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Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

Ā	For the 2	015 calendar year, or tax year beginning 01/01 , 2015, and end	ling 1	2/31	, 20 15
В	Check if a	<del></del>	<u> </u>	D Employe	r identification number
	Address c				91-1560499
ñ	Name cha		suite	E Telephon	
$\overline{\Box}$	Initial retur				509-899-4672
$\overline{\Box}$	Final return	1719			
$\overline{\Box}$	Amended			<b>G</b> Gross red	celots \$
$\overline{\Box}$	Applicatio		H/a) is this a c		ubordinates? Yes V No
_	лфрисацо	Winepress Publishing, P.O. Box 10653, Yakima, WA 98909-1653	L.		Included? Yes No
_	Tax-exem				list. (see instructions)
<u>:</u>	Website:		<del></del>	exemption r	,
ĸ		ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile: WA
	art I	Summary	iddori. 1002	- I W Otato C	or logal dofficile.
		Briefly describe the organization's mission or most significant activities: Publ	ishina writing	sale and	distribution of
Ф	1	Christian books, speaking throughout the United States and foreign countries on C			*
Activities & Governance		pible colleges in the United States and foreign countries assisting in biblical teach		cis. Attent	uning orphanages and
Ĕ		Check this box ▶☐ if the organization discontinued its operations or disposed		250/ of H	
oVe.	1	Number of voting members of the governing body (Part VI, line 1a)	of more than	3	
ق ح	1	Number of voting members of the governing body (Fart VI, line 1a)			
Se Se	ı	•	0)	<b>←</b>	0
įį		Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	5
Ç		Total number of volunteers (estimate if necessary)		<u> </u>	4
⋖	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	<u>b</u> 1	Net unrelated business taxable income from Form 990-T, line 34	Prior Y	7b	Current Year
	١, ,	Doublib, diana and grants (Doub VIII, line 1b)			<del></del>
Revenue	1	Contributions and grants (Part VIII, line 1h)		361,505	465,729
	1	Program service revenue (Part VIII, line 2g)	BEILIED	<del>95</del> ,510	104,275
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	CEIVED		0
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7 0 00/57	GB 772	28,018
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A) The (12)	1 6 2017	495 787	598,022
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		_165 282	146,929
	1	Benefits paid to or for members (Part IX, column (A), line 4)	DEN UT	! 9	0
es	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines-5=10)-		92,236	113,977
ens		Professional fundraising fees (Part IX, column (A), line 11e)			0
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ▶	<u> </u>		
ш	E .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	180,552	195,168
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		438,070	456,074
		Revenue less expenses. Subtract line 18 from line 12	<u> </u>	57,717	141,948
Net Assets or Fund Balances			Beginning of Cu		End of Year
Set	20	Total assets (Part X, line 16)	Ĺ	205,883	286,714
A PE	21	otal liabilities (Part X, line 26)		84,098	22,981
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	121,785	263,733
Р	art II	Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta			knowledge and belief, it is
tru	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	rer nas any know	leage.	
	1	Galucia a Smila		10-1	1-17
Sig		Signature of officer	Da	ate	
He	re	PATRICIA A Smith Treasurer	·		<del></del>
		Type or print name and title			<del></del>
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [	] if PTIN
	eparer			self-emple	oyed
	e Only		Firr	n's ElN ▶	
		Firm's address	Pho	one no.	
Ma	y the IRS	Significant discuss this return with the preparer shown above? (see instructions)			🔲 Yes 🗌 No
For	Papérwo	ork Reduction Act Notice, see the separate instructions. Cat	. No. 11282Y		Form <b>990</b> (2015)



Part	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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	ε .		
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		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e 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	11e		~
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		~
L	Schedule D, Parts XI and XII	12a		_
	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		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	L	~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	7	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~

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Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
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		
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), 501(c)(4), and 501(c)(29) 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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	V	
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		٧
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		ν ν
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 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	29		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u> </u>
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	32		
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	33		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		·

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.

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Form **990** (2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		1.00	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7с		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b></b> -
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>
В	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		-
· ·	sponsoring organization have excess business holdings at any time during the year?	8		Ì
9	Sponsoring organizations maintaining donor advised funds.	-		
э a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	-55		<del>                                     </del>
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. S Check if Schedule O contains a response or note to any line in this Part VI	See in	struct	tions.
Secti	on A. Governing Body and Management	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5	103	<del> </del>
• •	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		4
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	-	~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	10		
а	The governing body?	8a	~	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
40-	Oid the annual action have been been been been as officiated	40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		~
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?	14		-
а	The organization's CEO, Executive Director, or top management official	15a		~
ь	Other officers or key employees of the organization	15b		V
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
00-4	organization's exempt status with respect to such arrangements?	16b		
17	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	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	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	. ▶	

Form		

Part VII	Compensation of Officers,	Directors, T	rustees, k	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 relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos neck ss pe	rson	than the both set is or/trus. Highest compensated employee	tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Harold R Eberle	40										
President		<del> </del>	<u> </u>	~	L	ļ	<u> </u>	31,382	0	<u> </u>	0
(2) RD Smith	22	l					İ.,	_			
Vice President	0			~	├	<u> </u>			0	· <del>                                     </del>	_0
(3) Mike Pillsbury	2	ĺ	Ì.	أررا	1			_			_
Secretary	5	<del> </del> -		~		<u> </u>	-	0	0	<del></del>	0
(4) Patricia A Smith	0	}	ļ ,	ارا		ļ		7 000		l	_
Treasurer (5)	<del>                                     </del>	<b>-</b>	-	-	-			7,080	0		0
. 27	<del></del>	}									
(6)		-									_
(7)											_
(8)										<del></del>	_
(9)										<del></del>	_
(10)		-									_
(11)			-	<b>-</b>							_
(12)										<del></del>	
(13)									<u> </u>		_
(14)								i			_

Part	Section A. Officers, Directors, Trust	ees, key E	mpio	yees	i, ai	10 r	ugne	SLU	ompensated E	mpioyees (c	<u>ontinue</u>	<u>ea)</u>		
	(A) Name and title	(B) Average hours per	box,	unies	Pos eck s pe	rson	a than o is both or/trust	an	(D)  Reportable compensation	(E) Reportable		am	(F) timated ount of	
		week (list any hours for related organizations below dotted line)	1 ~ 12	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-Mi				n k
(15)					-									
(16)														
(17)			ļ		_						_	<del></del>		
(18)								<b> </b> -				<del></del> -		
(19)						-					1			
(20)					-					<del></del> -	-			
(21)											-			
(22)						-					_			
(23)										<del></del>				
(24)		<u> </u>			-			-		<u> </u>	-			
(25)						_		-	<del> </del>					
1b	Sub-total				L	L	L	<u> </u>	38,462		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•		20.463					
2	Total number of individuals (including but	t not limited					above	e) w	38,462 ho received mo	ore than \$10	<u> </u>			
	reportable compensation from the organi	ization > 0			-								Yes	<b>N</b> 1-
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							mp	loyee, or high	-		3	168	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble d	com	npei	nsatio		nd other comp	ensation fro	m the	3		
	individual											4		V
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		_
Section	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ıx
	(A) Name and business address								(B) Description of se	ervices	C	(C) ompens	ation	
									·					
								<u> </u>						
	Total number of independent contractor	rs (includir	na bi	it ne	ot I	imit	ed to	th	ose listed abo	ve) who				
_	received more than \$100,000 of compens								0	,				

Par	VIII	Chack if Schedule (	e <b>nue</b> ) contains a res	nonce or note to	any line in this (	Dart \/III		
	<del></del>	Check if Schedule C	Contains a les	polise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	s 1a			-		<del></del>
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
S, E	С	Fundraising events .				ļ		
a it	d	Related organizations						
s, C	е	Government grants (cor						
tion S S	f	All other contributions, g	lifts, grants,					
ibu		and similar amounts not inc	cluded above 1f	465,729		į		
d C	g	Noncash contributions inclu	·					
<u>Ş</u> <u>₽</u>	h	Total. Add lines 1a-1	lf		465,729			
īde	}			Business Code				
Ver	2a	Conference		900099	13,183	13,183		
₩.	b	Honorariums		900099	91,092	91,092		<u> </u>
Ž.	C							<u> </u>
Sel	d			L				ļ
ram La	е			J				ļ
Program Service Revenue	f	All other program ser		L			<del></del>	<u> </u>
	3	Total. Add lines 2a-2			104,275	<del></del>		Т
	٦	Investment income and other similar amo						
	4	Income from investmen		<b>⊢</b>				<del> </del>
	5	Royalties	·	-	<del></del>	+	<del></del>	<del> </del>
	"	noyanies	(i) Real	(ii) Personal	<del></del>		<del></del>	<del> </del>
	6a	Gross rents	<u> </u>			į		
	b	Less. rental expenses		<del> </del>		}		
	C	Rental income or (loss)		<del> </del>				
	d	Net rental income or	(loss)	▶	-			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	b	Less. cost or other basis and sales expenses .						
	С	Gain or (loss)		<del> </del>	j	1		}
į	d			▶				-
evenue	8a	Gross income from for events (not including \$						
Other Rever		of contributions report See Part IV, line 18 .	ed on line (c).					
₹	4	Less: direct expenses		L				
		Net income or (loss) f		events . >				<del> </del>
	ya	Gross income from gassee Part IV, line 19				1		
	ь	Less: direct expenses		<del></del>		į		
	C	Net income or (loss) t				1		
	1 -	Gross sales of in			<del></del>			<del></del>
		returns and allowance		55,455		}		
	ь	Less: cost of goods s				[		
	c	Net income or (loss) t			28,018	28,018		
		Miscellaneous F		Business Code				<del></del>
	11a					_		
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-		•				
	12_	Total revenue. See i	nstructions	<u> •  </u>	598,022	132,293		
								Form <b>990</b> (2015)

	30 (2013)				Page II
	IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization:	s must complete col	umn (A).
	Check if Schedule O contains a respon	se or note to any lir	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,850	8,850		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	138,079	138,079		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	38,462	31,382	7,080	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	60,766	46,094	14,672	
7 8	Other salaries and wages	6,568	5,000	1,568	
9 10	Other employee benefits	8,181	6,384	1,797	
11 a	Fees for services (non-employees):  Management	6,474	6,474	0	<del></del>
b c	Legal	4,633	4,473	160	
d e	Lobbying				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,055	O	4,055	
12	Advertising and promotion	4,021	4,021	0	
13 14	Office expenses	14,894 42,486	6,457 42,486	8,437	
15	Royalties	42,466	42,400		
16	Occupancy	32,875	2,700	30,175	
17	Travel	67,646	54,040	13,606	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	13,958	13,958	33	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	643	0	643	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a					
b		<del></del>	<del></del>		<del></del>
c d					
u e	All other expenses	3,450	3,400	50	
25	Total functional expenses. Add lines 1 through 24e	456,074	373,798	82,276	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	400,014	2.0,1.00	02,2.0	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 113,288 234,245 2 Savings and temporary cash investments . . . . . 2 3 Pledges and grants receivable, net . . . . . 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 Assets 7 7 8 Inventories for sale or use . . . . . . 92,595 8 52,469 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10c 11 11 Investments—publicly traded securities . . . . 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 205.883 16 286,714 17 Accounts payable and accrued expenses . . . . . . 54,570 17 3,711 18 18 19 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 29,528 22 19,270 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines\_17 through 25 26 84.098 26 22,981 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . 27 28 28 Net Assets or Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 121,785 32 263,733 33 121,785 33 263,733 Total liabilities and net assets/fund balances . . 205,883 34 286,714

	0 (2015)			Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		59	8,022
2	Total expenses (must equal Part IX, column (A), line 25)	2		45	56,074
3	Revenue less expenses. Subtract line 2 from line 1	3		14	11,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12	21,785
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		26	3,733
⊃art	XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	
				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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		٧
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or		]	
	reviewed on a separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		Ì	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	kplain in			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2015)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public

nterna	Revenue Service	► Information abou	t Schedule A (Forr	n 990 or 990-EZ) and its	instructio	ns is at w	vw.irs.gov/form990.	Inspection		
Name	of the organization		<del> </del>				Employer Identificatio	n number		
	dcast Ministries		<del></del>		<del> </del>			580499		
				organizations must				ons.		
	~			s: (For lines 1 through		•	•			
1				on of churches descri						
2				(Attach Schedule E (F						
3				ganization described i onjunction with a hosp				Viii) Entartha		
4		ame, city, and state		origunication with a nosp	pitai desc	ribed in s	section 170(b)(1)(A)	(m). Enter the		
5		tion operated for the complete of the complete		college or university	owned c	r operate	ed by a government	tal unit described in		
6 7			-	mental unit described				n the general sublic		
•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross									
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
40	· · · · · · · · · · · · · · · · · · ·	-					· ·			
10	_ •	•	•	sively to test for public	•		. ,, ,	1.11		
11				vely for the benefit of, escribed in <b>section 5</b> 0						
		•		the type of supporting	-		•	•		
а				supervised, or control						
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b				d or controlled in con						
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.									
C	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
d				porting organization o						
				zation generally must				an attentiveness		
	-			mplete Part IV, Secti						
е				written determination onally integrated supp				л, туре ш		
f		ber of supported o	•							
g	Provide the fo	llowing information		ported organization(s).			Ţ			
	(i) Name of support	ted organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see	(vi) Amount of other support (see instructions)		
				,	document? instructions)  Yes No					
(A)					<u> </u>	<del></del> _				
(B) 		····								
(C)				-	<u> </u>	<b>(</b>				
(D)										
(E)										

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 or the organization without charge. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or much organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 5 Section B. Total Support. Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Parents received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not include gain or loss from the sale of capital assets (Explain in Part VI).  10 Total support. Add lines 7 through 10 (c) 2012 (c) 2013 (d) 2014 (e) 2015 (f) 2015	Part	I Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	
Section A. Public Support  I Gifts, grants, contributions, and membership fees received. (Do not include any "unisual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3.  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, other lines or line 11, and line 1 that exceeds 2% of the amount shown on line 11, other lines or lines 1, and line 1 that exceeds 2% of the amount shown on line 11, other lines 1, and line 1 that exceeds 2% of the amount shown on line 11, other lines 1, and line 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1 that exceeds 2% of the amount shown on line 11, other lines 1, and lines 1,		(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Calondar year (or fiscal year beginning in)			qualify unde	er the tests li	sted below, p	lease compl	ete Part III.)	
1 Gifts, grants, contributions, and membership feas received. (Do not include any "unusual grants.") 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its expension (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).  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).  5 Ection B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4.  6 Gross income from interest, dividends, payments received on securities toens, rents, royalties and income from similar sources  9 Net income from interest, dividends, payments received on securities toens, rents, royalties and income from similar sources  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 Trets they eyars, if the Form 990 is of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  5 Ecction C. Computation of Public Support Percentage  8 Section C. Computation of Public Support Percentage  10 Salva% support test—2015. If the organization did not check the box on line 13, read, and line 14 is 33/va% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10 First five years if the organization meets the "facts-and-circums	Secti	on A. Public Support			·			
membership fees received. (Do not include any 'unusual grants.').  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  5 Public support. Subtract line 6 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 loss from the sate of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is for the organization of the box on organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2014 Schedule A, Part II, line 14  15 Public support percentage from 2014 Schedule A, Part II, line 14  16 3 33h3/s support text—2015. If the organization did not check the box on line 13, and line 14 is 331/39 or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 10% or more, and if the organization qualifies as a publicly supported organization of part of the organization part of	Calen		(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
include any "unusual grants.")	1			i				
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to revened by a governmental unit to the organization without charge .  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  6 Public support. Subtract line 6 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 the sale of capital assets (Explain in Part VI) .  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions) .  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) .  14 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)) .  15 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)) .  16 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)) .  17 Amounts from the sale of capital assets (Explain in Part VI) .  18 Section C. Computation of Public Support Percentage  19 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)) .  10 Section C. Computation of Public Support Percentage .  10 Section C. Computation of Public Support Percentage .  11 Olimpin Support Percentage from 2015 (line 6, column (f) divided by line 11, column (f)) .  12 Computation of Public Support Percentage .  13 30*30*30*30*30*30*30*30*30*30*30*30*30*3								
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## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	169,132	193,592	272,246	403,124	542,567	1,580,661
2	Gross receipts from admissions, merchandise						<del></del>
	sold or services performed, or facilities furnished in any activity that is related to the	ŀ		Ì			
	organization's tax-exempt purpose	75,395	65,406	72,606	53,890	55,455	322,752
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	d	o	d	0
4	Tax revenues levied for the						
	organization's benefit and either paid	ì		}			
	to or expended on its behalf	o		d	o	d	0
5	The value of services or facilities						
	furnished by a governmental unit to the	,					
	organization without charge	o		q	0	_ 0	0
6	Total. Add lines 1 through 5	244,527	258,998	344,852	457,014	598,022	1,903,413
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	0	d	0	a	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified		Ĭ				
	persons that exceed the greater of \$5,000	1	}			}	
	or 1% of the amount on line 13 for the year	o	o	0	o	o	0
C	Add lines 7a and 7b	0	0	o	0	o	0
8	Public support. (Subtract line 7c from					-	
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6	244,527	258,998	344,852	457,014	598,022	1,903,413
10a	Gross income from interest, dividends,		-		ļ		
	payments received on securities loans, rents,	]	İ			}	
	royalties and income from similar sources .	0	O	o	0	0	0
b	Unrelated business taxable income (less		Į				
	section 511 taxes) from businesses		İ				
	acquired after June 30, 1975	0	0	o	0	0	0
C	Add lines 10a and 10b	<u> </u>	0	q	0	0	0
11	Net income from unrelated business		1			)	
	activities not included in line 10b, whether		Ţ				
	or not the business is regularly carried on	0	9	9	0	q	0
12	Other income. Do not include gain or	1	}			Í	
	loss from the sale of capital assets	] _]					
40	(Explain in Part VI.)	ļ		9	9	o	0
13	Total support. (Add lines 9, 10c, 11,					l	
44	and 12.)	244,527	258,998		457,014	598,022	1,903,413
14	First five years. If the Form 990 is for the				-		1 501(c)(3)
04	organization, check this box and stop he			<del>· · · · · · · · · · · · · · · · · · · </del>	· · · · ·	· · · · ·	· · U
	on C. Computation of Public Suppor			01 (0)		145	
15	Public support percentage for 2015 (line			*		15	100 %
16	Public support percentage from 2014 Sci			<del></del>	<del></del>	16	100 %
	on D. Computation of Investment In			· lin - 10 · - lin	(5)	T4=1	- 0/
17	investment income percentage for 2015 (		-			17	0 %
18	Investment income percentage from 2014 331/3% support tests—2015. If the organ					18	0 %
19a	17 is not more than 331/3%, check this box						
<b>L</b>	331/2% support tests—2014. If the organiz					-	
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_			• •	
	and			, _, , , , , , , , , , ,			

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part Vi</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess husiness holdings in the tay year? (Lee Schedule C. Form 4720 to	[		

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)					
·			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ļ	ļ		
	below, the governing body of a supported organization?	11a	ļ	<b>⊢</b> —		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or a, provide detail in <b>Part V</b>	11b	<del> </del> -	<b>├</b>		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	TIC	L	L		
OCOL	on b. Type i dapporting digunizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	$\Gamma$	103	1.00		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		İ			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		į	l		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<u> </u>			
_		1	ļ			
2	Did the organization operate for the benefit of any supported organization other than the supported		1	Ì		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Section	on C. Type II Supporting Organizations		L			
9004	on or type it dupper and a same and it		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l		
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Section	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	} }		ĺ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's			İ		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			<del></del>		
Cooki	on E. Type III Functionally-Integrated Supporting Organizations	3				
				<del>-</del>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions	s):		
a	The organization satisfied the Activities Test. Complete line 2 below.					
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	inc	لقماد سفا	1		
С		ee ms	tructio	JIIS).		
2	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of					
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	}				
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		- {	,		
	that these activities constituted substantially all of its activities.	20				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a				
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		1			
	reasons for the organization's position that its supported organization(s) would have engaged in these		Ī			
	activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	I	[			
	trustees of each of the supported organizations? Provide details In Part VI.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	iahl				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ı tru:	st on Nov. 20, 1970. <b>See</b>	instructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<del></del>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del></del>	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)							
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish	exempt purposes								
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted							
	organizations, in excess of income from activity									
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations							
4	Amounts paid to acquire exempt-use assets	<u>.                                    </u>	··							
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which									
	(provide details in <b>Part VI</b> ). See instructions.									
9	Distributable amount for 2015 from Section C, line 6	·								
10	Line 8 amount divided by Line 9 amount	<del></del>								
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
	Distributable amount for 2015 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2015									
	(reasonable cause required-see instructions)	<b>-</b>	<del></del>							
3_	Excess distributions carryover, if any, to 2015:		<del></del>	····						
<u>a</u>				<u> </u>						
<u>b</u>			<del></del>							
<u>c</u>			-							
<u>d</u>	From 2013									
e	From 2014									
f_	Total of lines 3a through e									
9	Applied to underdistributions of prior years		<del></del>	<u> </u>						
<u>h</u>	Applied to 2015 distributable amount									
<u>i</u> _	Carryover from 2010 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·							
			<del></del>							
4	Distributions for 2015 from Section D, line 7: \$		,	•						
	Applied to underdistributions of prior years			<del></del>						
<u>u</u> _	Applied to 2015 distributable amount		<del> </del>							
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		<del></del>							
5	Remaining underdistributions for years prior to 2015, if		<del></del>							
•	any. Subtract lines 3g and 4a from line 2 (if amount									
	greater than zero, see instructions).			······································						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).									
7	Excess distributions carryover to 2016. Add lines 3j and 4c.									
8	Breakdown of line 7:		-							
a										
b										
c	Excess from 2013		·							
d	Excess from 2014									
<u>e</u>	Excess from 2015									
			Schedule	A (Form 990 or 990-EZ) 2015						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
~	

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047

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.

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

Inspection Employer identification number

World	cast Ministries					91-1560499
Par	t I General Information Form 990, Part IV, line		es Outside	the United States. Comp	plete if the organization a	nswered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	sistance, and the selection	criteria used to award t	he
	•					
2	For grantmakers. Describ assistance outside the Unit		the organizati	on's procedures for monit	oring the use of its gra	ants and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)			70-			
(3)						
(4)	<del>/</del>					
(5)			<del></del>			
(6)	<del></del>					
(7)	<del></del>					
(8)						
_(9)						
(10)					· · · · · · · · · · · · · · · · · · ·	
(11)						
(12)						
(13)						
(14)						
(15)						
(16)					<u> </u>	
(17)						
3a b	Sub-total					
D	sheets to Part I					
c	Totals (add lines 3a and 3b)					

Schedule F (Form 990) 2015

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. Part II

	Part IV,	line 15, tor al	y recipient wno r	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II car	n be duplicated if at	aditional space is	needed.	
<del>-</del>	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			South Asia	Bld Children school	83,500	83,500 Monthly allotment	0	0 n/a	0
(2)			South Asia	Orphanage support	10,498	10,498 Monthly as needed	0	0 n/a	0
<u>(</u>			South Asia	support school	14,700	14,700 Monthly as needed	0	0 n/a	0
(4)									
(2)									
9									
E									
<u>@</u>									
<u> </u>									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
,									

Schedule F (Form 990) 2015

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

0

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. Schedule F (Form 990) 2015

Part III Grants ar

(h) Method of valuation (book, FMV, appraisal, other)																			Schedule F (Form 990) 2015
(g) Description of non-cash assistance																			Sche
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant																			
(c) Number of recipients					!														
of grant or assistance (b) Region (c) Number of recipients																			
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(2)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

	_			
Schedule	F	(Form	ggn	2015

Pag	е	4
rau	•	_

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	☑ No

Schedule F (Form 990) 2015

Part V_	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).
+	
·	

#### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(10)

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

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Name of the organization								Employ	yer ide	ntificat	on nu	mber		
Worldcast Ministries										91-	15604	99		
	fit Transaction ne organization											V, line	 3 40b.	
<b>4 4 5 5 6 1 1 1 1 1 1 1 1 1 1</b>		(b) Relationship between disqualified person and				Γ	(-) D-						(d) Cor	rected?
1 (a) Name of disqualified	person		organiza				( <b>c</b> ) De	escription	or trai	nsactio	n		Yes	No
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<ul><li>2 Enter the amount under section 4958</li><li>3 Enter the amount o</li></ul>								ons dui	ring tl · ·	he ye  !	ar ▶ \$ ▶ \$	S		
Complete if th	/or From Internet organization eported an am	answered "Yes	s" on f	Form 990 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or F	orm 99	90, Pa	rt IV,	line 2	6; or	f the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or im the nization?	(e) Origir principal an				(g) In default?		fault? (h) Approved by board or committee?			
	<u> </u>		То	From					Yes	No	Yes	No	Yes	No
(1) Harold R Eberle	President	Publishing bo	٧			20,000		19,269		1	1		V	
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Part III Grants or Ass	sistance Bene ne organization				0, Part IV, I		<u> </u>	19,269	<b>!</b>					
(a) Name of interested person		ship between intereand the organization		(c) Amount	of assistance	(	d) Type of a	ssistance	е	(e)	Purpo	se of a	ssistano	ce
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organia	aring of zation's nues?
					Yes	No
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Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	instructions).		
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#### 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.

2015

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.

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Name of the organization	Employer identification number
Worldcast Ministres	91-1560499
Form 990, Part VI, Section A, Line 6 - memebers are part of the board of directors	
Form 990, Part VI, Section B, Line 11b - forms are in the office available upon request	
Form 990, Part VI, Section C, Line 19 - All forms are available upon request from the office	
Form 990, Statement 1 - Illness in staff required gathering information that was only stored ele	ctronically and required extensive
1 only out of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	or of mounty and required extensive
coorespondence to gain access to complete 990.	
Form 990, Part III, Line 4d - Traveled throughout the United States and several foreign countries	s speaking on Christian subjects to
individuals at various churches, conferences and seminars - estimated 50,000 individuals atte	nded.
(Expense \$80,171, including grants of \$0) (Revenue \$91,092)	
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Name of the organization	Employer identification number
Worldcast Ministries	91-1560499
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