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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: CENTRAL BRAZIL MISSION, INC.
Doing Business As: CENTRAL BRAZIL MISSION
Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 420
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: McCOY, VIRGINIA 24111

D Employer identification number: 23-7428487

E Telephone number: 540-392-7867

G Gross receipts $ 761,113.50

F Name and address of principal officer: NOLENSVILLE, TN. 37135
WOODROW WILSON - 439 SECRET MOUNTAIN PASS

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ MISSION

L Year of formation: 1995

M State of legal domicile: OHIO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
REACHING + HELPING PEOPLE THAT LIVE ALONG THE 1,100 RIVERS OF THE AMAZON REGION OF BRAZIL WITH A MEDICAL BOAT.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	623,739	561,902
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,733	199,211
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	734,472	761,113
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	491,033	511,056
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,011	19,169
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,216	39,543
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	535,260	569,768
19	Revenue less expenses. Subtract line 18 from line 12	199,211	191,345

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	199,211	191,345
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	199,211	191,345

SCANNED MAR 11 2014

RECEIVED 2014 FEB 20 OGDEN, UT

Part II Signature Block

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

Sign Here

Signature of officer: Michael Haubner — Date: 2/20/2014

Type or print name and title: MICHAEL HAUBNER = TREASURER/AGENT

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

p6

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:
REACHING + HELPING PEOPLE THAT LIVE ALONG THE 1,100 RIVERS OF THE AMAZON REGION OF BRAZIL WITH A MEDICAL BOAT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
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? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 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.

4a (Code:) (Expenses $ 511,056 including grants of $) (Revenue $)

HELPING BRAZILIANS IN THE AMAZON REGION WITH MEDICAL NEEDS USING A MEDICAL BOAT. CONSTRUCTION OF CHURCH BUILDINGS IN VILLAGES. CHILDREN'S PROGRAMS - SOCCER PROGRAM - GREENHOUSE PROJECT WE ALSO HELP TO OTHER MISSIONARY FAMILIES, PROVIDING SMALLER BOATS FOR EACH ONE AS THEY WORK + HELP IN THE VILLAGES.

4b (Code:) (Expenses $ 17,255 including grants of $) (Revenue $)

AIR TRAVEL EACH MONTH TO THE AMAZON : U.S. - BRAZIL - U.S. AS WELL AS TRAVEL EXPENSES FOR DENTISTS THAT COME TO HELP ON THE BOAT.

GENERAL AUTO EXPENSE : DOCUMENTS, INSURANCE, REPAIRS PLUS GAS + DIESEL FUEL.

4c (Code:) (Expenses $ 12,178 including grants of $) (Revenue $)

PHONE, INTERNET, WEBSITE, OFFICE EXPENSES, POSTAGE, PRINTING, PROMOTIONAL - REPORTING

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 550,599

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		✓
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		✓
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		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		✓
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		✓
c	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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		✓
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
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*	16	✓	
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		✓
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		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓

Part IV Checklist of Required Schedules *(continued)*

			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 1? *If "Yes," complete Schedule I, Parts I and II*	21		✓
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 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
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		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	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		✓
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		✓
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		✓
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		✓
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	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		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
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		✓
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		✓

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	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, filed for the calendar year ending with or within the year covered by this return	2a	1		
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?	3a			✓
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 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? . . .	5a			✓
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?	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			✓
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 to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
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			✓
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			✓
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			✓
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	0		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	0		
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a	0		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	0		
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	0		
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	0		
c	Enter the amount of reserves on hand	13c	0		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			✓

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 . . . . . ☑

Section 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 7			
	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 25			
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	✓	
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
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		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a		✓
b	Each committee with authority to act on behalf of the governing body?	8b		✓
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		✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	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		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		✓
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
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?			
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	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		✓
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		✓

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OHIO

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) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ 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, and financial 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 organization: ▶ MICHAEL HAUBNER - P.O. BOX 420 - McCOY, VIRGINIA 24111
1751 STERLING DR. 540-392-7867

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.

☑ 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PRESIDENT WOODROW WILSON	3	✓						0	0	0
(2)										
(3) VICE-PRESIDENT JOHN LYNN CLEAVELAND	1	✓						0	0	0
(4) SECRETARY LEISA SMILEY	1	✓						0	0	0
(5) TREASURER / AGENT										
(6) MICHAEL HAUBNER	5	✓						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	561,902			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a–1f . . . . . ▶		561,902			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents . .					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	c	Gain or (loss) . .					
	d	Net gain or (loss) . . . . . ▶					
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 . . . . . a					
	b	Less: direct expenses . . . . b					
	c	Net income or (loss) from fundraising events . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . . a					
	b	Less: direct expenses . . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less: cost of goods sold . . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	BAL. 1/1/2013	199,211				
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		199,211			
	12	**Total revenue.** See instructions. . . . . ▶		761,113			

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 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 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	511,056	511,056		
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	12,000		12,000	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,699		4,699	
9 Other employee benefits	2,470		2,470	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,019	5,019		
12 Advertising and promotion	3,279	3,279		
13 Office expenses	3,880	3,880		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	17,255	17,255		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	110	110		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 PURCHASE OF AUTO	10,000	10,000		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	569,768	550,599	19,169	
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)				

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
Assets	1	Cash—non-interest-bearing	199,211	1	191,345
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less. accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	199,211	16	191,345
Liabilities	17	Accounts payable and accrued expenses		17	
	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 D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	199,211	33	191,345
	34	Total liabilities and net assets/fund balances	199,211	34	191,345

Part 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	761,113
2	Total expenses (must equal Part IX, column (A), line 25)	2	569,768
3	Revenue less expenses. Subtract line 2 from line 1	3	191,345
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	199,211
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	191,345

Part 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: ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		✓
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		✓

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2013

Open to Public Inspection

Name of the organization CENTRAL BRAZIL MISSION, INC.

Employer identification number 23-7428487

Part I 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.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule F.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

9 ☑ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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).**

11 ☐ 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.

a ☐ Type i b ☐ Type ii c ☐ Type iii–Functionally integrated d ☐ Type iii–Non-functionally integrated

e ☐ 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).

f 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 . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 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)	✓

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II 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.)

Section A. Public Support

Calendar 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 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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

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.)

Section A. Public Support

Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	759,426	674,724	599,473	623,738	561,902	3,219,263
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	759,426	674,724	599,473	623,738	561,902	3,219,263
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)	759,426	674,724	599,473	623,738		

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	759,426	674,724	599,473	623,738	561,902	3,219,263
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	759,426	674,724	599,473	623,738	561,902	3,219,263

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CENTRAL BRAZIL MISSION, INC.

Employer identification number

23-7428487

THE ANNUAL MEETING OF THE BORAD OF TRUSTEES OF THE CENTRAL BRAZIL MISSION, INC. WAS CONDUCTED WITHOUT ANY ORGANIZATIONAL CHANGES.

PART III - THERE WERE NO MAJOR CHANGES IN PROGRAM SERVICES PROVIDED BY THE MISSION TEAM WORKING IN BRAZIL DURING THE YEAR.

PART V - 3 b - THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS GROSS INCOME DURING THE YEAR.

PART V - 13a - THE ORGANIZATION DOES NOT ISSUE ANY HEALTH PLANS.

PART V - 14b - THE MISSION RECEIVES NO PAYMENT FOR ANY SERVICES PROVIDED.

PART VI - A -2 - THE TREASURER OF THE MISSION IS THE SON OF THE MISSIONARY FAMILY SERVING IN BRAZIL.

PART VI - 9 - ALL TRUSTEES CAN BE REACHED AT THE ORGANIZATION S MAILING ADDRESS.

PART VI - 11b - THE TAX RETURN INFORMATION IS PROVIDED BY THE MISSIONARY ON THE FIELD IN BRAZIL. IT IS REVIEWED BY THE TREASURER AND PRESENTED TO THE BOARD OF TRUSTEES WITH A COMPLETE FINANCIAL REPORT FOR THE YEAR.

PART VI - 11b - A COMPLETE YEARLY FINANCIAL STATEMENT IS ALWAYS PROVIDED AND MADE AVAILABLE TO EACH CONTRIBUTOR.

PART VI - 11b - THE BOARD OF TRUSTEES APPROVE EACH YEAR THE FINANCIAL REPORT PRESENTED BY THE MISSIONARY AND THE TREASURER.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: CENTRAL BRAZIL MISSION, INC.

Employer identification number: 23-7428487

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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? . . . . . ☐ Yes ☐ No

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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.

1	(a) Name of organization	(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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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 . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

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 BRAZIL	(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)
(1) MEDICAL BOAT CREW	AMAZON	8	41,000	CASH	5,000	FOOD AND TRANSPORTATION	
(2) MEDICAL BOAT ADMINISTRATOR	AMAZON	1	20,000	CASH			
(3) AMAZON|BRAZILIAN MISSIONARIES	AMAZON	7 COUPLES	40,000	CASH	3,000	MEDICAL|DENTAL TREATMENT	
(4) AMAZON|BRAZILIAN MISSIONARIES	AMAZON	5 SINGLES	20,000	CASH	2,500	MEDICAL|DENTAL TREATMENT	
(5) MAINTENANCE ON 5 OF BOATS	AMAZON	5 BOATS	81,000	CASH			
(6) FUEL + OIL	AMAZON	5 BOATS	55,500	CASH			
(7) PARTS + EQUIPMENT	AMAZON	5 BOATS	40,000	CASH			
(8) FOOD + SUPPLIES	10 BOAT TRIPS 14 DAYS EACH	25 PEOPLE	40,000	CASH		25 INDIVIDUALS PER TRIP	
(9) BOATS + CHURCHES CONSTRUCTION	AMAZON	100's	35,000	CASH			
(10) DOCUMENTS|OFFICE	AMAZON	-	25,000	CASH	15,000 ?	RETIREMENT FOR CREW|MISSIONARIES	
(11) VILLAGERS HELPED	AMAZON	100's	10,000	CASH		MEDICINES, ETC.,,	
(12) MEDICAL SUPPLIES	AMAZON	100'S	5,000	CASH			
(13) TEACHING MATERIALS SOCIAL PROGRAMS	AMAZON	100'S	15,500	CASH		SCHOOL SUPPLIES	
(14) TRAVEL HELP	TO + FROM AMAZON	MANY	20,000	CASH		AIR LINE TICKETS	
(15) MEDICAL|MISC.	BRAZIL	30 ± ?	32,000	CASH			
(16) EVANGELISM	BRAZIL	MANY	30,000	CASH			
(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)*	☐ Yes	☑ 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	☑ 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	☑ 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)*	☐ Yes	☑ No

FINANCIAL REPORT - 2013

EARL AND RUTH ANNE HAUBNER, MISSIONARIES
CENTRAL BRAZIL MISSION, INC.
P.O. BOX 420
McCOY, VIRGINIA 24111

BALANCE – JANUARY 1, 2013		$ 199,211.39
BALANCE (CBM – STATESIDE)..... 13,038.59		
BALANCE (CBM – FIELD) 186,172.80		
TOTAL CONTRIBUTIONS (2013) GENERAL CBM SUPPORT		553,358.17
[illegible]		8,543.94
TOTAL		$ 761,113.50

EXPENDITURES:

SALARY (EARL AND RUTH ANNE)	12,000.00	

FIELD EXPENSES:

1. AMAZON BOAT MINISTRY		428,281.65
A. SALARIES	121,316.00	
B. MAINTENANCE	81,520.10	
C. FUEL AND OIL	55,665.00	
D. EQUIPMENT	40,760.00	
E. FOOD AND SUPPLIES	39,550.00	
F. *FRANCIS & ANNE* REFORM	20,880.45	
G. DOCUMENTS AND OFFICE	20,093.10	
H. VILLAGE CONSTRUCTION	13,970.00	
I. EMERGENCY BOAT FUND	12,000.00	
J. VILLAGE MISSIONS	6,150.00	
K. MEDICAL SUPPLES	4,777.00	
L. SEMINARS – TRAINING	3,900.00	
M. BUS AND VAN RENTAL	3,600.00	
N. GREENHOUSE PROJECT	2,750.00	
O. PROJECT SOCCER	1,350.00	
2. GENERAL FIELD EXENSES		55,811.59
A. NEW CHURCH PLANT – MARLON	18,000.00	
B. MEDICAL	6,815.55	
C. SECURITY (HOUSE)	6,100.00	
D. EVANGELISM/CHURCH GROWTH	5,767.75	
E. LEADERSHIP TRAINING	5,640.90	
F. FURLOUGH (BRAZIL EXPENSE)	3,612.09	
G. PHONE AND INTERNET	2,159.95	
H. AUTO INSURANCE	2,036.50	
I. GENERAL AUTO	1,863.75	
J. AIR TRAVEL	1,713.80	
K. PROMOTIONAL	1,138.50	
L. OFFICE SUPPLIES	569.20	
M. GAS AND TRAVEL	393.60	

STATESIDE EXPENSES		73,674.90
A. EMERGENCY FUND	12,000.00	
B. PURCHASE OF CAR	10,000.00	
C. AIR TRAVEL	9,571.48	
D. TRANSFERRED TO DREW	8,543.94	
E. GAS, AUTO AND TRAVEL	5,578.61	
F. HOUSING	4,800.00	
G. RETIREMENT/INSURANCE	4,699.44	
H. MEDICAL	3,459.24	
I. PHONE AND INTERNET	2,860.00	
J. HEALTH INSURANCE	2,470.22	
K. EQUIPMENT	2,246.28	
L. PROMOTIONAL/PRINTING	2,141.68	
M. PERSONAL GIFTS	1,417.00	
N. UTILITIES	1,200.00	
O. OFFICE/POSTAGE	1,065.20	
P. AUTO INSURANCE	793.81	
Q. DOCUMENTS	698.00	
R. CBM TRUSTEE MEETING	110.00	
S. BANK CHARGES	20.00	
TOTAL EXPENSES		569,768.14

BALANCE AND 2013 CONTRIBUTIONS	$ 761,113.50
TOTAL EXPENSES	- 569,768.14
BALANCE: JANUARY 1, 2014	$ 191,345.36

CBM FIELD AND BOAT OPERATION	$ 183,030.85
CBM STATESIDE ACCOUNT	8,314.51

OBSERVATIONS: 1). THREE (3) MONTHS RESERVE OPERATING EXPENSES ..... $ 100,000.00

2). MAINTENANCE ON NEW BOAT:
PAINTING, ETC.....
GETTING READY FOR THE 11 TRIPS DURING 2014 .....$ 25,000.00

FINANCIAL REPORT 2013
EARL AND RUTH ANNE HAUBNER
MISSIONARIES
BREAKDOWN OF CONTRIBUTIONS

CHURCHES

1.	JACKSONVILLE-CHRIST'S CHURCH FLIMING ISLAND, FLORIDA	$ 29,552.00
2.	SPRINGFIELD-FIRST CHRISTIAN CHURCH, OHIO	21,267.00
3.	RUSHSYLVANIA CHURCH OF CHRIST, OHIO	16,800.00
4.	GREENCASTLE CHRISTIAN CHURCH, INDIANA	15,840.00
5.	MIDLOTHIAN-JOURNEY CHRISTIAN CHURCH, VIRGINIA	15,000.00
6.	WABASH-BACHELOR CREEK CHURCH OF CHRIST, INDIANA	14,000.00
7.	JACKSONVILLE-FT. CAROLINE CHRISTIAN CHURCH, FLORIDA	13,215.00
8.	MCCOY- COMMUNITY CHRISTIAN CHURCH, VIRGINIA	10,200.00
9.	AKRON-LAKEVIEW CHRISTIAN CHURCH, OHIO	10,000.04
10.	GEORGETOWN CHURCH OF CHRIST, OHIO	9,345.00
11.	ORLAND PARK-PARKVIEW CHRISTIAN CHURCH, ILLINIOIS	8,400.00
12.	CINCINNATI-PARKSIDE CHRISTIAN CHURCH, OHIO	7,639.00
13.	FRANKLIN CHRISTIAN CHURCH, TENNESSEE	7,500.00
14.	MISMISBURG CHRISTIAN CHURCH, OHIO	7,210.00
15.	OAK GROVE CHRISTIAN CHURCH, PENNSYLVANIA	6,925.65
16.	CUMBERLAND CHRISTIAN CHURCH, INDIANA	6,700.00
17.	GREENWOOD-BLUFF CREEK CHRISTIAN CHURCH, INDIANA	6,500.00
18.	URBANA-FIRST CHRISTIAN CHURCH, OHIO	6,343.50
19.	IRONTON-CENTRAL CHRISTIAN CHURCH, OHIO	6,213.00
20.	XENIA-FIRST CHURCH OF CHRIST, OHIO	5,914.00
21.	MEADVILLE-FIRST CHRISTIAN CHURCH, PENNSYLVANIA	5,549.96
22.	ORMOND BEACH-TOMOKA CHRISTIAN CHURCH, FLORIDA	5,400.00
23.	FELICITY CHRISTIAN CHURCH, OHIO	5,363.00
24.	MT. VERNON-CENTRAL CHRISTIAN CHURCH, ILLINOIS	5,125.00
25.	FINDLAY-PARKVIEW CHRISTIAN CHURCH, OHIO	4,900.00
26.	JACKSONVILLE-CREEKSIDE CHRISTIAN CHURCH, FLORIDA	4,300.00
27.	MT. STERLING- GATEWAY CHRISTIAN CHURCH, KENTUCKY	4,000.00
28.	CENTERVILLE CHRISTIAN CHURCH, INDIANA	4,000.00
29.	BARBERTON-SOUTHWEST CHURCH OF CHRIST, OHIO	3,865.00
30.	BETHEL COMMUNITY CHRISTIAN CHURCH, OHIO	3,700.00
31.	DELTONA-CORNERSTONE CHRISTIAN CHURCH, FLORIDA	3,500.00
32.	SALTAIR CHURCH OF CHRIST, OHIO	3,499.02
33.	PALYMRA-BLOOMING GROVE CHRISTIAN CHURCH, ILLINOIS	3,400.00
34.	CHRISTIANSBURG-BELMONT CHRISTIAN CHURCH, VIRGINIA	3,200.00
35.	PORTSMOUTH-CENTRAL CHURCH OF CHRIST, OHIO	3,010.00
36.	TIFFIN-CHRIST'S CHURCH TIFFIN, OHIO	3,000.00
37.	NILES-FAIRLAND CHRISTIAN CHURCH, MICHIGAN	2,910.22
38.	ROCKVILLE CHRISTIAN CHURCH, INDIANA	2,800.00
39.	ELIZABETHTOWN-FIRST CHRISTIAN CHURCH, KENTUCKY	2,750.00
40.	NEW CARLISLE-LAKE AVEUNE CHRISTIAN CHURCH, OHIO	2,700.00
41.	WHITESTOWN-NEW HOPE CHRISTIAN CHURCH, INDIANA	2,600.00
42.	RIPLEY CHURCH OF CHRIST, OHIO	2,600.00
43.	WINCHESTER-BETHLEHEM CHURCH OF CHRIST, OHIO	2,530.00
44.	NEWBERN-COMMUNITY CHRISTIAN CHURCH, VIRGINIA	2,400.00

45. CASSOPOLIS-PLEASANT VIEW CHRISTIAN CHURCH, MICHIGAN	1,866.00
46. MEMPHIS CHRISTIAN CHURCH, INDIANA	1,775.00
47. FLAT ROCK CHRISTIAN CHURCH, INDIANA	1,660.00
48. DANVILLE CHURCH OF CHRIST, OHIO	1,250.00
49. WILMINGTON-FIRST CHRISTIAN CHURCH, ILLINOIS	1,220.00
50. HILLSBORO CHRISTIAN CHURCH, KENTUCKY	1,200.00
51. MORRISTOWN CHRISTIAN CHURCH, INDIANA	1,200.00
52. EDON-COLUMBIA CHURCH OF CHRIST, OHIO	840.00
53. EDON CHURCH OF CHRIST, OHIO	600.00
54. SYLVANIA-BOULEVARD CHRISTIAN CHURCH, OHIO	500.00
55. KINGSPORT-FIRST CHRISTIAN CHURCH, TENNESSEE	480.00
56. SCIOTOVILLE CHRISTIAN CHURCH, OHIO	450.00
57. MOOREFIELD-MT. ZION CHRISTIAN CHURCH, KENTUCKY	300.00
58. KNOXVILLE-WEST TOWNE CHRISTIAN CHURCH, TENNESSEE	250.00
59. CHESAPEAKE CHRISTIAN CHURCH, OHIO	215.28
60. WRIGHTSVILLE-FIRST CHRISTIAN CHURCH, GEORGIA	200.10
61. DELAND-OPEN DOOR CHRISTIAN CHURCH, FLORIDA	47.31
TOTAL	$ 325,720.08

CHURCH TEAMS THAT PARTICIPATED IN AMAZON BOAT TRIPS
(IN-COUNTRY EXPENSE CONTRIBUTION)

1.	JANUARY/FEBRUARY – BELMONT AND MIXED, VIRGINIA	$ 12,000.00
2.	MARCH – MEADVILLE AND MIXED, PENNSYLVANIA	12,000.00
3.	APRIL – NEW HOPE CHRISTIAN CHURCH, INDIANA	19,200.00
4.	MAY – FAME - INDIANAPOLIS, INDIANA	13,200.00
5.	JUNE – FT. CAROLINE CHRISTIAN CHURCH, FLORIDA	20,400.00
6.	JULY –#1 - XENIA – FIRST CHURCH OF CHRIST, OHIO	15,500.00
7.	JULY – #2 - BETHEL – COMMUNITY CHRISTIAN CHURCH, OHIO	12,000.00
8.	AUGUST – SPRINGFIELD – FIRST CHRISTIAN CHURCH, OHIO	12,000.00
9.	SEPTEMBER – MIAMISBURG CHRISTIAN CHURCH, OHIO	10,200.00
10.	OCTOBER – MT. VERNON – CENTRAL CHRISTIAN CHURCH, ILLINOIS	12,000.00
	OCTOBER – PARKVIEW CHRISTIAN CHURCH, ILLINOIS	25,000.00
		$ 163,500.00

CONSTURCTION AND FUEL HELP OFFERINGS	10,100.00

GROUPS AND CLASSES

1.	MATTHEW CHARITABLE FUND, INDIANA	$ 6,000.00
2.	MEMORIA CHURCH OF CHRIST (VBS), MICHIGAN	2,000.00
3.	COLUMBIA CHURCH OF CHRIST (VBS), OHIO	1,188.00
4.	ILLIANA CHRISTIAN CAMP, ILLINOIS	790.09
5.	SEEKERS CLASS – FIRST CHRISTIAN - ELIZABETHTOWN, KENTUCKY	600.00
6.	CLASS 10 – SCIOTOVILLE CHRISTIAN CHURCH, OHIO	600.00
7.	LOYAL BEREAN – GEORGETOWN CHURCH OF CHRIST, OHIO	520.00
8.	WOODLAND CHRISTIAN CAMP, OHIO	100.00
9.	IRONTON LADIES – CENTRAL CHRISTIAN CHURCH, OHIO	100.00
10.	COME DOUBLE CLASS – GEORGETOWN CHURCH OF CHRIST, OHIO	90.00
11.	UNITED HEALTH CARE REFUND, VIRGINIA	22.00
	TOTAL	$ 12,010.09

INDIVIDUALS

1.	M/M JAMES WOOD, OHIO	$ 7,000.00
2.	M/M BOB ADKINS, OHIO	6,600.00
3.	CAROL LAWSON, OHIO	3,600.00
4.	M/M JACK SHIELDS, FLORIDA	2,450.00
5.	M/M MIKE VINCENT, MICHIGAN	2,000.00
6.	STANLEY MARTIN, OHIO	1,500.00
7.	M/M DONALD WOMACKS, ILLINOIS	1,250.00
8.	STAN TAWZER, ILLINOIS	1,200.00
9.	M/M RON RATLIFF, VIRGINIA	1,000.00
10.	M/M BILL CRAWFORD, FLORIDA	1,000.00
11.	M/M LEE EUBANS, VIRGINIA	1,000.00
12.	M/M RICK GABLEMAN, OHIO	1,000.00
13.	M/M BOB MARTIN, OHIO	1,000.00
14.	M/M ALVIN SMITH, ILLINOIS	900.00
15.	FREDA HAUBNER, OHIO	800.00
16.	M/M HENRY HENDERSON, VIRGINIA	750.00
17.	M/M CHARLES STEVENS, MICHIGAN	700.00
18.	M/M BILL WOMACHS, OHIO	600.00
19.	M/M ROYE WILSON, KENTUCKY	600.00
20.	M/M DON SPENCER, VIRGINIA	600.00
21.	M/M JARED CORDES, INDIANA	600.00
22.	LEANN WOMACKS, ILLINOIS	550.00
23.	M/M MICHAEL OHERRON, FLORIDA	515.00
24.	M/M BRIAN POLDING, FLORIDA	500.00
25.	MAGDALENA KERSCHNER, OHIO	500.00
26.	M/M JOHN STUDEBAKER, KENTUCKY	300.00
27.	M/M JAMES RUSH, INDIANA	340.00
28.	M/M MARTIN MANLEY, FLORIDA	310.00
29.	M/M GILBERT COLEMAN, OHIO	300.00
30.	M/M RANDY AMOS, VIRGINIA	300.00
31.	M/M STEVE FAZEKAS, OHIO	240.00
32.	M/M TOM TUCKER, OHIO	200.00

33. IVA KELLER, TENNESSEE	120.00
34. M/M JAMES WOODS, INDIANA	113.00
35. M/M CARROLL KEEFER, OHIO	100.00
36. M/M MIKE JOHNSON, INDIANA	100.00
37. M/M ALEXANDER SCOTT, OHIO	100.00
38. M/M STEPHEN DAVIDSON, KENTUCKY	100.00
39. M/M JOHN JONES, OHIO	100.00
40. M/M ROBERT JENKINS, FLORIDA	100.00
41. M/M JOHN CROASDELL, FLORIDA	100.00
42. M/M ELDON MILLER, INDIANA	100.00
43. M/M L.E. MOORE, RHODE ISLAND	100.00
44. M/M ROBERT SCOTT, VIRGINIA	100.00
45. M/M JAMES SNAPP, INDIANA	80.00
46. M/M WILLARD KEEFER, OHIO	75.00
47. PAULINE NUNNALLY, OHIO	60.00
48. M/M JOHN LEONARD, INDIANA	50.00
49. M/M DAVID COLTER, NORTH CAROLINE	50.00
50. M/M MIKE BLEVIN, FLORIDA	50.00
51. M/M JERRY BROWNING, OHIO	50.00
52. M/M RUSSELL ALDERMAN, OHIO	50.00
53. M/M LEO SIEBENALER, OHIO	45.00
54. M/M JIM GEARHART, INDIANA	25.00
55. FRANKLIN EVANS, GEORGIA	15.00
56. MELISSA HARLAN, TENNESSEE	15.00
57. EVELLYN HAMILTON, OHIO	10.00
58. JANE PFIFFNER, TENNESSEE	10.00
59. VIRGINA DOWLAT, FLORIDA	5.00
TOTAL	$ 42,028.00

TOTAL OF CONTRIBUTIONS:	CHURCHES	$ 325,720.08
	AMAZON BOAT TRIPS	163,500.00
	CONSTRUCTION/FUEL HELP	10,100.00
	GROUPS AND CLASSES	12,010.09
	INDIVIDUALS	42,028.00
	TOTAL	$ 553,358.17