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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 private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning and	l ending		
В с	heck if oplicable	C Name of organization		D Employer identific	cation number
X	Addres change	s AMAZON CHRISTIAN MISSIONS			
	Name change	David Branch As		20-1	936712
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su		
	Termin ated			1	468-9993
	Amend return			G Gross receipts \$	147,441.
	Application	DALLAS, TX /53/U		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer MARTIN DAVENPORT		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status X 501(c)(3)	or 5		list. (see instructions)
		e: N/A	1	H(c) Group exemption	
		organization: X Corporation	L Ye	ear of formation: 2004 N	1 State of legal domicile: TX
Га			COURT	NITE O	_
e S	1 1	Briefly describe the organization's mission or most significant activities: SEE	SCREI	DOPE O	
Governance	2	Check this box if the organization discontinued its operations or dispo	sed of m	ore than 25% of its net as	ente
Ver		Number of voting members of the governing body (Part VI, line 1a))3CG 01 111	3	8
Ö		Number of independent voting members of the governing body (Part VI, line 1b)		4	8
8 8		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
vitie		Fotal number of volunteers (estimate if necessary)		6	9
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
1	_ b l	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			L	Prior Year	Current Year
Je		Contributions and grants (Part VIII, line 1h)	1	252,964.	140,320.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Rev		nvestment income (Part-VH), column (A), lines 3, 4, and 7d)		801.	6,895.
()		Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0.	0.
		Total revenue, and lines 8 through 11 (must equal Part VIII, column (A), line 12)		253,765.	147,215.
70		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		204,524.	115,167.
,	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Ses		Professional fundraising fees (Part IX, column (A), line 11e)	}	0.	0.
Expenses	1	Fotal fundraising expenses (Part IX, column (D), line 25)	0.	0.	
Щ	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		57,767.	94,463.
`		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ľ	262,291.	209,630.
		Revenue less expenses Subtract line 18 from line 12	Ī	<8,526.	
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	[266,025.	203,972.
鬓	21	Total liabilities (Part X, line 26)	Ļ	0.	0.
		Net assets or fund balances Subtract line 21 from line 20		266,025.	<u> 203,972.</u>
_	ırt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of v	vhich prepa		2 111
C:		Sugnature of officer			3-14
Sign		CHRISTINA DAVENPORT, TREASURER		Duto	
Her	e	Type or print name and title	 -		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	١	CHARLES R. CROUSE		11/12/14 self-employ	
	arer	Firm's name KINGERY & CROUSE, P.A.		Firm's EIN	59-3144594
	Only	Firm's address 2801 W. BUSCH BLVD., STE. 260			
		TAMPA, FL 33618		Phone no.81	3-874-1280
May	the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013) AMAZON CHRISTIAN MISSIONS
Part IV 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," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
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	4		v
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		X
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٠	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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.			
а	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		3,5	
	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	44.		
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	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			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	!	х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		l <u></u>	
	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 other assistance to or for any			
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	\vdash
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16_	-	X
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	· ·	 -
. •	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 27 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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow 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 engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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		}	1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		Ì	1
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		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," complete Schedule R, Part VI	37		X
38	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	Х	<u> </u>
		Form	990	(2013

Form 990 (2013) AMAZON CHRISTIAN MISSIONS Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a 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 Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g 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 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? 8 Х 9 Sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. a 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. b 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 13b c Enter the amount of reserves on hand

Form 990 (2013)

14a

Х

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14a 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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part 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 year 8			
	If there are material differences in voting rights among members of the governing body, or 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 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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6_		<u> X</u>
7a	Did the organization have members, stockholders, or other persons who had the power 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 approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	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			
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
10-	Did the augustion have level shorters, hypothesis or officers?	40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	Λ	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
•	in Schedule O how this was done	12c		х
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?			
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 organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion 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 501(c)(3)s only) and 990-T (availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	<u> </u>	
	CHRISTINA DAVEPORT - 813-468-9993			
	P.O. BOX 2808, LAND O LAKES, FL 34639		200	(0010)

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

Check if Schedule O contains a response or note to any line 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

X Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		POSITION (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated
	hours per	box				is bot	h an	compensation	compensation from related	amount of
	week	offi				or/trus	tee)	from		other
	(list any	ctor						the	organizations	compensation
	hours for	ğ				를		organization	(W-2/1099-MISC)	from the
	related	stee	uste			22		(W-2/1099-MISC)		organization
	organizations	a E	la		loyee	. S				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
	line)	르	E.	₩	<u> </u>	물등	쥰	<u> </u>		
(1) MARTIN DAVENPORT	1.00								_	_
PRESIDENT	0.00	X		X		<u> </u>		0.	0.	0.
(2) CHRISTINA DAVENPORT	1.00									
SECRETARY/TREASURER	0.00	X	<u> </u>	X				0.	0.	0.
(3) KINNIE GIBSON	1.00									
DIRECTOR	0.00	X	_					0.	0.	0.
(4) SHERI GIBSON	1.00			İ						
DIRECTOR	0.00	X						0.	0.	0.
(5) ELMER LESSA	1.00									
DIRECTOR	0.00	X						0.	0.	0 .
(6) LAUREN BURGE	1.00									
DIRECTOR	0.00	\mathbf{x}						0.	0.	0.
(7) LARRY HUGHEY	1.00									
DIRECTOR	0.00	\mathbf{x}						0.	0.	0.
(8) LARRY STARKE	1.00									
DIRECTOR	0.00	\mathbf{x}						0.	0.	0.
BIRECION		 				\vdash	<u> </u>			
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					<u> </u>	<u> </u>				
		4		1						
		<u></u>	_	$ldsymbol{f eta}$	<u> </u>	\perp	L.			
		1								
						<u> </u>	L			
]	1							
		1				1				

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em						st C	Compensated Employe	es (continued)		<u>,</u>		-gu -
	(A) Name and title	(B) Average hours per	(do box	not c	(C Pos heck ss pe	c) ition more rson		one h an					(F) stimate nount	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS(C)	fr org an	other pensa om the anizat d relat anizati	e ion ed
												-		
														
											_			
										-				
1h	Sub-total						l		0.		0.			0
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but it	not limited to th	nose	liste	ed al	bove	e) wi	no re	0. eceived more than \$100		0.			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			qmc	ensa	atior	n and	d ot	her compensation from	the organization		_3_		<u> X</u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		X
	rendered to the organization? If "Yes," con					-						5		X
1	ction B. Independent Contractors Complete this table for your five highest or	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation :	from	
	the organization Report compensation for (A)	the calendar y	ear	endı	ng v	vith	or w	<u>ıthır</u>	n the organization's tax (B)	year		- (C)	
	Name and business	s address	N	INC	€				Description of s	services	С		nsatio	n
											_			
				<u>.</u>										
									·					
	Takal a makan at a dan a dan a dan a													
2	Total number of independent contractors \$100,000 of compensation from the organ	-	ot li	mite	d to		se li 0	stec	d above) who received n	nore than				

al	LVII	Check if Schedule O cont		or note to any line	e in this Part VIII			
		Onedkii Gorieddie G com	ams a response	or note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				_	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A'S'	С	Fundraising events	1c					
필	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) 1e					
er S	f	All other contributions, gifts, gran	t I					
혈취		similar amounts not included abo	ve 1f	140,320.		}		
E S	g	Noncash contributions included in lines	1a-1f \$					
2 #	h	Total. Add lines 1a-1f		•	140,320.			
				Business Code		}		
<u>8</u>	2 a							
e e	b							
n S	С							
Re	d							
Program Service Revenue	е	All of					 	<u> </u>
_		All other program service reve	enue					
		Total. Add lines 2a-2f	duudondo intoro	ost and				
	3	Investment income (including other similar amounts)	aividenas, intere	_	7,121.			7,121.
	4	Income from investment of ta	v-evernt bond o	roceeds	1,121.			1,121.
	5	Royalties	x-exempt bond p	roceeds				
	3	noyames	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) Hear	(ii) i ersonai				
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	V	.,		ĺ		
	b	Less cost or other basis						
		and sales expenses		226.				
	С	Gain or (loss)		<226.	>			
	d	Net gain or (loss)		▶	<226.	>		<226.
a l	8 a	Gross income from fundraisin	g events (not		ı			
Other Revenue		including \$	of					
ě		contributions reported on line	1c) See					
<u>.</u>		Part IV, line 18	а					
듄		Less: direct expenses	b					
		Net income or (loss) from fund	•	<u> </u>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gan						-
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
		Less cost of goods sold	b	<u> </u>				
}	<u> </u>	Net income or (loss) from sale		P				
}	44 -	Miscellaneous Revenu		Business Code				
	11 a							
ļ	b			 		 		
ļ	c d			 				
	_	Total, Add lines 11a-11d		—				
	12	Total revenue See instructions.		•	147,215.	0.	0.	6,895.
33200	•							Form 990 (2013)

Form 990 (2013) AMAZON CHRISTIAN MISSIONS Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mplete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, 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		0.750.1000	gorioral oriporitos	o.poilios
	organizations in the United States. See Part IV, line 21		_		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,			}	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	<u>115,167.</u>	115,167.		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u>_</u>
11	Fees for services (non-employees)				
а	Management				
	Legal			-	
c	Accounting				
d	Lobbying Professional fundrations generated See Port IV line 17		-		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	6,282.		6,282.	
13	Office expenses	3,165.		3,165.	
14	Information technology	3/2001		3/103.	
15	Royalties				
16	Occupancy	6,767.		6,767.	
17	Travel	2,260.		2,260.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4,136.	141.	3,995.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,872.		2,872.	
23	Insurance	1,538.		1,538.	
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 0.)				
а	PROGRAM EXPENSES	42,875.	42,875.		
b	SUPPLIES	19,554.	_15,297.	4,257.	
С	AUTO EXPENSES	2,419.		2,419.	
d					
е	All other expenses	2,595.	329.	2,266.	
<u>25</u>	Total functional expenses Add lines 1 through 24e	209,630.	173,809.	35,821.	0.
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 following SOP 98-2 (ASC 958-720)		<u></u>		Form 990 (2013)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	150,186.	1	128,555
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3_	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ş	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
⁴ 8	Inventories for sale or use		8	
9	, , , , , , , , , , , , , , , , , , ,		9	<u> </u>
10	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D b Less accumulated depreciation 10a 23,667. 10b 2,872.			
	b Less accumulated depreciation 10b 2,872.	23,179.	10c	20,795
11	Investments - publicly traded securities		11	
12	· · · · · · · · · · · · · · · · · · ·	92,660.	12	54,622
13	. •		13	
14			14	
15	·		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	266,025.	16	203,972
17	Accounts payable and accrued expenses		17	
18	· ·		18	
19	F		19	
20	·		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
၉ 22				
<u> </u>	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	
23	, ,		23	
24			24	
25				
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
00	Schedule D		25	
<u> 26</u>		0.	26	0
,,				
22 28 29 30 1 32 32 32 32 32 32 32 32 32 32 32 32 32	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	266 025		202 072
Ž 27	_	266,025.	27	203,972
28		-	28	
29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
	and complete lines 30 through 34.			
30			20	
31			30	· · · · · · · · · · · · · · · · · · ·
32			32	
52 2 33		266,025.		203,972
34		266,025.	33 34	203,972
1 34	וייינו וועטייינוטט מויט וויטר מטטטנטיועווע טמומוועטט	200,023.	J+	Form 990 (2013

	990 (2013) AMAZON CHRISTIAN MISSIONS	20-193	6712	Pag	ge 12
.Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 15.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>30.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<62	2,4	<u> 15.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	266	5,0	<u> 25.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		<5	62.
8	Prior period adjustments	8		9	24.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	203	3,9	72.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both				
	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 oversight of	he audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?	3	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	uired audit	7		
	or guide, explain why in Schodule O and describe any stone taken to underse such suides		أيما		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 20-1936712 AMAZON CHRISTIAN MISSIONS Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h _ Type I Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated 🔟 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vi) Is the organization in col. (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Part If Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				, ,		
	membership fees received. (Do not						
	include any "unusual grants ")	150,891.	212,230.	197,987.	252,964.	140,320.	954,392.
2	Tax revenues levied for the organ-	_		•	•	•	
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		, <u> </u>			"	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	150,891.	212,230.	197,987.	252,964.	140,320.	954,392.
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						954,392.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	150,891.	212,230.	197,987.	252,964.	140,320.	954,392.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,887.	2,854.	1,046.	801.	7,121.	16,709.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					<u></u>	
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						971,101.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor						<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2013 (•	column (f))		14	98.28 %
	Public support percentage from 2012	•	•			15	97.33 %
16a	33 1/3% support test - 2013. If the				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				$\triangleright x$
b	33 1/3% support test - 2012. If the				l line 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			' - '		rt IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟.
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		•
40	organization meets the "facts-and-circ		_		• • •		▶;;
18	Private foundation. If the organization	on alla not check a	DOX OH line 13, 16	a, 100, 1/a, 01 1/k			or 990-EZ) 2013
					Julie		, u. 330°E&12013

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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	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				<u> </u>		
	a Amounts included on lines 1, 2, and				1		
•	3 received from disqualified persons						
Ł	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						
	amount on line 13 for the year						
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	<u> </u>	I	l		1
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2009	(6) 2010	(6) 2011	(0) 2012	(e) 2013	(f) Total
-	a Gross income from interest,				1		
10.	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
•	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975		_				
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on				1		
12	Other income Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)				1		<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
_	check this box and stop here						▶ □
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15		· · · · · · · · · · · · · · · · · · ·	16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)13 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
1	b 33 1/3% support tests - 2012. If the	·	-		• • •		and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					=	
_				.,			

chedule A (Form	990 or 990 EZ) 2013 AMAZON CHRISTIAN MISSIONS plemental Information. Provide the explanations required by Part II, line 10, Part II.	20-1936712 Page 4
		line 17a or 17b, and Part III, line 12
Also	complete this part for any additional information (See instructions)	
		···
		
		· · · · · · · · · · · · · · · · · · ·
· · · · · ·		
		-

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMAZON CHRISTIAN MISSIONS

Employer identification number 20-1936712

Pai	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) 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 the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
·	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or across across, or for any other purpose	Yes No
Pai		ganization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organization	* **	
·	Preservation of land for public use (e.g., recreation or e	· — ; ; ; ;	storically important land area
	Protection of natural habitat	· —	rified historic structure
	Preservation of open space		mica materia structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conseniation easement on the last
-	day of the tax year.	ned conscivation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	20
q	Number of conservation easements included in (c) acquired	* *	
u	listed in the National Register	and of 17700, and not on a motoric struct	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	
•	year >	ioacoa, extinguionoa, en terminatea by the	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	<u> </u>	
_	violations, and enforcement of the conservation easements i	J	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	•	· · · · ————
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		3
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	·	•
	(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 tre	asures, or other similar assets for financia	ıl gaın, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
	· 		· · · · · · · · · · · · · · · · · · ·

332051 09-25-13

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Amount			<u>CHRISTIAN</u>								Page 2
Check all that apply a	, Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	er Simil	ar Asse	ts (continu	ied)
a Public exhibition d Loan or exchange programs b Scholarly research e Other Chrerevation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization of the organization of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b If "Yes," explain the arrangement in Part XIII and complete the following table 1c Beginning balance 1d Additions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII 1a Beginning of year balance 1b Contributions 1c Administrative expenses 1c Administrative expenses 1d Grants or scholarships 1d Administrative expenses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasisendowment 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasisendowment 3 An there endowment funds not in the possession of the organization that are held and administered for the organization by 3 (i) unrelated organizations 3 (ii) related organizations 4 Description of property 4 Description of property 5 (a) Cost or other 6 (b) Cost or other 7 (b) Cost or other 7 (b) Cost	3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t are a s	ignificant	use of its	collection	items
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Scorow and Custodial Arrangements. Complete if the organization aniswered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year 1 Ending balance Description of property 1 Endormount or Form 990, Part X, line 21? Part V Endowment Funds. Complete if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XI, line 10 Description of year balance 1 Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Description of year balance 1 Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Description of year balance 1 Complete if the organization balance (line 1g, column (ai)) held as a Board designated or quasi-endowment IP		(check all that apply)									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV line 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV line 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV line 10 Beginning balance	а	Public exhibition	C	<u> </u>	Loan or exc	hange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other smillar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Dif "Yes," explain the arrangement in Part XIII and complete the following table Amount	b	Scholarly research	•	• 🔲	Other						
5 During the year, did the organization solicit or receive donations of art, instoncal treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1e Am	С	Preservation for future generations									
to be sold to rase funds rather than to be mantamed as part of the organization's collection?	4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organization	on's exe	mpt purp	ose in Par	t XIII.	
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Amount	5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er sımılaı	r assets		_	
reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							_				No No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b If Tyes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back degranded or years back and programs and programs (fine 1g, column (a)) held as a Board designated or quasi-endowment ▶ % Temporarily restricted endowment ▶ % T	Pa			ete if the	organizatio	on answered "	'Yes" to	Form 990), Part IV, I	ine 9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table Complete Finding balance Complete Finding balance Complete				,					Г	Yes	□ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table						
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bit of the organization include an amount on Form 990, Part X, line 21? bit of the organization include an amount on Form 990, Part X, line 21? bit of the organization include an amount on Form 990, Part X, line 21? bit of the organization include an amount on Form 990, Part X, line 21? bit of the organization include an amount on Form 990, Part X, line 21? by If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds and losses (a) Drive years back (b) Form years back (c) Three years back (c) Form years back (c) Form years back (d) Three years back (e) Four			•	J						Amount	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization include an amount on Form 990, Part X, line 21? 2r Did the organization answered "Yes" to Form 990, Part IV, line 10. 2r Did the organization answered "Yes" to Form 990, Part IV, line 10. 2r Did the organization answered "Yes" to Form 990, Part X, line 10. 2r Did the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. 2r Did the organization answered "Yes" to Form 990, Part V, line 11a See Form 990, Part X, line 10. 2r Describtion of property 2r Distributions on the last special provided in Part X, line 10. 2r Describtion of property 2r Describtio	С	Beginning balance						1c			
f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21? 21 Did the organization include an amount on Form 990, Part X, line 21? 22 Part V Endowment Funds. Complete if the explanation has been provided in Part XIII. 23 Did the organization answered "Yes" to Form 990, Part IV, line 10 24 Describe in Part XIII the intended uses of the organization's endowment funds. 25 Porm 990, Part IV, line 10 26 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years b	d	Additions during the year									
2a Did the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year						1e			
Bill Tyes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Contributions	f	Ending balance						1f			
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Courrent year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	□ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	on has been	provided in F	Part XIII				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment We have been been been been been been been be			(a) Current year	(b) F	rior year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	b	Contributions	= 11								
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	С	Net investment earnings, gains, and losses									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	d	Grants or scholarships									
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	ę	Other expenditures for facilities									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	End of year balance									
b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation	2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as					
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation (d) Book value basis (investment) basis (other) depreciation	а	Board designated or quasi-endowment		%							
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation	þ	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation (d) Book value	C										
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(i) unrelated organizations (ii) related organizations 5 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other)	3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admınıste	red for ti	he organi	zation	_	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other)		•								\\ Y	res No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other)										3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation		•									
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value										3b	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation (d) Book value	_			owment	funds.			_			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Га			D4 15			D				
basis (investment) basis (other) depreciation											
		Description of property	1 ' '			, i	• •			(d) Book	value
		Lond	Dasis (ilivesti	ment)			ue	Dieciation			
	_				<u>_</u>	.y, 203.				19	<u>,283.</u>
b Buildings		•									
c Leasehold improvements d Equipment 4,384. 2,872. 1,512.		,			_	1 201		2 0	72		E10
d Equipment 4,384. 2,872. 1,512.		• •		 -		4,304.		4,8	14.		<u>, 512.</u>
E Outoi			gual Form 990 Part	X colur	nn (R) line 1	10(c))				20	795
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. colur	nn (B). line 1	10(c))				20	.795.

Schedule D (Form 990) 2013

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organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

AMA01-11

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

__ Yes ___ No

Name of the	organization	Employer identification number
AMAZON	CHRISTIAN MISSIONS	20-1936712
Part I	General Information on Activities Outside the United States. Complete if the organ	ization answered "Yes" on
	Form 990, Part IV, line 14h	

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

(a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices in the region	(c) Number of employees, agents, and independent contractors in region	(by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for and investments in region
			GRANTS TO RECIPIENTS	TO SUPPORT THE MISSION EFFORTS IN PARINTINS,	
SOUTH AMERICA	0	0	LOCATED IN REGION	AMAZONAS, BRAZIL,	115,167
<u> </u>					
				_	
3 a Sub-total	0	0			115,16
b Total from continuation sheets to Part I		0			
c Totals (add lines 3a					
and 3b)	1 0	0	1		115 16

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

Schedule F (Form 990) 2013

Page 2

Schedule F (Form 990) 2013 AMAZON CHRISTIAN MISSIONS

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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

(h) Description (i) Method of of of non-cash valuation (book, FMV, assistance appraisal, other)	FAIR MARKET VALUE				1		Schedule F (Form 990) 2013
(g) Amount of hon-cash assistance					empt by	•	
(f) Manner of cash disbursement	WIRE TRANSFER				recognized as tax-ex		
(e) Amount of cash grant	115.167.				foreign country,		
(d) Purpose of grant	TO SUPPORT THE MISSION EFFORTS IN PARINTINS, AMAZONAS, BRAZIL.				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		
(c) Region	SOUTH AMERICA				is listed above that are if has provided a section	r entities	
(b) IRS code section and EIN (if applicable)	, yı				recipient organization ne grantee or counsel	other organizations or	
1 (a) Name of organization					2 Enter total number of r the IRS, or for which the	3 Enter total number of other organizations or entities	

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Page 3

20-1936712

Schedule F (Form 990) 2013 AMAZON CHRISTIAN MISSIONS 20–1936712

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							•
				,	i i	Schedul	Schedule F (Form 990) 2013

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	X 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)	Yes	X 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)	Yes	X 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)	Yes	X 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	X 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)	Yes	X No

Schedule F (Form 990) 2013

SCHEDULE O

Internal Revenue Service

(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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

► Attach to Form 990 or 990-EZ.

DESCRIPTION OF ORGANIZATION MISSION:

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FORM 990. PART

I.

LINE 1.

AMAZON CHRISTIAN MISSIONS

Employer identification number 20-1936712

AMAZON CHRISTIAN MISSIONS IS ORGANIZED TO MAKE OUR LORD AND SAVIOR JESUS CHRIST KNOWN TO ALL WHO LIVE IN AND OR VISIT PARINTINS, AMAZONAS AND ITS NEIGHBORING COMMUNITIES BY BUILDING, DEVELOPING AND SUPPORTING CHURCHES AND EDUCATIONAL FACILITIES IN THE AREA, SUPPORTING SEMINARY AND ITS STUDENTS AND FACULTY, SUPPLYING RELIEF TO THE POOR AND UNDERPRIVILEGED ALONG THE AMAZON RIVER WITH FOOD AND MEDICAL AID AND FINANCIALLY SUPPORTING THE WATER FOR LIFE MINISTRY WHICH BRINGS WATER AND THE WORD OF GOD TO SPECTATORS DURING THE ANNUAL FOLK FESTIVAL IN PARINTINS. AMAZON CHRISTIAN MISSIONS WORKS WITH ALL DENOMINATIONS WHO PUT THEIR FAITH IN JESUS CHRIST, ARE ANCHORED IN THE INFALLIBLE WORD OF THE BIBLE AND ARE DEDICATED TO THE SPREADING THE GOSPEL. FORM 990 PART III LINE 1. DESCRIPTION OF ORGANIZATION MISSION: AMAZON CHRISTIAN MISSIONS IS ORGANIZED TO MAKE OUR LORD AND SAVIOR JESUS CHRIST KNOWN TO ALL WHO LIVE IN AND OR VISIT PARINTINS, AMAZONAS AND ITS NEIGHBORING COMMUNITIES BY BUILDING, DEVELOPING AND SUPPORTING CHURCHES AND EDUCATIONAL FACILITIES IN THE AREA, SUPPORTING THE SEMINARY AND ITS STUDENTS AND FACULTY, SUPPLYING RELIEF TO THE POOR AND UNDERPRIVILEGED ALONG THE AMAZON RIVER WITH FOOD AND MEDICAL AID AND FINANCIALLY SUPPORTING THE WATER FOR LIFE MINISTRY WHICH BRINGS WATER AND THE WORD OF GOD TO SPECTATORS DURING THE ANNUAL FOLK FESTIVAL IN PARINTINS. AMAZON CHRISTIAN MISSIONS WORKS WITH ALL DENOMINATIONS ARE ANCHORED IN THE INFALLIBLE WHO PUT THEIR FAITH IN JESUS CHRIST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

THE BOARD OF DIRECTOR'S MONITORS AND ENFORCES COMPLIANCE WITH

THE CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD OF DIRECTOR'S REVIEW

ACTUAL CONFLICTS THAT ARE IDENTIFIED BY THE ANNUAL DISCLOSURE PROCESS AND

PROHIBITS OFFICERS AND DIRECTORS FROM VOTING ON MATTERS WHERE ACTUAL

CONFLICTS OF INTEREST EXIST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, AND FINANCIAL

STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.