990, Part X, co	ol (B) line 15)		
Part X	Other Liabilities. See Form 990,			<u></u>
1.	(a) Description of liability	(b) Book value		* * * * * * * * * * * * * * * * * * *
	I income taxes	.,	†	
	TO MISSILNARIES	25,940		
(3)	TO MICOSPITATIONS	-	-	
(4)			· .	
(5)			- ,	
(6)			'	
(7)			1	
(8)			† ;	
(9)		·	1 '	
(10)			1 ,	
(11)			1 ,	
	(b) must equal Form 990, Part X, col (B) line 25) ▶	25,940	† !	
	SC 740) Footnote. In Part XIII, provide the t	ext of the footnote to the ord	ganization's financial statements that	reports the organization's
	ncertain tax positions under FIN 48 (ASC 7			

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return
ν Λ1	Total revenue, gains, and other support per audited financial statements	1
$N N_2$	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a a	Net unrealized gains on investments	
b	Donated services and use of facilities]
С	Recoveries of prior year grants]
d	Other (Describe in Part XIII.)]
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	1
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return
1 N 1	Total expenses and losses per audited financial statements	1
1/11/12	Amounts included on line 1 but not on Form 990, Part IX, line 25	
)*\ a	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b]
b	Other (Describe in Part XIII.)	<u></u>
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to partion.	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ▶ Attach to Form 990. ▶ See separate instructions. Inspection Employer identification number

tu	NDAMENTAL (<u> 5ΑΡΓΙ Γ</u>	WORLD-	WIDE MISSION,	FNC. 62-	1603193
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organization ans	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the				
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	toring the use of its grant	s and other
3	Activities per Region. (The fo	llowing Part I	l, line 3 table c	an be duplicated if addition	nal space is needed.)	
	(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)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENT	LIVING & WORK EXPENSES	40,359
(2)						•
(3)						
(4)						
(5)						
(6)			· ·			
(7)						
(8)						·
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Sub-total Total from continuation					40,359 0 40,359
С	sheets to Part I Totals (add lines 3a and 3b)				1	40.359

Page 2

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(a) org	(1)	(2	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(a) Name of organization													4) 4)			
(b) IRS code section and EIN (if applicable)													÷ •-			
(c) Region		,							·							
(d) Purpose of grant																
(e) Amount of cash grant																
(f) Manner of cash disbursement																
(g) Amount of non-cash assistance																
(h) Description of non-cash assistance																
(i) Method of valuation (book, FMV, appraisal, other)																

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 က

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(h) Method of valuation (book, FMV, appraisal, other)	N/17																		Schedule F (Form 990) 2012
(g) Description of non-cash assistance	4/14																		Sch
(f) Amount of non-cash assistance	~ 0-																		
(e) Manner of cash disbursement	CHECK																		
(d) Amount of cash grant	40,359																		
(c) Number of recipients	_																		
1	MIDOLE EAST Y NORTH AFRICA																		
(a) Type of grant or assistance	LIVING & WORK (1) ENPENSES	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

Part'	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	₽ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A)		No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		₩ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	₩ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		₩ No

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).
	provide any additional information (eee mendelicine).
	PART I LINE 3
	Middle Gast & North Herica - There was no porting to
	minute (mb.) 1 vol 24 back 12 according to
	Middle East & North Africa - There was reporting to U.S. sponsoring churches and to the organization by the recipient. A field trip was made by an
	the organization by the recipient.
	1) 10 1 1
	A field Trip was made by an
	American pastor/member of the board of directors of the organization to verify work in a prior year.
	1 1 7 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1
	brand of directors of the organization
	to sparily work in a naverse
	10 verage work a a printingent
•••	

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection 2012

% □

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, OMB No. 1545-0047 (h) Purpose of grant Employer identification number or assistance 62-1603193 Yes T Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. WORLD-WIDE MISSION, INC. ▶ Attach to Form 990. (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance BAPTIST (p) EIN FIND B. MENTAL
Part I General Information 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Ξ <u>N</u> ල **£** Ō 9 8 8 <u></u> Schedule I (Form 990) (2012)

Cat No. 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Enter total number of other organizations listed in the line 1 table

Q

12

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 90	orm 990) (2012)
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be diminated if additional space is needed

Schedule I (Form 990) (2012)

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization FUNDA-111EN	TAL BAI	OTIST (1)	nR LI	1) -w/	DE MIS	Cita		yer idei 2 -			_	;	
Part I Excess Bene	efit Transaction	s (section 501	(c)(3) a	and sect	ion 501(c)(4	4) org	anizations only). 5a or 25b, or Fo					-	
4 (1)	4	(b) Relationship be	etween c	disqualified	person and		(a) Deservation	a af tra		_		(d) Cor	rected?
1 (a) Name of disqualified	d person	organization					(c) Description	n of trar	nsactio	п		Yes	No
(1)													
(2)							<u>.</u>						
(3)				_									
(4)													
(5)													
(6)		1 t. Al											
2 Enter the amount		-						ring ti	ne ye	ar •			
under section 495			٠.					•		\$	<u></u>		
3 Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatıo	n			• \$	·		
	d/or From Inter				0 57 5-4	V 1	. 00 5 00	30 D-	.4.11.7	l 0	C	£ 41	
	ne organization reported an am						38a or Form 99	90, Pa	ıπ ıv,	line 2	b; or	it the	
/ -F Organization	Teported an am	ount on romi	7	art A, IIII	T		T	·		1		ī	
(a) Name of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Origin		(f) Balance due	(g) In c	iefault?				ritten
	with organization	loan		m the nization?	principal an	nount				by board or committee?		agree	ment?
			<u> </u>	1	ļ			L	T		···		
		-	То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)								-					
(3)				-									
(4)			ļ						ļ <u>.</u>		ļ	ļ	
(5)				+						-			
(6)													
(7)	<u> </u>							 			_		
(8)										<u> </u>	ļ		-
(9)	 		-	+				-					
(10)						_	\$	-	!				<u> </u>
	sistance Bene				<u> </u>	• •	<u>Ψ</u>	L					
Complete if the	he organization	answered "Ye	s" on i	Form 991	0 Part IV I	ine 27	7						
······						1			Ι.				
(a) Name of interested perso		ship between inter and the organization		(c) Amount	of assistance	'	(d) Type of assistance	e	(e) Purpo	se of a	ssistan	ce
(1) ERNEST C. GAMB		POR ATE		24	550	Di	YMENT F	-c()		DA i	VEF	, T	FOR
	PR	FULLIF			<i>))</i>	NE	ALTH INSU	OAA	16			VIC 6	
(2) (3)		LITOLIVI				7112	WCN1 FILSW	K / 1 / V			JEN	VICE	
(4)													
(5)							•						
(6)													
(7)						 							
(8)													
(9)													
(10)			_										

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
			11/6 14/1/1 7/2015	Yes	No
(1) MIKE DENISON (2) (MISSIDNARY)	SON-IN-LAW TO CORFORATE PRESIDENT	75,473	MISSIONARY SUPPORT (INCLUDED IN PART IX, LINE 2 AND SCHEDNLE I, PARTIII		X
(2) (MISSIONARY)	CORFORATE		(INCLUBED IN PART	ļ	ļ
(3)	PRESIDENT		IX, LINE & AND		
(4)			SCHEDNILE I PARTITI		<u> </u>
(5)					
(6)					\vdash
(7)					
(8)					-
(9) (0)					
Part V Supplemental Information				L	ш.
					-
					·

SCHEDULE O (Form-990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number
FUNDAMENTAL BAPTIST WORLD-WIDE MISSION, INC. 62-1603193
Part VI, Section B, Line 1/b
The completed Form 990 was not presented to the entire
governing board; however, Form 990 was completed
and reviewed by a member of the governing board
and reviewed by a member of the governing board (Board of Directors) whom the governing board has designated as having responsibility for such
derien ated as having responsibilities for such
and attending
matters:
Partill Cocting () in 19
Part VI, Section C, Line 19
The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request at the
conference process, and fenancial securious
available to the public upon reguest at the
organizations office.
v + 1/11 (4. 1 (1)
Par VII, Section PI, Column D
Reportable Compensation for the Corporate president
37,546 included in Part IX, line 2 as missionary grant
Part VII, Section A, Column D Reportable Compensation for the corporate president 37,546 included in Part IX, line 2 as missionary grant 3,550 included in Part IX, line 4 as health insurance pren
41,096
Part VI, Section B, Line 12c Annual conflict of interest statements are signed by Board members.
Annual conflict of interest statements are signed
by Board members.