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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

		f the Treasury nue Service	▶ Information abou	it Form 990 and its inst	ructions is at	www.irs.o	ov/form99	J. D.	Inspec	tion
			ndar year, or tax year beginning				FEBRUA			
В		applicable	C Name of organization FunDAm						er identification n	umber
	Address		Doing Business As				-,,		-160319	
	Name ch	-	Number and street (or P O box if	mail is not delivered to stree	t address)	Room/suite	,	E Telephor		
	Initial ret	•	P.O. Box 34	1356		}	ļ	901	-873-214	6
	Termina		City or town, state or province, co		stal code					
	Amende	· .	MEMPHIS T	N 38184-1	1356			G Gross re	eceipts \$ 1,907	,780
	Applicat	on pending	F Name and address of principal off	cer					subordinates? Yes	
		,	ERNEST C. GAN	IBRELL			1		s included? Tes	
ī	Tax-exe	mpt status	✗ 501(c)(3) ☐ 501(c		4947(a)(1) or	<u></u> 527	If "N	o," attach a	list (see instruction	ıns)
J	Website	e: >					H(c) Group	exemption	number ►	
K	Form of	organization	Corporation Trust Assoc	iation ☐ Other ►	L Yea	ar of formatio	n 1995	M State	of legal domicile	TN
P	art I	Summ	ary							
	1		escribe the organization's mis				missio	نمام	to i 1)	ud_
ce		mis	signation in Linar	cal and regu	latorys	matter	0;2)	serve	missio	rarie
Governance)	in a	reas of liaison ly	tween the so	noisan	ary a	nd how	eign s	zovernm	ents;
ver	2		is box ▶☐ if the organization	•		sposed of	more than	25,% of	its net assets.	,
ဗ္ဗ	3		of voting members of the gov					3		
ళ	4		of independent voting memb					4	10	
ţį	5	Total nun	nber of individuals employed	in calendar year 2013	(Part V, line	2a) .		5	2	
Activities &	6	Total nun	nber of volunteers (estimate i	f necessary)				6	0	
ĕ	7a		elated business revenue fron					7a	0	
جبـ	b	Net unrel	lated business taxable incom	e from Form 990-T, lir	ne 34	· · · · ·	<u></u>	7b	0	
2014						<u> </u>	Pnor Ye		Current Y	
~ 3	8		tions and grants (Part VIII, lin				1,903	030	1,906,	007
	9	_	service revenue (Part VIII, lin			· ·	2	370		<u>645</u>
} }	10		ent income (Part VIII, column			· ·		579	<u> </u>	128
5	11		enue (Part VIII, column (A), li			· _	(0		o
T	12		enue-add lines 8 through 11			ne 12)	1,905	979	1,907	780
)	13		nd similar amounts paid (Par			· ·	1,851	492	1,874,	988
	14		paid to or for members (Part			_ : : _	3	550	3;	874
es	15		other compensation, employe	•	-	5–10)	<u> </u>	785		<u> 244</u>
Expenses	16a		onal fundraising fees (Part IX,				POWER TOWN, WILLIAM TO A	0	Canada Maria Property as a second	<u> </u>
ğ	b		draising expenses (Part IX, c				第5.44	学の機関	A CALL OF STREET	07.7
ш	17		penses (Part IX, column (A), I			.· · -	41	122	41,	882
	18		penses. Add lines 13-17 (mus		n (A), line 25	ō) · _	1,404	1944	1, 434	043
	19	Revenue	less expenses. Subtract line				eginning of Cu	030	7 26,	263
S OF		-	. (5 .) (1	KECEIVE		B	aginning or Cu	37/	End of Ye	ar ·
Sset	20		sets (Part X, line 16)		S	· · _	<u> 22</u>	3/1	175	915
Net Assets Fund Balanc	21	i otal liac	oilities (Part X, line 26)	The 21 Homain 8 28 0		· ·	701	141	137	740
				Mine 21 Tromaine 20.0		•	206	230	L	761
	art II		ture Block	0005111						
Ur tru	nder pena ie. correc	alties of perju et. and comp	ry I declare that I have examined the Declaration of preparer (other th	s return, including acrompa an officer) is based on alPinit	nying schedules	s and statem ch preparer h	ents, and to ti nas any knowl	ne best of r edge	ny knowledge and	Deliet, it is
-	-,			7	<u> </u>					
Sig	an		nature of officer	neel			Da	te		
He	_	l Oigh		001	DQF	SIDEN				
	0	Type	e or print name and title	out q	7710	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-			
_			/pe preparer's name	Preparer's signature	· · · · · ·	Date		J	PTIN	
	aid	1 -	• • •	, , , ,				Check (」 	
	epare		name •				E	n's EIN ▶		
Us	se On		address >					ne no		
Ma	ay the li		s this return with the prepare	r shown above? (see i	nstructions)				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s No
	<u> </u>		ection Act Notice, see the sepa		 ′	Cat No	11282Y			990 (2013)

For Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

including grants of \$

(Expenses \$

Form 990			F	age 3
Part I	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	χ	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		λ
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	<u> </u>	X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	X	X
14 a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170	_	<u> </u>
_	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20 a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	. gar) (2013)

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Χ	·
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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		Χ
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	Χ	
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):		严强	7.54 1.55 1.54 1.54 1.54 1.54 1.54 1.54 1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		For	ո 99 0	(2013)

Part	- · · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
10	Cutanth and an arrandol to Box 2 of E are 1000 Enter 2 if and and thought	डिल्ड	Yes	No Tale and
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	¥ Y	-
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	\$ "F.E.	愈	
	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	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	, 30°, 4°, 5°		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
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		x
ь	If "Yes," enter the name of the foreign country: ▶	-70 	1 30.00	7.79
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			- 1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		- 1) A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or aifts were not tax deductible?	6ь	1	Alk
7	gifts were not tax deductible?		₫q". j-	. 3
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	+	1	
	and services provided to the payor?	7a		X X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		114
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- "- " '	٠ <u>٣</u>	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		14
g 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	11.3	5.1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1	-	:
	organization, have excess business holdings at any time during the year?	8		N
9	Sponsoring organizations maintaining donor advised funds.		Er .	ر لغت
a	Did the organization make any taxable distributions under section 4966?	9a		N
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	町,	NI
a	Initiation fees and capital contributions included on Part VIII, line 12	3.0		10
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities NA 10b			3
11	Section 501(c)(12) organizations. Enter:	1		4
а	Gross income from members or shareholders	1		5 0 c.
b	Gross income from other sources (Do not net amounts due or paid to other sources	24.3		- A
	against amounts due or received from them.)	1	W	الم أنست
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a	i.y#~ . ¥	N
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . A 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
is a	Is the organization licensed to issue qualified health plans in more than one state?	13a	kain ir.	ווא
a	Note. See the instructions for additional information the organization must report on Schedule O.	77.	14. Fr.	MATERIAL PROPERTY OF THE PARTY OF THE PARTY
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		1
	the organization is licensed to issue qualified health plans		基企	
C	Enter the amount of reserves on hand			雑額
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	الم الم
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	N
		Forr	n 990	(2013)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		
	Check if Schedule O contains a response or note to any line in this Part VI		
Section	on A. Governing Body and Management		<u>· •</u>
	on a dovorning body dive menegation	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> X</u>
6 7a	Did the organization have members or stockholders?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a 🗶	\
ь	Each committee with authority to act on behalf of the governing body?	8b	NA
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Coae. Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	MIN
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	- 25.7.3
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 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	12c X	
13	Did the organization have a written whistleblower policy?	13 🗶	
14 15	Did the organization have a written document retention and destruction policy?	14 X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		444
b	with a taxable entity during the year?	16a	X
	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	الد
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE		
17 18	List the states with which a copy of this Form 990 is required to be filed \(\) \(n 501(c)(3)	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: FRNEST (GAMBRELL 6394 MAIN ROAD (LWY) MILLING		N 38052

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any related	d orga	aniz	atıo	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	box, u	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or director of the director of directo			an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)		Institutional trustee	er	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DR. ERNEST C. GAMBRELL CORPORATE PRESIDENT	40,0	/		\				42,596	O	0
(2) REV. JIM GATLIN SECRETARY	0.5	/						0	0	0
(3) MR, JEFF FUTRELL TREASURER	<i>a</i> . o	/						٥	0	0
(4) REV. EDDIE CHAMPION BOARD MEMBER	0.5	/						0	0	0
(5) REI, DALE COFFEY BOARD MEMBER	0.25	~						0	0	0
(6) REV. DAVID PITTMAN BOARD MEMBER	0.25	/						0	٥	0
(7) REV. FREEMAN WEEMS BOARD MEMBER	0,5	✓						D	ð	ð
(8) REV. MARTY WYNN BOARD MEMBER	0.25	/						0	0	0
(9) REV. KEVIN BROYHILL BOARD MEMBER	0.25	/						0	0	0
(10) REV. FINLEY CUTSHAW BOARD MEMBER	1.0	1						D	0	٥
11) REV. STEVE MOTES BOARD MEMBER	0,25	/		:				D	0	0
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (d	continued)	_
					(0	-			İ			
	(A) (B) Position (do not check more that			than c	ne	(D)	(E)	(F)				
	Name and title			rson	ıs both	an	Reportable	Reportabl				
		hours per week (list any			_		or/trust	·	compensation from	compensation related	from amount of other	
		hours for	or di	Insti	Officer	⊼	ang Hgt	Former	the	organizatio		
	-	related organizations	re du	Į.	ğ	Key employee	loye	e	organization (W-2/1099-MISC)	(W-2/1099-M	from the organization	
		below dotted	[현라	mai		힣	# Sq		(,		and related	
		line)	Individual trustee or director	nstitutional trustee		8	per				organizations	
			ď	stee			Highest compensated employee					
					_		_ <u>a</u> _			-		_
(15)									1			
			<u> </u>					ļ				_
(16)		 										
					_			_				
(17)		ļ	l									
						<u> </u>	 -					_
(18)												
							 				-	_
(19)		 			ļ		1					
				ļ		ļ	<u> </u>			-		
(20)												
				ļ								—
(21)		<u> </u>	ļ									
		-		ļ	_							
(22)		ļ	ļ		1	1						
-		 	<u> </u>		-			<u> </u>				_
(23)		 			ļ							
-		-	<u> </u>	ļ.—		_	1					—
(24)		ļ	ł		ļ	1						
			-	<u> </u>	<u> </u>	 	-					—
(25)			1	ŀ								
		L	J	ļ			L	Ļ	115 = 0.1			
1b	Sub-total			•	•	•			42,596	0		—
C	Total from continuation sheets to Part			•	•				115 001			
d	Total (add lines 1b and 1c)	<u></u>		<u>.</u>	•		• •	<u> </u>	42,596	5	0	—
2	Total number of individuals (including bu		d to th	nose	e lis	ted	abov	e) w	/ho received m	ore than \$1	00,000 of	
	reportable compensation from the organ	ization >										_
	Did the constitution but any former of	Hinar direc	+0-	~r +ı	ruct		leou i	. m.	alovoo or bigh	oct compo	Yes No	∵ ≱
3	Did the organization list any former of employee on line 1a? If "Yes," complete							em	bloyee, or fligh	iest compe		
_	• •							· 		, , ,	· · 3 X	- स्था
4	For any individual listed on line 1a, is the	e sum of re	ропа	DIE	con	npe	nsauc	on a	and other comp	pensation in	om the	
	organization and related organizations	greater th	an p	I DU	,000	ויינ	, ,,	S,	complete Sci	ledule J 10		<u> </u>
			· ·	•	*:	· ·	 	·		 	dividual	€ : 1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	insa Ioto	tion	tro	m any	y ur	related organi:		Sand Sand	-
		rii res, c	Jone	iete	SUI	160	uie J	101	Such person		· · 5 X	
	on B. Independent Contractors										A+00.000 f	_
1	Complete this table for your five highest	compensat	ea in	aep	end	ent	Conti	ract	ors that receive	ed more tha	the ergenization's tax	
	compensation from the organization. Re	port compe	ensau	on i	or t	ne c	alenc	iai	year ending wi	III OF WILLIII	the organization's tax	
	year.							_				_
	(A) (B) (C) Name and business address Description of services Compensation											
				V	· ·	(/^	_	┼-				_
	ROBERT MICKEY (MISSIANARY TO KENYA) PHILIP BROWN (MISSIANARY CHURCH PLANTER					-	MISSIONA			<u> </u>		
	PHILIP BROWN (MISSION)		uKC	11	<u> </u>	· / / /	JI EK	4	MISSLOW	ARY	100,087	*
	IN MON	174WA)					_	\vdash				_
			-					\vdash				
	* NCLUDED IN PART 1	K LIN	<u>e y</u>			Bee 1	ا اما	<u>L.</u>	!!_#. ! ·		TO MAN AND THE COMMANDER COMMAND	₩ 19
2	Total number of independent contract							o ti		ove) who		<u></u>
	received more than \$100,000 of comper	sation from	tne c	orga	nıza	tior			ュ		は他の表現を表現を表現を行う	F

Part	VIII	Check if Schedule O	-	rosponse or note t	o any line in this	Dort VIII		
	, , , , , , , , , , , , , , , , , , ,	Officer in Officer of	Contains	response of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[1b				r ,
s, G	С	Fundraising events .	[1c				
Gifts, ilar Ar	d	Related organizations	[1d				
in is	е	Government grants (con		1e				
tior r S	f	All other contributions, gi			ができる意	Har James States	是性學。因此一	
the ib		and similar amounts not inc	luded above [11 1,906,007			海煙。中人	
Contributions, and Other Sim	g	Noncash contributions include	led in lines 1a-	1f: \$	[독 _문 화 등 한국 : 제한 기교]	1,100	14 For (18)	5, , , , , , , , , , , ,
a C	h	Total. Add lines 1a-1	f <u></u>		1,906,007		4-23	
ne		-		Business Code	7			
Program Service Revenue	2a	TRAINING RE	VENUE		1,645	1,645		
æ	b				, ,			
/ice	С							
Sen	d							
E .	e							
ogra	f	All other program sen	vice revenu	e				
P	g	Total. Add lines 2a-2	<u>f</u>	<u> ▶</u>			是自身被发展的	3 1
	3	Investment income						
		and other similar amo	•		128			128
	4	Income from investment	t of tax-exen	npt bond proceeds ►				
	5	Royalties	(i) Real	<u> </u>				
			(i) Real	(ii) Personal	eta bar e la la			
	6a	Gross rents			135 W 12 1 12	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The state of the s	
	b	Less: rental expenses						
	С	Rental income or (loss)			* 7.5	4		· · · · · · · · · · · · · · · · · · ·
	d	Net rental income or (<u>, , , , , , , , , , , , , , , , , , , </u>	- W 10 April 2 / 2	ļ	- 12 m - 20 m -	
	7a	Gross amount from sales of	(i) Securiti	es (II) Other		The state of the s	m 1736 T. ""	
	}	assets other than inventory						[[a]
	b	Less: cost or other basis				The same of the sa	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4 pg
		and sales expenses .			特殊を表現してはない	36.5	No. of the last of	
	C	Gain or (loss)	L		Park and the second of the second			
	d	Net gain or (loss) .		<u> </u>	things, those in the fact the		THE RAY OF LAST TURE TO THE	<u> </u>
o o	_							
2	8a	Gross income from fu	indraising					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
e ve		events (not including \$		· z-	Egipting delta.	the property of	The state of the	-
ŭ		of contributions reported See Part IV, line 18			ا السَّرِيَّ الْأَرْبِ	1 1 1		
Other Rev						1 . s . s . s . s . s . s . s . s . s .		
ŏ	b	Less. direct expenses					L'YELER TOLL	
	C	Net income or (loss) f Gross income from ga			Tat and the same of the same		1	n (;
	94		ining activit		THE PARTY OF THE P			1.55
		Less: direct expenses		. b				
	b	Net income or (loss) f				,		
	10a	Gross sales of in				, '', " " ' ' ' ' '	· 1/2 11/2 12/2 13/2 14/2	
	104	returns and allowance		. a		GARAGE TO A	17年4月成2日	The second of the
	h	Less: cost of goods s				经现代等的		47 5 4 4 4
	b	Net income or (loss) f			The state of the s		The state of the s	2-11-1 - 7 - 11-17 - 1-1
	ب	Miscellaneous F		Business Code	west,		7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11a					 	/ <u>- 15 3 - 7 - 7</u>	l
	b				1			
	C				1			-
	d	All other revenue .						
	e	Total. Add lines 11a-	11d .	 •	 	Jan 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	宝宝整点	7- 7- 7
	12	Total revenue. See in			1,907,780		V 400	128
						· · · · · · · · · · · · · · · · · · ·	·	Form 990 (2013)

Part	X Statement of Functional Expenses	-1-4II1: A	II athan amagination	a must complete oo	human (A)
Section	n 501(c)(3) and 501(c)(4) organizations must com				
<u> </u>	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,	(A)	(B)		(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	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	1,812,711	1,812,711		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	62,277	62,277		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3,874	3,874	The state of the s	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	12, 380		12 ₁ .380	
9 10 11	Other employee benefits	919		919	
a b c	Management				
d e f	Lobbying			And the second of the second o	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14	Advertising and promotion	10,766		10,766	
15 16	Royalties	4,355		4,355	
17 18	Travel	217		211	
19 20	Conferences, conventions, and meetings . Interest	1,764	1,764		
21 22	Payments to affiliates	4,866		4,866	
23 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 b c	(A) amount, list line 24e expenses on Schedule O.) REPAIRS PRESS EXPENSE CHURCH PLANTING	4,700 4,199 10,547	4,199	4,700	医水管壁 医二等组 线。
d e	MINOR EQUIPMENT All other expenses	468		468	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,934,043	1,895,372	38,671	
	organization reported in column (B) joint costs from a combined educational campaign and fundamped sollicitation. Check here If				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	irt X		· · · · · <u>X</u>
			(A) Beginning of year		(B) End of year
\neg	1	Cash—non-interest-bearing	75	1	75
	2	Savings and temporary cash investments	153,186	2	119,021
	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	
s.	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	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	Aller of the state of	5 64	A Sept 1
		other basis. Complete Part VI of Schedule D 10a 167, 758			哈霍尔尔 。2014
	b	Less: accumulated depreciation 10b 90, 439	79.110	10c	76,819
	11	Investments—publicly traded securities	. 11	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)	232.371	16	195.915
	17	Accounts payable and accrued expenses	201	17	296
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		1	
iab		disqualified persons. Complete Part II of Schedule L		22	<u>-</u>
	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	25940	25	15,652
	26	Total liabilities. Add lines 17 through 25	26,141	26	15/04/2
sa	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		1 (通過	13,176
ĕ	27	Unrestricted net assets	147 1179	27	122.800
<u>a</u>	28	Temporarily restricted net assets	62 753	28	51/167
<u>2</u>	29	Permanently restricted net assets	- 65 ₁ 150	29	<u> </u>
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		2.3	
Ş	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Yet	33	Total net assets or fund balances	206,230	33	179,967
_	34	Total liabilities and net assets/fund balances	232,371	34	195,915
			, ,		Form 990 (2013)

	4	\mathbf{a}
Page	-1	_

	-)				
Part					
	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	1,907,	<i>180</i>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1, 934	043	;
3	Revenue less expenses. Subtract line 2 from line 1	3 <	26,	26 <u>3</u> `	>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,0	230	/
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	179,9	67	
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," ex	plain in			
	Schedule O.			100	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com			3.3	
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	又	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		4.7	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight		2000-01-12-12	
•	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		M
	If the organization changed either its oversight process or selection process during the tax year, e	kplain in		9	·
	Schedule O.	•			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	A STREET	WICE-STALLS	
Ja	the Single Audit Act and OMB Circular A-133?		3a	1 1	
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not und			+-	
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		NI
			Form 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name	of the organization					1		mployer id			
			15T WORLD			35/0N		62		<u> 3193 </u>	
Pai			rity Status (All orga						nstructio	ons.	
The o			tion because it is: (Fo								
1			nes, or association of			ed in sect	tion 170(b)(1)(A)(i)	•		
2			170(b)(1)(A)(ii). (Attac					•			
3			spital service organiza							,,,, <u>,,</u> ,,	
4			n operated in conjunc	ction with	a nospit	ai descrit	ea in se	ction 1/U	(A)(T)(Q)	(III). Enter the	
_		e, city, and state									5-72
5	section 170(b)(1)(A)(iv). (Comp							/ernment	ai unit describe	a in
6			ment or government						·	_ 1	
7		•	receives a substantia		its suppo	ort from a	governn	nentai un	it or iron	n the general pu	DIIC
_			(A)(vi). (Complete Par		- L 4 - D						
8	,		n section 170(b)(1)(A)								
9			receives: (1) more that I to its exempt funct								
			nt income and unrel								
			fter June 30, 1975. Se						1 511 14	x) IIOIII busines	1303
10	•	-	operated exclusively						4)		
11			d operated exclusive							or to carry out	the
• •	purposes of o	ne or more pub	licly supported organ	nizations	describe	d in secti	on 509(a)(1) or se	ction 50	9(a)(2). See sec	tion
			describes the type of								
	a ☐ Type I	b ☐ Type	II c ☐ Type III	I-Functio	nally inte	grated	d □1	Гуре III-N	lon-funct	ionally integrate	d
е		/	that the organization		-	_					
			ers and other than one								
	or section 509	(a)(2).									
f	If the organiz	ation received a	written determination	on from	the IRS t	that it is	a Type	I, Type I	l, or Typ	e III supporting	J
		check this box .	· · · · · · ·								
g			he organization accep	pted any	gift or co	ontributio	n from a	ny of the			
	following pers										
			ndirectly controls, eith					described	d in (ii) ar		No
	• •		ody of the supported							11g(i)	
			on described in (i) abo							11g(ii)	
			a person described in							[11g(III)	—
h		· · · · · · · · · · · · · · · · · · ·	on about the support	T		1				[6.17] A	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your	the organ	ou notify nization in	organizat	s the ion in col	(vii) Amount of mon support	etary
	J		above or IRC section	governing	document?		of your oort?	(i) organii	zed in the S ?		
		İ	(see instructions))	Yes	No	Yes	No	Yes	No	†	
				1	<u> </u>					 	
(A)											
(B)											
	· · · · · · · · · · · · · · · · · · ·			-	 				<u>-</u>		
(C)											
(D)											
(E)											
				- S. J. S. S. S.							

NIA

	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support				<u> </u>		
Calen	dar 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	2002 420 200				N. Laboration	
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.		第四十二年		1. 清明明	では、神経に	
	on B. Total Support		,	T	,	,	
	dar 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			We Fig.		N. CHEST.	
12	Gross receipts from related activities, etc					12	5544 (10)
13	First five years. If the Form 990 is for t						
	organization, check this box and stop he			• • • •		· · · · ·	
	on C. Computation of Public Suppo			14 1 (6)		[44]	0/
14	Public support percentage for 2013 (line					14	<u>%</u>
15 16a	Public support percentage from 2012 Sc 33 ¹ / ₃ % support test—2013. If the organ	riedule A, Part	check the box	on line 13 an	 d line 14 is 331	1 '- 1	
10a	box and stop here. The organization qua						
b	331/3% support test—2012. If the organic check this box and stop here. The organic	anization did no	ot check a bo	x on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the torganization	eets the "facts- 'facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box ai ation qualifies	nd stop here. E as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization is supported organization	ation meets the meets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 7	test, check ti The organizatio	nis box and st on qualifies as a	op here. a publicly
18	Private foundation. If the organization of instructions	did not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	k this box and	

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

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	on A. Public Support						
Calen	dar 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.")	1,697,574	1,782,079	1,760,916	1,903,030	1,906,007	9,049,606
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	780	1,025	1,420	<i>2</i> ,370	1,645	OV
3	Gross receipts from activities that are not an	,		_	_	_	-
	unrelated trade or business under section 513	0		O_	0	0	
4	Tax revenues levied for the						
	organization's benefit and either paid	i	5		_		
	to or expended on its behalf		0	0	0	0	O
5	The value of services or facilities	1					
	furnished by a governmental unit to the		0	٥		٥	\sim
	organization without charge	0			0	_	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6	Total. Add lines 1 through 5	1,698,354	1,783,104	1,762,336	1,905,400	1,907,652	9,056,846
7a	Amounts included on lines 1, 2, and 3					U	•
	received from disqualified persons .	0	Ö	0	U .	0	
þ	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		0	0	၂	_	(0
	•	0	3	\sim	5	0	\sim
8 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support	Self-partition of the self-self-self-self-self-self-self-self-	AND MANAGEMENT AND AND AND AND AND AND AND AND AND AND	TABLE RESIDENCE SERVICES AND ACTOR.	Par the sales - The Spacetic State Co.	- The Carlot of the Control of the C	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1.698,354	1.783.104	1,762,336	1,905,400		9,056,846
10a	Gross income from interest, dividends,	1101921	1,1,2-1,1	1,150	17,,	1 1 2 3 1 2 2 3	-141
	payments received on securities loans, rents,	1					
	royalties and income from similar sources .	1,976	1,543	1,068	579	128	5,294
b	Unrelated business taxable income (less	7	1,	7			,
	section 511 taxes) from businesses	_					
	acquired after June 30, 1975	0					
С	Add lines 10a and 10b	1,976	1,543	1,068	579	128	5,294
11	Net income from unrelated business	'	,	,			
	activities not included in line 10b, whether						O
	or not the business is regularly carried on	0	D	0	0	0_	Ų
12	Other income. Do not include gain or						
	loss from the sale of capital assets	0					\cap
40	(Explain in Part IV.)	<u> </u>	0	0	 	<u> </u>	<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12.)	1 700 220	1781/119	171.7 11011	1005070	1007-190	9062140
4.4	First five years. If the Form 990 is for t						
14	organization, check this box and stop he						•
Sact	ion C. Computation of Public Suppo						<u> </u>
15	Public support percentage for 2013 (line			3. column (fl)		15	99,94 %
16	Public support percentage from 2012 Sc					16	99.89 %
	ion D. Computation of Investment In			-	<u> </u>		
17	Investment income percentage for 2013			y line 13, colu	mn (f))	17	0.06 %
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17			18	0,11 %
19a	331/3% support tests-2013. If the organ	nization did not	check the bo	x on line 14, a	nd line 15 is n	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organi	ization did not d	check a box on	line 14 or line	19a, and line 10	6 is more than 3	33½%, and
	line 18 is not more than 331/3%, check this						
	Private foundation. If the organization d	lid not chack a	hay on line 14	10a or 10h	chack this hav	and see instru	ctions >

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of	the organization
F	UNDAMENTAL BAPTIST WORLD-WIDE MISSION INC. 62-1603193
Pari	
MI	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.
-/ 	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year
	Aggregate contributions to (during year) .
	Aggregate grants from (during year)
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised
3	funds are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose
Dort	conferring impermissible private benefit?
Per	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization (check all that apply).
1	
	Preservation of land for public use (e.g., recreation or education)
	Protection of natural habitat Preservation of a certified historic structure
_	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
	easement on the last day of the tax year.
а	Total number of conservation easements
b	Total acreage restricted by conservation easements
C	Number of conservation easements on a certified historic structure included in (a) 2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a
_	historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
	tax year ▶
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
	>
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
	> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.
Part	
-N	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
1a	⁴ If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide the following amounts relating to these items:
	(i) Revenues included in Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	(ii) Assets included in Form 990, Part X
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Revenues included in Form 990, Part VIII, line 1
	Assets included in Form 990, Part X

Part	Organizations Maintaining	Coll	ections of	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (continued)
MA3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther recor	ds, chec	k any of the	follow	ring that are a si	gnificant use of its
a b	☐ Public exhibition☐ Scholarly research			d	☐ Loan ☐ Other	or exchange		ams	
	Preservation for future generations			6			-		
4	Provide a description of the organiza		collections	and expla	in how t	hev further t	he ora	anization's exem	nt nurnose in Part
-	XIII.	uon 3	Collections	and explo		noy luition t	ino org	anization 3 exem	ipt purpose iii i art
5	During the year, did the organization assets to be sold to raise funds rather								
Part									
7	TIA Complete if the organization			" to Forn	n 990, P	art IV, line	9, or r	eported an am	ount on Form
<u></u>	ls the organization an agent, trustee	Ouet	odion or oth	or interm	odian, fo	or contributi	one or	other assets no	<u> </u>
ıa	included on Form 990, Part X?								່ ∐ Yes ∏ No
- b	If "Yes," explain the arrangement in P								□ 162 □ 140
J	ii res, explain the arrangement in r	art An	i and compi	cic inc io	nowng n	abio.		Ār	nount
С	Beginning balance						10		
d	Additions during the year						1d		
e	Distributions during the year						1e	 	
f	Ending balance						1f		
2a	Did the organization include an amou								☐ Yes ☐ No
b	If "Yes," explain the arrangement in P						orovide	ed in Part XIII .	🗆
Par	t V Endowment Funds.								
	Complete if the organization	ansv	wered "Yes	" to Forr	n 990, P	art IV, line	10.		
7			Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
Ū	programs		·						
f	Administrative expenses								•
g	End of year balance			<u> </u>					
2	Provide the estimated percentage of		ırrent year e	nd balanc	e (line 1g	, column (a)) held a	as:	
а	Board designated or quasi-endowme			%					
b	Permanent endowment	%							
С	Temporarily restricted endowment		%						
	The percentages in lines 2a, 2b, and					_4 [_ 1_1 _			_
За	Are there endowment funds not in the	e pos	session of t	ne organi	zation tri	at are nelo a	and ad	ministered for th	
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
L	(ii) related organizations If "Yes" to 3a(ii), are the related organ						• •		3a(ii)
4	Describe in Part XIII the intended use	s of th	ns iisteu as i ne organizati	on's endo	wment f	unds.			30
	t VI Land, Buildings, and Equi								
. (41	Complete if the organization			" to Forr	n 990. F	Part IV. line	11a. S	See Form 990.	Part X. line 10.
	Description of property		(a) Cost or o			or other basis		Accumulated	(d) Book value
			(investri	nent)	(0	ther)	de	epreciation	
1a	Land				10	500	1		70,500
b	Buildings				124	742	1,44 7 4 14 14 14	62,040	62.702
c	Leasehold improvements			<u>.</u>	_ ``				
d	Equipment	•			38	2,517		28,900	3,617
<u>e</u>	Other	•		200 5 13		- (7) /			7/ 010
Total	. Add lines 1a through 1e. (Column (d)	must e	equal Form 9	190, Part	k, columi	າ (<i>ʁ), Iine</i> 10	(C).)	<u></u>	16,814

Part VII	Investments – Other Securities. Complete if the organization answ	vered "Yes" to Fo	m 990. Part IV. line	e 11b. See For	rm 990. Part X. line 12.
1110	(a) Description of security or category	10,04 100 1010	(b) Book value	(c)	Method of valuation
NA	(including name of security)			Cost or	end-of-year market value
(1) Finàncial					
(2) Other	neld equity interests				
(A)					
(B)					
(C)					
(D) -					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	<u> </u>	3.4	
Part VIII	Investments—Program Related Complete if the organization answ		rm 000 Part IV line	110 Son For	cm 000 Part V line 12
WIT	(a) Description of investment	vered res to ro	(b) Book value		Method of valuation
	(a) Description of investment		(b) Book value		end-of-year market value
					· · · · · · · · · · · · · · · · · · ·
(1)					
(2)			 		
(4)					
(4)					
(5)					
(5) (6)					
(5) (6) (7)					
(5) (6)					
(5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			7. 3.	
(5) (6) (7) (8) (9)	Other Assets.				
(5) (6) (7) (8) (9) Total. (Column (·	wered "Yes" to Fo	rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answ	wered "Yes" to Fo	rm 990, Part IV, line		
(5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX	Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3)	Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4).	Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4).	Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4). (5) (6) (7)	Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8)	Other Assets. Complete if the organization answ		rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ) Description	rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answ (a)) Description	rm 990, Part IV, line		rm 990, Part X, line 15.
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) (a) (a) (b) must equal Form 990, Part X, co	Description Discription Discription		e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ	Description Discription Discription		e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answ (a) (a) (a) (b) must equal Form 990, Part X, co	Description Discription Discription		e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answ (a) (a) (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25.	ol. (B) line 15) wered "Yes" to Fo		e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal III	Other Assets. Complete if the organization answ (a) Imn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15) wered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal III (2) Null (3)	Other Assets. Complete if the organization answ (a) (a) (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	DI. (B) line 15) Wered "Yes" to Fo (b) Book value	rm 990, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answ (a) Imn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	DI. (B) line 15) Wered "Yes" to Fo (b) Book value	rm 990, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
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(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answ (a) Imn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	DI. (B) line 15) Wered "Yes" to Fo (b) Book value	rm 990, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answ (a) Imn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	DI. (B) line 15) Wered "Yes" to Fo (b) Book value	rm 990, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answ (a) Imn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	DI. (B) line 15) Wered "Yes" to Fo (b) Book value	rm 990, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (Part IX N) A (1) (2) (3) (4). (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal II (2) Null (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) Imn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	DI. (B) line 15) Wered "Yes" to Fo (b) Book value	rm 990, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15. (b) Book value

Page	

Part	XI Reconciliation of Revenue per Audited Financial S	tatement	s With Revenue per	Return.
Δ/	A Complete if the organization answered "Yes" to Form			
-{V	Total revenue, gains, and other support per audited financial state			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			4350
a	Net unrealized gains on investments		a	
b	Donated services and use of facilities	_		
	Recoveries of prior year grants		c	
c d	Other (Describe in Part XIII.)		d	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line			
a	Investment expenses not included on Form 990, Part VIII, line 7b		a	
a b	Other (Describe in Part XIII.)		b	
_	Add lines 4a and 4b		- 1	4c
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pa			5
	XII Reconciliation of Expenses per Audited Financial			
Fell	A Complete if the organization answered "Yes" to Form			or rictain.
				1 4
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
2	Donated services and use of facilities	ı	a	
a	Prior year adjustments		<u>а</u>	
b	Other losses		c	
d C	Other losses		d	
ď	Add lines 2a through 2d			2e
e	Subtract line 2e from line 1			3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1	ì		
4	Investment expenses not included on Form 990, Part VIII, line 7b		a	
a	Other (Describe in Part XIII.)		b	
b				
_	Add lines 4s and 4h			1 40 1
	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I			5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I XIII Supplemental Information.	Part I, line 1	8.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	Part I, line 1 es 1a and 4	8.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, IXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Part I, line 1 es 1a and 4 this part to	8.)	5 p; Part V, line 4; Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	Part I, line 1 es 1a and 4 this part to	8.)	5 p; Part V, line 4; Part X, line information.
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, IXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, I Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, Illines 2d and 4b; and Part XII, lines 2d and 4b. Also complete 1	Part I, line 1 es 1a and 4 this part to	8.)	5; Part V, line 4; Part X, line of the order

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Inspection

Employer identification number

_ E	UNDAMENTAL A General Information	BAPTIST	WORL	D-WIDE MISSION	VINC 62-	1603193
Part	General Information Form 990, Part IV, line	on Activiti 14b.	es Outside t	the United States. Comp	olete if the organization answ	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization gibility for the		sistance, and the selection		©Yes □No
2	For grantmakers. Describe assistance outside the Unite	ed States.				s and other
3	Activities per Region. (The fo					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENT	EXPENSES	48.621
(2)	MORTH AMERICA	0	0	GRANTS TO RECIPIENTS	CHURCH PLANTING EXPENSES	48 ₁ 621 13,656
(3)						,
(4)				_		
(5)			_			
(6)						
_ (7)						
(8)		ļ				
(9)		<u> </u>				
<u>(10)</u>						
(11)						
(12)						
(13)	· · · · · · · · · · · · · · · · · · ·					
(14)						
(15)						
(16)				-		
(17)						
3a b	Sub-total Total from continuation sheets to Part I					62277
_	Totale (add lines 3s and 3h)		1	1 (4) 1 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		1777

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. PartII

-	(a) Name of	(A) IDS code	(-)	19 of AN IDS count of AN DE count of AN DE COUNT OF AN OWNER OWNER OF AN OWNER	(of Amount of	(f) Manner of	(g) Amount of		(i) Method of
	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	non-cash assistance	(n) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
Ξ			NORTH AMERICA	CHURCH PLANTING EXP.	13,656	C#ECK	, 9	AIA	N/A
(3)							:		
(2)									
<u>4</u>				•					
<u> </u>				,					
9									
ε									
(8)									•
6							,		
(10									
(3)									
(12)									
(13)									
(14)									
(15)									
(16)									
,									

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

N

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013

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. Part III

(a) Type of grant or assistance	<u> </u>	(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) LIVING & WARK	MIDDLE EAST & NORTH APRICA	7.	129'87	CHECK	> 0>	h/h	N/A
(2)							
(3)							
(4)							
(5)							
(9)							
6							
(8)							
(6)		1					
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Scho	Schedule F (Form 990) 2013

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

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
PART 1 LINE 3
1) Middle East & North Africa - There was reporting to
U.S. sponsoring churches and to
the organization by the recipient.
A field trip was made by an
American postor [member of the
board of directors of the organization
the organization by the recipient. A field trip was made by an American postor [member of the board of directors of the organization to verify work in a prior year.
2) North America - There was monitoring by the organization through verbal communication via telephone and field visits by another missionary affeliated with the organization to ensure the church planting work was being done.

SCHEDULE

(Form 990)			Governments	orner Assist , and Individ	tance to org uals in the U	Grants and Other Assistance to Organizations, overnments, and Individuals in the United States		6
		ŏ	omplete if the orgar	ization answered "Yes" to Fo	Yes" to Form 990,	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	_1	Open to Public
Department of the Treasury Internal Revenue Service		► Infor	mation about Sched	r Autach to Iule I (Form 990) an	ronn seo. Id its instructions is	► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Name of the organization	Onganization NOAMENTAC	240	A NORTH	WORLD-WIDE MISSIBLY INC	ISSION I	.ν _C		Employer identification number $6\lambda - 1603193$
Part i General	Information	General Information on Grants and Assistance	Assistance		,			
1 Does the orga	inization mainta	Does the organization maintain records to substantiate the arm the selection criteria used to award the grants or assistance?	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility for the c	grants or ass	istance, and
2 Describe in Pa	art IV the organi	ization's procedur	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he use of grant fu	nds in the United	States.		
Part II Grants Part IV,	and Other As line 21, for an	ssistance to Go	vernments and received more the	Organizations i an \$5,000. Part	n the United St II can be duplica	ates. Complete inted if additional	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answ Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	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	s of organization	(p)	(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) M/M								
(2)								
(3)								
(4)								
(5)								
(9)								
(D)								
(8)								
(6)				ì				
(10)								
(11)								
(12)								
2 Enter total nur	mber of section	Enter total number of section 501(c)(3) and government or Enter total number of other ornanizations listed in the line	ernment organizat	ganizations listed in the line 1 table	ine 1 table			
튭	tion Act Notice, s	see the Instruction	s for Form 990.			Cat. No. 50055P		Schedule 1 (Form 990) (2013)

Schedule I (Form 990) (2013)

Page 2	assistance								4601	\					Schedule I (Form 990) (2013)
Form 990, Part IV, line	(f) Description of non-cash assistance	W/14						Litter For	Fines pe	ised!					Schedule I (F
the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. seded.	(e) Method of valuation (book, FMV, appraisal, other)	W/4					1100	Abt It ack	Des 4 0 to 6	, but special projects are required.	7				
nplete if the organiz	(d) Amount of non-cash assistance	, 0-					11 400	Mrs. Tar III, column	ing churc	al projec	5				į
United States. Cond	(c) Amount of cash grant	11 L' <181)/L'E/8/)		required in Part I, lir		Sporter	of speci	•						
ividuals in the space is neede	(b) Number of recipients	35					o cito como cito cito cito cito cito cito cito cit	We Made	and 45	tures 1					
Schedule I (Form 990) (2013) Part III Grants and Other Assistance to Individuals in the Ul Part III Grants and Other Assistance to Individuals in the Ul	(a) Type of grant or assistance	FERSONAL LI EXPENSE S MISSIONARIES	2 & FOREIGN TIRLDS	4	ro.	9	2	All missionaries are required to submit reports of activities.	the organization	Details of expendi					

SCHEDULE L
(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	► Atta	ach to Form 990 t Schedule I. (For	or For	m 990-EZ	Z. ▶See se	parat	e instructions. Is is at www.irs.go	v/form	990		pen T Ispec		olic
Name of the organization	IIII OI III BUUII BUUI	t ochedale E (i on	11 000	3 330 CL	and its iiisu	acaon	INC Employ						
FUNDAME	NTAL B	APTIST	W	ORLD.	-WINE	MIS	SSINN 62	>-/	60	319	3		
							anizations only).		<u> </u>				
A) A Complete if t	he organization	answered "Ye	s" on	Form 990	0, Part IV, li	ine 25	a or 25b, or Fo	rm 990	0-EZ,	Part '	V, line	40b.	
-2411	. T	(b) Relationship be	tween	disqualified	person and							(d) Con	rected?
1 (a) Name of disqualifie	d person	organization					(c) Description of transaction						No
(1)							·					Yes	
(2)												_	
(3)		· · · · · · · · · · · · · · · · · · ·			·	 							
(4)													
(5)													
(6)													
2 Enter the amount	of tax incurre	d by the organ	nizatio	n manag	ers or dis	qualif	ied persons du	ring t	he ye	ar			<u> </u>
under section 495					-	-				▶ §	3		
3 Enter the amount	of tax, if any, or	n line 2. above.	reimb	ursed by	the organi	zatioi	n			▶ §			
• Line the amount	o, tax, a,, o.	2, 02010,			0.9			•					
Part II Loans to an	d/or From Inte	rested Person	S.										
				Form 990	0-EZ, Part \	V, line	38a or Form 99	90, Pa	rt IV,	line 2	6; or	f the	
		ount on Form 9						,	•		•		
7. 114	1	T .	Γ		<u> </u>		T	Τ		Γ.			
(a) Name of interested person (b) Relat with organ				oan to or om the	(e) Ongin principal am		(f) Balance due	(g) In c	default?		proved pard or	(i) Wi	ritten ment?
	With Organization	i loai		nization?	pinoparan	louit.					nittee?	agree	inonti
			То	From				Yes	No	Yes	No	Yes	No
(1)	 		10	From				169	NO	168	NO	162	140
	+						<u> </u>	 	 	 	 		
(2)			-	<u> </u>				1		_	 		
(3)	-							1		-			
(4)	-		-	1				 		-	 		
(5)		-		+	<u> </u>	-		1	-		 		<u> </u>
(6)	+	 			ļ			 	 	 	 		
(7)	-			+				 	-	-	-		
(8)		 						 	 		 	<u></u>	
(9)				- 	<u></u>		 	├	 		ļ		
(10)	_1	<u> </u>					<u>. </u>	-	<u> </u>		<u> </u>		<u> </u>
Total		 		· · · · · · · · ·		<u>. </u>	\$	ــــــــــــــــــــــــــــــــــــــ		L		Ĺ	
		efiting Interest n answered "Ye			0, Part IV, li	ine 27	7.						
(a) Name of interested pers		nship between inter and the organization		(c) Amount	of assistance		(d) Type of assistance	ж	(е) Purpo	ose of a	ssistan	ce
(1) FRNEST C. GA	MBRELL	CORPOR	ATA	3	874	PA	LYMENT I	FOR		BEN	FF	7- 8	500
(2)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PRESINE		1	<u> </u>		EALTH IN		· ·		ERV		
(3)		1 NCDI DE					4XABLE					1-0	
(4)							RM 1099	<u> </u>					
(5)			-			170	<u> </u>						
(6)		-				 			 	.			
(7)						 			 				
(8)		· · · · · · · · · · · · · · · · · · ·			 	 			 				
(9)						 			 				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zatioi
				Yes	No
MIKE DENISON	SON-IN-LAW TO	74,384	MISSIONARY SUPPORT		X
(MISSIONARY)	CORPORATE PRESIDENT		(INCLUDED IN PART IX, LINE & AND	<u> </u>	
	PRESIDENT		IX, LINES AND	<u> </u>	
			SCHEDULE I, PART	<u> </u>	
······································			+-111.)	-	
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					-
V Supplemental Information				L	L
	on for responses to questions o			,	
			·		

SCHEDULE 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization FUNDAMENTAL BAPTIST WORLD-WIDE MISSIAN INC 62-1603/93	
Do LT 1' a 1 Continued for a race 1)	
3) train and counsel missionaries; 4) assist missionaries by providing low cost materials for use during their terms of service.	
by providing low cost materials for use during their terms of	
service,	
Part VI, Section B, Line 116	
The completed form 990 was not presented to the entire	
governing board; however, form 490 was completed	
and reviewed by a member of the governing board	
(Board of Sirectors) whom the governing board has	
(Board of Directors) whom the governing board has designated as Laving responsibility for such matters	
Part VI, Section C, Line 19	
The organization makes its governing documents, conflict	
of interest policy, and financial statements available	
The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request at the organizations office.	
Reportable Compensation for the corporate president	
Part VII, Section A, Column D Reportable Compensation for the corporate president 38,720 included in Part IX, line 2 as missionary gra 3,874 included in Part IX, line 4 ashealth insuran	en
3,874 included in Part 1x ling 4 ashealth insuran	U
42,596	
Part VI, Section B, Line 12 C Annual conflict of interest statements are signed by Board members.	
Annual conflict of interest statements are signed	
by Board members.	