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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

		-015 Calcill	, 2013, and ending		,	
В	Check if app	plicable	C	D Employ	yer Identification Numbe	er
	Addres	s change	WORLD MISSIONARY ASSISTANCE PLAN	95-	3711613	
	\vdash	change	3025 N TARRA AVENUE		one number	
	Initial r	· ·	PRESCOTT, AZ 86301			
	\vdash		•	(92	8) 515-2404	
	Termin			i_		
	Amend	ded return		G Gross r		35,914.
	Applica	ation pending	Trainit It. Tribation	(a) Is this a group retur		Yes X No
			0000 IV	(b) Are all subordinates if 'No,' attach a list	included? Y	Yes No
<u> </u>	Tax-exem	npt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		(oos monociono)	
J	Websit	te: - WW	W.WORLD-MAP.COM	(c) Group exemption ni	umber ►	
ĸ	Form of o	organization	X Corporation Trust Association Other ► L Year of formation	1964 Ms	State of legal domicile	CA
Pa	rt l 🍇 🧐	Summar				
<u> </u>			be the organization's mission or most significant activities: RELIGIOUS	TRATNING	· · · · · · · · · · · · · · · · · · ·	
		2	7000			. – – – –
ည						
Governance						
Ver	2 Ch	eck this bo	x If the organization discontinued its operations or disposed of more	e than 25% of its	net assets	
င္ဟ	3 Nui		ting members of the governing body (Part VI, line 1a)	C (11a11 25 % Of 165	3	1
∘ಶ			dependent voting members of the governing body (Part VI, line 1b)		4	3
es			of individuals employed in calendar year 2013 (Part V, line 2a)		5	<u>3</u> 7
₹			of volunteers (estimate if necessary)		6	
Activities &			ed business revenue from Part VIII, column (C), line 12		7a	0.
			business taxable income from Form 990-T, line 34		7 b	0.
				Prior Year	Current	
	8 Co	ntributions	and grants (Part VIII, line 1h)	698,9		96,946.
Revenue			ice revenue (Part VIII, line 2g)	090,3	704.	70, 340.
ē			come (Part VIII, column (A), lines 3, 4, and 7d)	20,7	724 1 20	85,052.
æ		ner revenue				
	12 Tot	tal revenue	34,4		-5,337.	
	13 Gra	ante and c	- add lines 8 through 11 (must equal(Part VIII, column (A), line 12)	754,1		76,661.
	14 Do	ailla ailla ai	milar amounts paid (Part IX, column (A), lines (3) to or for members (Part IX, column (A), lines (3)			15,850.
ø		laries, othe	340,7	40. 34	<u>44,049.</u>	
Expenses	16a Pro	ofessional i				
8	b Tot	tal fundrais	sing expenses (Part IX, column (D), line 25) ►17,114.			
ú	17 Oth	ner expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	395,4		80,684.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	736,1		40,583.
			expenses Subtract line 18 from line 12			
8 8	13 110	VCHUC 1033	expenses oubtract line to from line 12	17,9		36,078.
Net Assets of Fund Balances	20 Tot	tal accote (Part X, line 16)	Beginning of Currer		
88	20 Tot		s (Part X, line 26)	3,698,0		11,173.
¥ 5	21 100		•	46,8		23,896.
			fund balances. Subtract line 21 from line 20	3,651,1	99. 4,78	87 <u>,2</u> 77.
Pa	rt 🗿 🤋	<u>Signatur</u>	e Block			
Unde	r penalties o	of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the rer (other than officer) is based on all information of which preparer has any knowledge	best of my knowledge	and belief, it is true, cor	rect, and
COM	Diete Decial	ation of prepa	rer (other than officer) is based on an information of which preparer has any knowledge	·		
			- Alter	8/1	L/14	
Sig	jn 💮	Signatui	e of officer	Date /	, ,	
He	re					
		Type or	print name and title			
		Print/Type p	reparer's name Date Date	Check	If PTIN	
Pa	id	HARRY	BEESON, CPA HARRY BEESON, CPA	self-employ	P0002740	09
	eparer	Firm's name				
Us	e Only	Firm's addre		Firm's EIN	► 95-3654092)
			GLENDALE, CA 91203			
Max	the IDS	discuss th	Is return with the preparer shown above? (see instructions)	Phone no	(818) 240-8	
					X Yes	No No
ВA	n rorPa	perwork R	eduction Act Notice, see the separate instructions. TEEA	0113L 11/08/13	Form	990 (2013)

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

SCANNED SEP 0 9 2014

	n 990 (2013) WORLD MISSIONARY ASSISTANCE PLAN	95-3	71161	3	Р	age 2
₽ai	Statement of Program Service Accomplishments					
_	Check if Schedule O contains a response or note to any line in this Part III					. X
•	Briefly describe the organization's mission.					
	RELIGIOUS TRAINING					
		·				
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior				
	Form 990 or 990-EZ?			Yes	X	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 s	services?		Yes	X	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 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	rvices, as n of grants an	neasure d alloca	d by e tions to	xpen:	ses
4 8	a (Code:) (Expenses \$ 333,506. including grants of \$)	(Revenue	\$	14	3.73	36.)
	BOOKS SUPPLIED TO THIRD WORLD CHURCH LEADERS PROVIDING BIBLE BASE	SED, DO	CTRIN	ALLY	SO	UND
	TEACHING.	. – –' – –				
		. -				
41	O (Code:) (Expenses \$138,483. including grants of \$) O PUBLICATION OF TRANS-DENOMINATIONAL CHRISTIAN TRAINING MAGAZINE:	(Revenue S	\$ 	5.	4,61 	.1.)
		·		 	 	
4 ((Revenue	\$)3.)
	SPIRITUAL RENEWAL AND TRAINING SEMINARS FOR CHURCH LEADERS IN FO	OREIGN_		RIES		
	SPIRITUAL RENEWAL AND TRAINING SEMINARS FOR CHURCH LEADERS IN FI	OREIGN		RIES		
	SPIRITUAL RENEWAL AND TRAINING SEMINARS FOR CHURCH LEADERS IN FI	OREIGN		KIES		
-		OREIGN				
	d Other program services. (Describe in Schedule O) (Expenses \$ 61,517. including grants of \$) (Revenue \$			000.)	
	d Other program services. (Describe in Schedule O) (Expenses \$ 61,517. including grants of \$) (Revenue \$ € Total program service expenses ▶ 596,494.					

		-	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	<u> </u>	X	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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	ļ	Х
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	İ	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		Х
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		Х
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			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	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	11 b		Х
•	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	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		_X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
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		Х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	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		Х
	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		Х
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) WORLD MISSIONARY ASSISTANCE PLAN
Partive Checklist of Required Schedules (continued)

_	1		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	a 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		
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .	25a		Х
ı	s 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 l	25b	!	X
26	former officers, directors, trústees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<u>X</u>
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		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):		*	
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	olf '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		Х
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	
BAA		Form	990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule o contains a response of note to any line in this Part V			
1.	Enter the number consists of a Day 2 of Ferry 1000 February 0 of automobile	- C 2/00	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a			
		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling) winnings to prize winners?	ming 1 c		X
2 a	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	7	1.41	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s? 2t	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		T , 1	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	1	X
b	If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i> .	31		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	over, a count)? 4 a		Х
b	If 'Yes,' enter the name of the foreign country: ▶			399° /
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ac	counts		4.84
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a)	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion? 5 t)	X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	:	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6 t		
7	Organizations that may receive deductible contributions under section 170(c).	# 7.3	1 3	4 2 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go services provided to the payor?	ods and 7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7t		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	. 5	: Pâu	šii -
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract? 7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t? 7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 9	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	on file a		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess holdings at any time during the year?	ations. Did the business		X
	Sponsoring organizations maintaining donor advised funds.	<u>lavi•</u> 3		100
а	Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	91		
	Section 501(c)(7) organizations. Enter:		119	
	Initiation fees and capital contributions included on Part VIII, line 12 . 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	الوق		
_	Gross income from members or shareholders 11 a			7
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 12 a	1	<u> </u>
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	[104] X 2 4		**************************************
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule C	141		<u> </u>

Form 990 (2013) WORLD MISSIONARY ASSISTANCE PLAN 95-3711613 Page 6 Partive 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 Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other SEE SCHEDULE O officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 7 a 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? Х **7** a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X **b** Each committee with authority to act on behalf of the governing body? 8ь X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q X 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 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 of key employees of the organization SEE SCHEDULE O 15_b 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 Х 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply |X| Another's website |X| Upon request Own website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20

Form 990 (2013) WORLD MISSIONARY ASSISTANCE PLAN

95-3711613

Page **7**

RarteVIII 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

- 1 a 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	n nor any rela	ited or	ganız			ompen	sate	d any current officer, di	rector, or trustee	
	ľ	(C)								
(A) Name and Title	(B) Average hours per	lige officer and a director/trustee) Reportable Reportable compensation from compen					(E) Reportable compensation from	(F) Estimated amount of other		
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FRANK R. PARRISH DIRECTOR/PRES.	<u>45</u> -	Х		Х				96,000.	0.	6,673.
(2) VICTOR TORRES JR BOARD MEMBER	$-\frac{1}{0}$	Х						0.	0.	0.
(3) JON COOK SECRETARY/TREAS	$-\frac{1}{0}$	Х		X				0.	0.	0.
	$-\frac{1}{0}$	Х						0.	0.	0.
(5) MAUREEN W. PARRISH VICE PRESIDENT	$-\frac{45}{0}$			Х				72,000.	0.	4,782.
(6)							,			
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)									-	
(13)										
(14)										

Form 990 (2013) WORLD MISSIONARY ASSISTA	NCE P	LAN	[=	l				l Ulabaat Can	95-371161	.3 Page 8
Part VII Section A. Officers, Directors, Trus	(B) (C)			nignest Con	ployees (continued)					
(A) Name and title	Average hours per week	box office	, unle	Pos check ess pe nd a d	sition more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza	Individ or dire	Institut	Officer	Key en	Highest co	Forme	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related
	related organiza - tions below	individual trustee or director	nstitutional trustee	_	employee	èe Comp				organizations
	dotted line)	stee	ustee			nsated	Former			
<u>(15)</u>										
(16)			H							
(17)		ļ								
(18)									<u> </u>	
(19)								# 		
(20)										
(21)										-
(22)										
(23)							-	_		
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section	ı A	_					V V	168,000. 0.	0.	11,455.
d Total (add lines 1b and 1c)							•	168,000.	0.	11,455.
2 Total number of individuals (including but not limited to from the organization ► 0	those li	sted	abov	ve) v	vho i	recei	ved	more than \$100,00	0 of reportable com	pensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	r, or tru:	stee,	key	em e	ploy	/ee,	or h	ighest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	eportabl	e coi	mpe 00?	nsa If 'Y	tion ′es′	and comp	oth olete	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compen comple	satıo te So	n fre	om a lule	any <i>J fo</i>	unre r suc	late :h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensa	ted inde	pen	dent	cor	ntrac	ctors	tha	t received more t	nan \$100,000 of	
compensation from the organization Report compensa (A) Name and business address		ine ca	alend	dar y	year	endii	ng w	(B)		(C)
rvaine and business addres								Description of	or services	Compensation
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ►		ted to	tho	se l	stec	abo	ve) v	who received more	than	

		Check if Schedule O	contains a	resp	onse or note to an	y line in this Part V	/IIL .		П
				The same		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
1	E.	The training	ng Ping di	\$4			function revenue	revenue	under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b	Federated campaigns Membership dues		1 a 1 b		g est gride gride gride gride	in the second se	i de la companya de l	
GIFTS, C	d	Fundraising events Related organizations	-	1 c 1 d		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			September 1
TIONS, ER SIMI		Government grants (contributions) all other contributions, gifts, committee amounts not included	· · · · · · · · · · · · · · · · · · ·	1 e					
NTRIBU		Similar amounts not included Noncash contributions included		1f f \$_	596,946.			gial (
8 ₹	h	Total. Add lines 1a-1f			•	<u>596,946.</u>	Section 1	1. 1. 1. Sold 18 18 18 18 18 18 18 18 18 18 18 18 18	industrial and the second
3	_			-	Business Code				
E	2 a								
뜅	D				 			<u> </u>	
Ž	ď				×		 		
33	u e								·
XX.	f	All other program service	e revenue						
Š	q	Total. Add lines 2a-2f		L	•			, · · · · · · · · · · · · · · · · · · ·	<u>.</u> 3.45***
-	3	Investment income (inc	luding divi	dends	, interest and	,		283,	## ### #### ##
		other similar amounts).			•	22,726.	22,726.		
	4	Income from investmen	t of tax-ex	empt	bond proceeds. >				
	5	Royalties	() D-	-1		**************************************	84 N. J. J	9800000 July 886, 1 44	N/O. (a an accessoration
	٤.	Gross rents	(i) Rea		(ii) Personal				
		Less. rental expenses		<u>450.</u>	•			# 1905 CH	
		Rental income or (loss)		<u>579.</u> 129.					
		Net rental income or (lo		127.	· <u> </u>	-8,129.			-8,129.
		Gross amount from sales of	(ı) Secur	ties	(ii) Other	(2-y- 1957) Hall	14 12 THE	· ·	-8,129.
	, ,	assets other than inventory			2,375,000.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b	Less cost or other basis						10.17 产品以	
		and sales expenses			1,012,674.				
		Gain or (loss)			1,362,326.				244
		Net gain or (loss)		•		1,362,326.	1,362,326.	toga Kartikia	het. 1884s. 19
핔	8 a	Gross income from fund (not including . \$	draising ev	ents					
		of contributions reporter	d on line 1	<u>c)</u>					
2		See Part IV, line 18		. a	<u>, </u>			据。	
OTHER REVENUE	b	Less: direct expenses		k	,				3
0	С	Net income or (loss) fro	m fundrais	sing e	vents ►				
	9 a	Gross income from gam See Part IV, line 19	ning activit	ies a	1				-F
		Less direct expenses		Ł				表征经 ,让 ,	
	С	Net income or (loss) fro	m gamıng	activ	ities				
	10 a	Gross sales of inventory and allowances	y, less retu	irns				美生,也可能发现	
		and allowances Less: cost of goods sold		5	<u>'</u>				
		Net income or (loss) fro		I Lavai	ntory >				
		Miscellaneous Revenu		11100	Business Code	6 A45	The Carte of	The state of	
	11 a	OTHER REVENUE			-	2,792.	2,792.	<u></u>	TO TOTAL STATE OF THE STATE OF
	b					2,,,,,,	2,752.		
	С								
		All other revenue	·						
		Total. Add lines 11a-11			•	2,792.	第一定等 [6]	1.8 Odazi 11.	"Book Fak I
	12	Total revenue. See inst	ructions		•	<u>_1,976,661.</u>	1,387,844.	0.	-8,129.

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.

Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 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	15,850.	15,850.								
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										
4	Benefits paid to or for members				A - 1 , 118 TO						
5	Compensation of current officers, directors, trustees, and key employees	179,455.	141,513.	34,609.	3,333.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	117,529.	108,907.	5,035.	3,587.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,323.	100, 307.	3,033.	3,307.						
9	Other employee benefits	5,131.	9,890.	-5,127.	368.						
10	Payroll taxes .	41,934.	31,080.	9,573.	1,281.						
11	Fees for services (non-employees)	,									
а	Management	3,416.		3,416.							
b	Legal	0,110.		3,110.							
	: Accounting	30,500.		30,500.							
	Lobbying .	30,300.		30,300.							
	Professional fundraising services See Part IV, line 17										
-	Investment management fees .	· · · · · · · · · · · · · · · · · · ·	ALIC PART NOTES	<u> %-% '`√3 4386'</u> > %-6-1							
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	71,130.	62,737.	6,858.	1,535.						
13	Office expenses .	24,381.	5,129.	18,806.	446.						
14	Information technology	20,475.	10,793.	9,682.	440.						
15	Royalties	20,473.	10,793.	9,002.							
16	Occupancy .	10 072	2 405	0 407							
17	Travel	10,972.	2,485.	8,487.							
	Payments of travel or entertainment expenses for any federal, state, or local public officials	31,765.	4,271.	27,494.							
19 20	Conferences, conventions, and meetings Interest										
21	Payments to affiliates		, <u>-</u>								
22	Depreciation, depletion, and amortization	18,785.		18,785.	,						
23	Insurance	= 57 × 55 ×		20//001							
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	PRINTING & PUBLICATIONS	176,013.	173,289.	2,155.	569.						
	MAINTENANCE	33,276.	29.	33,247.	309.						
	BENEVOLENCE	17,100.	17,000.	100.							
	POSTAGE POSTAGE	11,902.	6,558.	2,091.	3,253.						
	All other expenses .	30,969.	6,963.	21,264.	2,742.						
25	Total functional expenses Add lines 1 through 24e	840,583.	596, 494.	226, 975.	17,114.						
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)	TEE (0.10)		220, 310.	Form 900 (2013)						

	Check if Schedute 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	3,535.	1	42,004.							
	2	Savings and temporary cash investments	2,326,364.	2	3,807,819.							
]	3	Pledges and grants receivable, net .		3								
	4	Accounts receivable, net	13,209.	4	22,875.							
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	167,014	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	167,014.	6								
Ą	7	Notes and loans receivable, net		7								
A S E T S	8	Inventories for sale or use	252,663.	8	206,141.							
7	9	Prepaid expenses and deferred charges	22,175.	9	47,148.							
٠ ا	-		22,173.		47,140.							
		Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 579, 762										
		Less: accumulated depreciation 10b 37,796	. 898,841.	10 c	541,966.							
	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	<u> </u>	13								
	14	Intangible assets		14								
	15	Other assets See Part IV, line 11	14,251.	15	143,220.							
\Box	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,698,052.	16	4,811,173.							
	17	Accounts payable and accrued expenses	35,250.	17	23,896.							
	18	Grants payable	44.60	18	<u> </u>							
	19	Deferred revenue	11,603.	19								
ŀ	20	Tax-exempt bond liabilities .		20								
AB	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1 400 Fac. 12 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	21								
ABILITIES	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								
ij	23	Secured mortgages and notes payable to unrelated third parties		23								
S	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	46,853.	26	23,896.							
ZET 4		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.										
くいろにしる	27	Unrestricted net assets	3,591,903.	27	4,740,439.							
Ĕ	28	Temporarily restricted net assets	59,296.	28	46,838.							
	29	Permanently restricted net assets .		29	•							
OR F.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.										
רשבס	30	Capital stock or trust principal, or current funds		30								
	31	Paid-in or capital surplus, or land, building, or equipment fund		31								
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32								
日本 しょうしょう	33	Total net assets or fund balances	3,651,199.	33	4,787,277.							
Ĕ	34	Total liabilities and net assets/fund balances	3,698,052.	34	4,811,173.							
RΔ	Δ		,,		Form 990 (2013)							

Pai	t 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	1,	976,6	61.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		340,5				
3	Revenue less expenses Subtract line 2 from line 1	3		136,0				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		651,1				
5	Net unrealized gains (losses) on investments .	5	-					
6	Donated services and use of facilities	6	<u>-</u> -					
7	Investment expenses	7						
8	Prior period adjustments	8	_					
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	4.	787,2				
Par	t 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 X Accrual Other		[]		¥2			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 8	1	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:	ed on	a		W.			
	Separate basis Consolidated basis Both consolidated and separate basis			************	- A-264			
Ł	Were the organization's financial statements audited by an independent accountant?		21	,	Х			
	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 Both consolidated and separate basis	ite	When a surface for the state of	March Care				
•	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?		20					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3 a	3 a 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?							
ŀ	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		31	1				
BAA			Fori	n 990 ((2013)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 WORLD MISSIONARY ASSISTANCE PLAN 95-3711613 Part 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(bX1XAXiii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1XAXvi)**. (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 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 11 Type III - Functionally integrated Type I Type II 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 If the organization received a written determination from the IRS that 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? Yes No 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? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (vi) Is the organization in column (i) organized in the US? (i) Name of supported organization (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your (vii) Amount of monetary (IV) Is the organization in column (i) listed in support your governing document? (see instructions)) support Yes No Yes No Yes (A) (B) (C) (D) (E) ٩ڰۣ؞ٛ

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

Schedule A (Form 990 or 990-EZ) 2013

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Part His 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)

Sec	tion A. Public Support		·				
Cale	ndar year (or fiscal year nning 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')	553,767.	850,928.	573,133.	698,964.	596,946.	3,273,738.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				, ,		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	553,767.	850,928.	573,133.	698,964.	596,946.	3,273,738.
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						332,845.
Sec	tion B. Total Support	384 0 55450-1 3836	The state of the s	Market Market	5" 5" (10) (1) (10) (10) (10) (10) (10)	HAMMEN THURSDAY	2, 540, 055.
Cale	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	553,767.	850,928.	573,133.	698,964.	596,946.	3,273,738.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	42,260.	99,394.	74,468.	74,468.	61,176.	351,766.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			. 1, 100.	. 17 100.	01/110.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,956.	6,031.	1,161.	2,464.	5,834.	20,446.
11	Total support. Add lines 7 through 10						3,645,950.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	6,020,950.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ırd, fourth, or fıfth t	ax year as a sectio	n 501(c)(3)	<u> </u>
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from	•	• • •	ne II, column (f))		14	80.66%
	33-1/3% support test — 2013. If and stop here. The organization	the organization	did not check the	box on line 13, ai	nd the line 14 is 3		79.31 %
t	33-1/3% support test – 2012. If and stop here. The organization	the organization d	lid not check a bo	x on line 13 or 16	a, and line 15 is 3	33-1/3% or more,	
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this.	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	IV how the . ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a, 	or 17b, check the	s box and see ins	tructions -

| Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		<u> </u>				
Calen	dar year (or fiscal yr 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.	-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5 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 .						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 ins 9,10c, 11 and 12)			<u> </u>			
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	•	•			15	8
16	Public support percentage from	2012 Schedule A,	Part III, line 15			16	ે
Sec	tion D. Computation of Inv	estment Incor	me Percentag	е			
17	Investment income percentage f	or 2013 (line 10c,	column (f) divide	ed by line 13, colu	ımn (f))	17	ે
18	Investment income percentage f	rom 2012 Schedu	ile A, Part III, line	: 17		18	8
	33-1/3% support tests — 2013. It is not more than 33-1/3%, check	this box and sto	p here. The orgai	nization qualifies a	as a publicly supp	orted organization	▶
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	ne organization qu	ialifies as a public	ly supported orgai	3-1/3%, and nization
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	theck this box and	see instructions.	▶ 📋

Schedule A (Form 990 or 990-EZ) 2013	WORLD MISSIONARY A	ASSISTANCE PLAN	95-3711613	Page 4
Part IV Supplemental Information 17b; and Part III, line (See instructions).	i on. Provide the explana 12. Also complete this	ations required by Part II, part for any additional inf	line 10; Part II, line 17a ormation.	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

WOI	RLD MISSIONARY ASSISTANCE PLAN	I		95-3711613
	Organizations Maintaining Dono	or Advised Funds or Other Similar	Funds or Acc	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV,		
-	Total number at and of year	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
-	Aggregate value at end of year			
5	are the organization's property, subject to the	organization's exclusive legal control?	• ••	. Yes No
6	Did the organization inform all grantees, donc for charitable purposes and not for the benefi impermissible private benefit?	rs, and donor advisors in writing that gran t of the donor or donor advisor, or for any	t funds can be use other purpose cor	ed only nferring Yes No
Par	Complete if the organization ans	wered 'Yes' to Form 990, Part IV,	line 7	
1				· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., i	` , , , ,	tion of an historic	ally important land area
	Protection of natural habitat		tion of a certified	
	Preservation of open space			motorio di dotare
2	Complete lines 2a through 2d if the organization l	neld a qualified conservation contribution in th	ne form of a conser	vation easement on the
	last day of the tax year			
	a Total number of conservation easements		<u>⊬√</u> ⊦ 2a	leld at the End of the Tax Year
	Total number of conservation easements Total acreage restricted by conservation ease	monte	2 b	
	Number of conservation easements on a certi		2 c	
		• • • • • • • • • • • • • • • • • • • •		
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a	historic 2 d	
3	Number of conservation easements modified, tran	· · · · · · · · · · · · · · · · · · ·		in during the
•	tax year ►	or terminates	a by the organization	and a different control of the contr
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re		n, handling of viol	
_	and enforcement of the conservation easemen			∐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easem	nents during the yea	ar
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easements	during the year	
	* \$			
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements .	of section 170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and e to the organization's financial statements t	expense statement, that describes the	and balance sheet, and organization's accounting for
Pai	ชมแร่ Organizations Maintaining Colle	ctions of Art, Historical Treasures wered 'Yes' to Form 990, Part IV,	s, or Other Sin line 8.	nilar Assets.
1 (alf the organization elected, as permitted unde art, historical treasures, or other similar assets hi in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or researc	h in furtherance of	nt and balance sheet works of public service, provide,
l	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revi or public exhibition, education, or research in	enue statement ar furtherance of publ	nd balance sheet works of art, ic service, provide the
	(i) Revenues included in Form 990, Part VIII	line 1 .		► \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, I amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	financial gain, pro	vide the following
	a Revenues included in Form 990, Part VIII, line	e 1		▶ \$
	b Assets included in Form 990, Part X .			▶ \$

Schedule D (Form 990) 2013 WORLI Part III Organizations Mainta	MISSION	IARY I	ASSISTANCE of Art, Histo	PLA: orical	N Treasures, o		5-371161: ar Assets		Page 2 ued)
3 Using the organization's acquisition items (check all that apply) a Public exhibition	, accession, a	nd other		-	ne following that a	re a significant us	e of its collec	tion	
├ /			—		nange programs				
b Scholarly research	4		e Other		 				
c Preservation for future gener 4 Provide a description of the organize		ions and	l explain how they	y furthe	r the organization	's exempt purpose	e in		
Part XIII. 5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or nan to be ma	receive intained	e donations of ar	rt, histo organiz	orical treasures, orical treasures, or	or other similar a i?		es [No
Part IV Escrow and Custodia line 9, or reported an	l Arrangen	nents.	Complete if	the or	ganization an		to Form 9	90, Part	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?			-			her assets not inc		es [No
b If 'Yes,' explain the arrangement	in Part XIII a	ina com	iplete the followi	ing tab	le:				
							Amoi	unt	
c Beginning balance						1 c			
d Additions during the year					• •	1 d			
e Distributions during the year	•					1 e			
f Ending balance	•					1f			
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 213	?				es	No
b If 'Yes,' explain the arrangement	ın Part XIII.	Check h	nere if the explai	ntion h	as been provided	d in Part XIII			
Part V Endowment Funds. C	omplete if	the or	ganization ar	<u>ıswer</u>	ed 'Yes' to Fo	rm 990, Part	IV, line 10).	
•	(a) Current	year	(b) Prior yea	ar [(c) Two years bac	k (d) Three yea	ars back (e) Four year	rs back
1 a 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 percentag	e of the curre	nt year	end balance (lir	ne 1g,	column (a)) held	as:			
a Board designated or quasi-endowm		-	8	•					
b Permanent endowment ▶									
c Temporarily restricted endowmer			%						
The percentages in lines 2a, 2b,		d equal							
3a Are there endowment funds not in t	he possession	of the c	organization that a	are held	d and administered	d for the		Yes	No
organization by:							2-4		NO
(i) unrelated organizations	•	•				•	3a(
(ii) related organizations					D.0		3a(i		<u> </u>
b If 'Yes' to 3a(II), are the related of	-		•				3b		L
4 Describe in Part XIII the intended			ation's endowm	ent fun	ids.				
Partivia Land, Buildings, and Complete if the organ			'Yes' to Forr	n 990), Part IV, line	: 11a. See Foi	rm 990, Pa	art X, Iır	ne 10.
Description of property			t or other basis		Cost or other pasis (other)	(c) Accumula		Book v	alue
1 a Land		<u> </u>			159,145.	Carl Sale State		159	,145.
b Buildings					371,339.		441.		, 898.
c Leasehold improvements				<u> </u>	311,339.	°'			,090.
d Equipment .		 		 	47,876.	20	277	1.0	500
e Other				 	1,402.		277. 078.		<u>,599.</u>
				L	1,402.	<u> </u>	0/0.		324.

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

541, 966. Schedule **D** (Form 990) 2013

Part: VIII Investments - Other Securities.		N/A
		, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(D)		
(C) (D) (E)		
(b) (F)		-
(F)		
(F) (G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		
Part VIII Investments - Program Related.		N/A
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	-	
(10)	 	1 29 w' 1 4 3 3/20 w 23 3 96300 2 44 20 3 7 3 3000 w 30 3 10 3 10 3 10 3 10 3 10 3
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX: Other Assets.	N/A	ル 孝 さ al 編 編集200 (2016) Al (14) (2
Complete if the organization answered	. 'Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des	scription	(b) Book value
(1)		
(2)		
(3)		
(4) (5)		
(6)	<u></u>	
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25
(a) Description of liability (1) Federal income taxes	(b) Book value	
(1) Federal income taxes (2)		
(3)		
(4)		
(5)	-	
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	etrete to the average trade (· 學術···································
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortage processings under FIN 48 (ASC 740). Check here if the text of the footage tax		

Complete if the organization answered 'Yes' to Form 99		•
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0.42
a Net unrealized gains on investments .	. 2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants .	2 c	
d Other (Describe in Part XIII.)	. 2d	
e Add lines 2a through 2d	<u> </u>	2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b.	_ 	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5
Rant XIII Reconciliation of Expenses per Audited Financial State		
Complete if the organization answered 'Yes' to Form 99		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		32*
a Donated services and use of facilities	2a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	fuir &
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 18)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar ine 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also	10 4, Part IV, lines Ib a	and 2b; Part V, provide any additional information.
BAA		Schedule D (Form 990) 2013

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.
 ► 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

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

WORLD MISSIONARY ASSISTANCE PLAN

Employer identification number

95-3711613

Pa	General Information Form 990, Par	tion on Activiti rt IV, line 14b.	es Outside th	e United States. Complet	te if the organization	n answered 'Yes'
1	For grantmakers. Does the the grantees' eligibility for	e organization ma the grants or ass	intain records to istance, and the	substantiate the amount of its selection criteria used to award	grants and other assista the grants or assistance	nce, e? Yes No
2	For grantmakers. Describe i United States	n Part V the organi	zation's procedure	s for monitoring the use of its gra	nts and other assistance of	outside the
3	Activities per Region. (The	e following Part I,	line 3 table can b	pe duplicated if additional space	e is needed)	
	· .	T		T - T	T	
	(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
					RELIGIOUS	
(1)	EAST ASIA			PROGRAM SERVICES	PRINTING	39,282.
					RELIGIOUS	, , , , , , , , , , , , , , , , , , ,
(2)	SOUTH ASIA			PROGRAM SERVICES	PRINTING	97,440.
	SUB-SAHARAN				RELIGIOUS	<u> </u>
(3)	AFRICA			PROGRAM SERVICES	PRINTING	4,159.
	***************************************			TROUBLE DERVIOLE	RELIGIOUS	1,100.
(4)	SOUTH AMERICA			PROGRAM SERVICES	PRINTING	2,687.
(4)	BOOTH AMERICA			I ROGRAM SERVICES	RELIGIOUS	_2,001.
/E \	CENTRAL AMERICA			DDOCDAM CEDUTCEC	1	11 000
(3)	CENTRAL AMERICA	 	ļ 	PROGRAM SERVICES	PRINTING	11,902.
		Į.			RELIGIOUS	
(6)	NORTH AMERICA		ļ	PROGRAM SERVICES	PRINTING	0.
(7)						
(8)			<u></u>			
(9)						
<u>(10)</u>						 _
<u>(11)</u>						
(12)						
<u>(13)</u>						
<u>(14)</u>						
(15)						
(16)						
(17)						
3 a	Sub-total			A. Y. A.	国的基础设施	155,470.
ŧ	Total from continuation sheets to Part I.					
	Totals (add lines 3a and 3b)	0		\$5000 BENEFIT BENEFIT 14478 D	Market State of the second	155 470

Schedule F (Form 990) 2013

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.

(f) Method of valuation (book, FMV, appraisal, other)													
(h) Description of non-cash assistance													Ę,
(g) Amount of non-cash assistance													y the IRS, or for whic
(f) Manner of cash disbursement													ed as tax-exempt by
(e) Amount of cash grant													in country, recogniza
(d) Purpose of grant										-			arities by the foreig
(c) Region	į												e recognized as cha
(b) IRS code section and EIN (if applicable)			A THE RESERVE OF THE PARTY OF T		in Extended	English Control of the Control of th	75 May 1	IV. 250 (American Maria 1982) 12-33.			The second of th		ons listed above that are
1 (a) Name of organization		(3)			ω				(c)		(15) White is the second of the	(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 entitles

BAA

Schedule F (Form 990) 2013

Page 3

95-3711613

WORLD MISSIONARY ASSISTANCE PLAN

Schedule F (Form 990) 2013

Partill 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.

(h) Method of valuation (book; FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BA 38 € 8 ල € 9 9 8 8 9 (1) 6 (22) (13) (14) (15) (<u>9</u>)

TEEA3503L 06/26/13

Sche	edule F (Form 990) 2013 WORLD MISSIONARY ASSISTANCE PLAN	95-3711613	Page 4
Pa	rt/IV∉ Foreign Forms		
1	Was the organization a US 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 C. 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)	ertaın 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 Corporations (see Instructions for Form 5471)	ertain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual 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)	lified 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)	n 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

TEEA3505L 06/26/13

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Yes

X No

Schedule **F** (Form 990) 2013

Part V	(Form 990) 2013 WORLD MISSIONARY ASSISTANCE PLAN Supplemental Information	95-3711613	Page 5
2 a v man a 3 a 68 a 3	Provide the information required by Part I, line 2 (monitoring of funds); F (accounting method; amounts of investments vs expenditures per region method); Part III (accounting method); and Part III, column (c) (estimate applicable. Also complete this part to provide any additional information	Part I, line 3, column (f)); Part II, line 1 (accounti d number of recipients), a (see instructions).	ng as
		· -	
<u>•</u>		·	
	·		
		·	
		·	
		·	
		·	
		·	
	~-~		
-		· 	
		·	

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2013

Open to Public

Department of the Treasury Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	
lame of the organization	Employer ic	Employer identification number
WORLD MISSIONARY ASSISTANCE PLAN		95-3711613

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part [] General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

% [조] ∫Yes

Partelle Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MISSIONS CONSULTANTS INTERNAT 49-950 JEFFERSON ST STE 130 INDIO, CA 92201	94-2997167 501 (C) (3)	501 (C) (3)	5,100.	.0			CHARITABLE CONTRIBUTION
(Z) PAMOJA MINISTRIES 5635 MAIN ST_STE# A245 ZACHARY, LA 70791	27-0341470 501 (C) (3)	501 (C) (3)	5,750.	.0			CHARITABLE CONTRIBUTION
<u>(3)</u>							
(4)							
(<u>6</u>)							
<u></u>							
<u></u>							
(<u>8)</u>					:		
2 Enter total number of section 501(c)(3) and government organizations	and government or		listed in the line 1 table			A	2

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Page 🌊 Schedule I (Form 990) (2013) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Parily Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Method of valuation (book, FMV, appraisal, other) **e** (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Partill BAA 8 က 4 Ŋ 9

95-3711613

WORLD MISSIONARY ASSISTANCE PLAN

Schedule I (Form 990) (2013)

SCHEDULĖ O (Form 990 or 990-EZ)

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.

2013 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 95-3711613 WORLD MISSIONARY ASSISTANCE PLAN FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION DOMESTIC AND FOREIGN MINISTRY OUTREACH. AUDIO AND VIDEO RESOURCES FOR LEADERS FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC. PRESIDENT FRANK R. PARRISH AND VICE-PRESIDENT MAUREEN W. PARRISH ARE HUSBAND AND WIFE. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE BOARD HAS DESIGNATED FRANK PARRISH TO REVIEW THE 990 PRIOR TO FILING, ON THE BOARD'S BEHALF, AND TO SUBSEQUENTLY FORWARD COPIES OF THE 990 TO EACH BOARD MEMBER FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY AT ITS YEARLY BOARD MEETING AND MAKES ANY NECESSARY CHANGES AT THAT TIME FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE ORGANIZATION PREPARED A COMPARABLE SALARY SURVEY, WHICH WAS OBTAINED FROM SEVERAL SOURCES, TO ENSURE REASONABLE COMPENSATION FOR THE EXECUTIVES. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE DOCUMENTS ARE MADE AVAILABLE ON REQUEST. COPIES WILL BE MAILED OR AVAILABLE FOR INSPECTION.

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

WORLD MISSIONARY ASSISTANCE PLAN

95-3711613

PART II, LINE 10 - OTHE	ER INCOME
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NATURE AND SOURCE	2013	2012	2011	2010	2009	
MISCELLANEOUS INCOME	\$ 5,834.	\$ 2,464.	\$ 1,161.	\$ 6,031.	\$ 4,956.	
TOTAL	\$ 5,834.	\$ 2,464.	\$ 1,161.	\$ 6,031.	\$ 4,956.	

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, c	omplete only	Part I and check this box.		<u>► X</u>	
If you ar	e filing for an Additional (Not Automatic) 3-Mo	nth Extension	n, complete only Part II (on page 2 of th	ns form).		
	plete Part II unless you have already been gran					
Associated \	iling (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (nxtension of time to file any of the forms listed in PaWith Certain Personal Benefit Contracts, which ing of this form, visit www.irs gov/efile and clici	nt I or Part II v must be sent	with the exception of Form 88/0, Information to the IRS in paper format (see instruct	n Return for Transfers		
Part I	Automatic 3-Month Extension of Tim	e. Only sul	omit original (no copies needed)			
السباب الساحانسا	on required to file Form 990-T and requesting ar				<u>- </u>	
All other coi	rporations (including 1120-C filers), partnership: returns.	s, REMICs, ai	·			
	Name of exempt organization or other filer, see instructions		Enter mer's identi	• •	ying number, see instructions Employer identification number (EIN) or	
Type or print	ype or			95-3711613		
File by the	Number, street, and room or suite number. If a P O box, see	instructions		Social security number (S	SN)	
due date for filing your	3025 N TARRA AVENUE City, town or post office, state, and ZIP code For a foreign a	ddroop oo rash	alu			
return See instructions	PRESCOTT, AZ 86301	uuress, see msiru	Clions			
Enter the Re	eturn code for the return that this application is	for (file a sep	parate application for each return) .		01	
Application ls For		Return Code	Application Is For		Return Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-B		02	Porm 1041-A		08	
Form 4720 (ı		03	Form 4720 (other than individual)		09	
Form 990-P	·	04			10	
	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other than above)	06	Form 8870		12	
Telephor If the ore If this is check the exter 1 I reque	ts are in the care of FRANK PARRISH The No (928) 515-2404 The ganization does not have an office or place of the for a Group Return, enter the organization's form is box If it is for part of the group insign is form is form is a corporation is form is a sutomatic 3-month (6 months for a corporation is 120 14), to file the exempt or 130 140 is a sign in the care of the group insign is form.	ousiness in the our digit Group , check this be on required to	ox Fand attach a list with the natifile Form 990-T) extension of time	f this is for the whole ames and EINs of all i	J 1 /	
The ex	ktension is for the organization's return for	-	5			

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Initial return

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

tax year beginning _____, 20 ___, and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason

X calendar year 20 13 or

Change in accounting period

Final return