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WAR 11 38 2017	
A OBKER	

	99	10	Return of Organization Exempt From I	ncome Ta	ax l	OMB No. 1545-0047
		_	Under section 501(c), 527, or 4947(a)(1) of the Internal Ravenue Code (c.			2015
			Do not enter social socurity numbers on this form as it may	yeabt buage stell	ungations)	Open to Public
part	ment of	the Treasury ue Service	Information about Form 990 and its instructions is at www.	ios anvitamos	0.	Inspection
			er year, or tax year baginning. MARCH / , 2015, and en	ding FE BCV	IARV 29	,20 16
			Name of organization FUN DAYNENTAL DAPTIST WORLD-WIDE I		D Employer	identification number
		change	Doing business as		62-	1603193
	larne ch	" -	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone	number
Ir	ijtial ret	um .	P.O. Box 341356		901.	873-2146
F	inal retu	interminated	City or town, state or province, country, and ZIP or foreign postal code			
A	mende	d return	MEMPHIS TN 38184-1356	i		ipms 3039,44°
A	p pficati	on pending F	Name and address of principal officer:			om/menes? 🔲 Yes 🔯 No
			ERNEST C. GAMBAELL			icluded? [Yes No
_		mpt status	S01(c)(3)			rt (see instructions)
_	Vebsite					mber ▶
	orm or c	Summa	Corporation ☐ Trust ☐ Association ☐ Other >		6 01	legal domicile: TN
۳	1		ribe the organization's mission or most significant ac			L 1 1 21
.			asso in pinancial and regulatory matters	1 2 1 11 11	رماسم ه	(70 <i>).,621.0</i>
	•	ASSESSED AND REAL PROPERTY.	all lives and between the me is some are	d Angela	CLANIA	mments
	2	Check this	a II liauson between the missionary ambox it is operations or dispose	d of more than	1 25% of its	net assets.
	3				3	12
il	4		independent voting members of the governing body (Part VI, line 1		4	11
	5	Total numb	er of individuals employed in calendar year 2015 (Part V, line 2a)		5	.2
	6		er of volunteers (estimate if necessary)		6	0
!	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0
┙	ь_	Net unrela	ed business taxable income from Form 990-T, line 34	<u> </u>	7b	0
1				Prior Ye	par	Current Year
i	8		ns and grants (Part VIII, line 1h)	1,907	015	2,038,341
	8		ervice revenue (Part VIII, line 29)		365	
1	10		income (Part VIII, column (A), lines 3, 4, and 7d)	<u>'</u>	158	198
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200	_0	
-}	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,708	1328 T	3,027,445
١	13		similar amounts paid (Part IX, column (A), lines 1-3)	!+ X.7.2,	30.7	1,476,45
. [14	•	tid to or for members (Part IX, column (A), line 4) her compensation, employee benefits (Part IX, column (A), lines 5-10)	1 3	304	
3	15 16a		al fundraising fees (Part IX, column (A), line 44e)	13,	177	19,671
	ь		aising expenses (Part IX, column (D) RESENVED O	2-12-1		Q
3	17		nses (Part IX, column (A), lines 11p-11d, 111-24e)	28	.604	27 5/9
1	18		nses. Add lines 13-17 (must equal Part IX, column (4) 7ine 25	1, 42	1.950	304/346
١	19	Revenue le	ess expenses. Subtract line 18 from line 2	7 14	142	2 1,899
힞				Beginning of Cu	inent Year	End of Year
Ĭ	20	Total asse	s (Part X, line 16) OGDEN, UT	179.	066	180,054
밁	21		ues (Part X, line 20)	13.	5/1	16:398
Ž	22		or fund balances. Subtract line 21 from line 20	165,	555	163,65€
²a	rt II	Signatu	re Block			
			I declare that I have avaignined this return, including accompanying schedules and at			knowledge and belief, it
	, corec	AL, BZIU COMPIA	p. Declaration of preparer (other than officer) is based on all information of which prep	anet in a guy kulow	7	
	_	J. Fr	mile / Indiek	<u>_</u>	1/12	107
igi		1: 3	ine of officer If Common Common Common Double in Common C	D	ito	
er	o		VEST C. GAMBRELL PRESIDENT r point nerve and title			
_			preparer's signature Preparer's signature	Date	7. =	PTIN
ai				,	Check C	* 1
	pare			L	n's EIN ►	<u> </u>
151	e On	ly Firm's na			n's EIN F	
	the I		this return with the preparer shown above? (see instructions)	PIR	,	Yes No
lav						

6-1230

art	0 (2015) Page 2 Statement of Program Service Accomplishments
-147	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	The mussim is to : 1) aid missionaries in financial i regulatory matters; 2) serve
	missionaries in auras of liaison between the missionary and folice governous 3) Frains and coursel missionaries; 4) assist missionaries by plouding
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
la	(Code:) (Expenses \$ 1996,957 including grants of \$ 1,996,957) (Revenue \$ 0) Collection and distribution of voluntary contributions to designated missionaries and musionally projects. Payments were made to 35 missionary individuals or families on desinestic or foreign fields
	######################################
4b	(Code:) (Expenses \$ 3,459 including grants of \$ 0) (Revenue \$ 0) Printing services provided several thousand tooklets, newsletters, religious tracts, envelopes, and prochuses for use in missionary and missionary support actuaties.
lC	(Code:) (Expenses \$ 1,264 including grants of \$ 0) (Revenue \$ 910) Trauning sarvices included the annual institute of missions for, missionaries and missionary candidates held in Mamphin, TN
ld	Other program services (Describe in Schedule O.)
1-	(Expenses \$ 2/8 / including grants of \$) (Revenue \$)
ie.	Total program service expenses ▶ 3,003, 866

Corrections of the corrections o	The organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," implete Schedule A. the organization required to complete Schedule B. Schedule of Contributors (see instructions)? dithe organization engage in direct or indirect political campaign activities on behalf of or in opposition to indidates for public office? If "Yes," complete Schedule C, Part I. ection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ection in effect during the tax year? If "Yes," complete Schedule C, Part II. the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C; art III. dithe organization maintain any donor advised funds or any similar funds or accounts for which donors we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "es," complete Schedule D, Part II. dithe organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. dithe organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," interest of the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or sto negotiation services? If "Yes," complete Schedule D, Part IV. dithe organization, directly or through a related organization, hold assets in temporarily restricted.	1 2 3 4 5 6 7 8	X X	X X X X
Corrections of the corrections o	the organization required to complete Schedule B. Schedule of Contributors (see instructions)? d the organization engage in direct or indirect political campaign activities on behalf of or in opposition to indidates for public office? If "Yes," complete Schedule C, Part I action 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) action in effect during the tax year? If "Yes," complete Schedule C, Part II the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, is sessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C; art III d the organization maintain any donor advised funds or any similar funds or accounts for which donors we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'es," complete Schedule D, Part II d the organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III d the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part III d the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a stodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or obt negotiation services? II "Yes," complete Schedule D, Part IV	2 3 4 5 6 7 8	X	X X X
3 Did car 4: See ele 5 Is 1 ass Pai 6 Did have "Ye 7. Did the 8 Did coul	d the organization engage in direct or indirect political campaign activities on behalf of or in opposition to indidates for public office? If "Yes," complete Schedule C, Part I . ection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ection in effect during the tax year? If "Yes," complete Schedule C, Part II . the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, is essments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C; art III . d the organization maintain any donor advised funds or any similar funds or accounts for which donors we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'es," complete Schedule D, Part II d the organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II d the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part III d the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a stodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or obt negotiation services? II "Yes," complete Schedule D, Part IV	3 4 5 6 7 8	X	X X X
4: Sec ele 5 Is 1 ass Pai 6 Dic the 8 Dic coi get 19 Dic tde	Indidates for public office? If "Yes," complete Schedule C, Part I section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ection in effect during the tax year? If "Yes," complete Schedule C, Part II the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, is essements, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C; art III did the organization maintain any donor advised funds or any similar funds or accounts for which donors we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II de organization receive or hold a conservation easement, including easements to preserve open space, e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II de the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III de the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or obtained in services? If "Yes," complete Schedule D, Part IV	4 5 6 7		X X X
ele 5 Is 1 ass Pai 6 Dic have "Ye 7. Dic the 8 Dic cou	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, is essments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule Contil! If the organization maintain any donor advised funds or any similar funds or accounts for which donors the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part.! If the organization receive or hold a conservation easement, including easements to preserve open space, a environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part III of the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or obtained in services? If "Yes," complete Schedule D, Part IV	5 6 7 8		X X X
8 Dickers of the control of the cont	sessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule Contil! If the organization maintain any donor advised funds or any similar funds or accounts for which donors we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If es," complete Schedule D, Part I define organization receive or hold a conservation easement, including easements to preserve open space, a environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II define organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part III define organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or obtained provides? If "Yes," complete Schedule D, Part IV	6 7 8		X
have "Ye or	we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If it is complete Schedule D, Part I is distribution easement, including easements to preserve open space, a environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is distributed the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III is distributed by the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a sistodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or obt negotiation services? If "Yes," complete Schedule D, Part IV	8		X
the Section 19 Did cut del	e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II d the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," implete Schedule D, Part III d the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a istodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or about negotiation services? If "Yes," complete Schedule D, Part IV	8		X
9 Did cui del	omplete Schedule D, Part III d the organization report an amount in Part X, line 21, for escrow or custodial account flability, serve as a stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or set in the stodian services? If "Yes," complete Schedule D, Part IV			
de)	stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or bit negotiation services? If "Yes," complete Schedule D, Part IV			
D	discrete of the state of the st	9		X
10 Did	nd the organization, directly of through a related organization, hold assets in temporarily resoluted indowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11 lf t	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, I, VIII, DC, or X as applicable.			
co	id the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," omplete Schedule D, Part VI	118	Χ	
òf	id the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
ôf	id the organization report an amount for investments—program related in Part X, line 13 that is 5% or more its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X.
d Did rej	id the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets sported in Part X, line 16? If "Yes," complete Schedule D, Part IX	116		X
1 Dk	id the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses a organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	116	X	X
12 a Did	id the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete checklie D, Parts XI and XII	12a		X
b W	las the organization included in consolidated, independent audited financial statements for the tax year? If les, "and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule,E	13		文
14 a Di	d the organization maintain an office, employees, or agents outside of the United States?	14a	X	
fui foi	id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, indiralsing, business, investment, and program service activities outside the United States, or aggregate breign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X	<u> </u>
15 Die	id the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or or any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16 Di	id the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other ssistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X	
Pa	id the organization report a total of more than \$15,000 of expenses for professional fundraising services on art IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
·18 Di	id the organization report more than \$15,000 total of fundraising event gross income and contributions on art VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	id the organization report more than \$15,000 of gross income from gaming activities on Part-VIII, line 9a? "Yes," complete Schedule G, Part III	19		X

Form 99				Page 4
Part	Checklist of Required Schedules (continued)		Yos	No
201	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	
zv a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		爻
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		Х
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		X
24a	Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
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		X
þ	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 "Yes," complete Schedule L. Part II	28		Х
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	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	X	X
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	280		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
3Ť	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," complète Schedule R, Part I	33		Х
.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		Х
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		χ
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	
			m 990	(2015)

art	V Statements Regarding Other IRS Filings and Tax Compliance		.,	Page 5	-
	Check if Schedule O contains a response or note to any line in this Part V			_	ı
_	, , , , , , , , , , , , , , , , , , , ,	• ,,	Yes	Ho	_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable [18] 35			 	7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	┪	l	l	İ
	reportable gaming (gambling) winnings to prize winners?	10	X		J
2a		1.0	$+\Delta$	├	7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2		1	l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-y-		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	μΔ.	<u> </u>	7
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-v-	J
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b	-	Α.	-,
a	At any time during the catendar year, did the organization have an interest in, or a signature or other authority	30	 		-1
_	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1			
	account)?	4a	ĺ	v	
b	If "Yes," enter the name of the foreign country:	740		┝╲	1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				ì
	(FBAR).				
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58		-Y	į
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		3	-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	F-	\vdash		- 4
	organization solicit any contributions that were not tax deductible as charitable contributions?	68		V	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	100			
	gifts were not tax deductible?	6b			
	Organizations that may receive deductible contributions under section 170(c).	-			į •
	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		<u>X</u>	i
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				ŗ
	required to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year			- ^	į
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		¥	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	-	文	
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			•
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	-		, ,
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				•
	sponsoring organization have excess business holdings at any time during the year?	8			^
	Sponsoring organizations maintaining donor advised funds.				
а	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			1
•	Section 501(c)(7) organizations. Enter.				•
8	Initiation fees and capital contributions included on Part VIII, line 12			}	
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			- 1	
	Section 501(c)(12) organizations. Enter:		- 1	ı	
a	Gross income from members or shareholders		- 1	- {	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources		ł	- 1	
	against amounts due or received from them.)		- 1	J	
8	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			Ų
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			j.	٠.
8	Is the organization licensed to issue qualified health plans in more than one state?	13a			N
	Note. See the instructions for additional information the organization must report on Schedule O.				•
þ	Enter the amount of reserves the organization is required to maintain by the states in which		- [
	the organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand	•	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	140			۸
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_		j
			990		•

	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	See in	struct	No ions.
ecti	on A. Governing Body and Management			
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.		Yes	No
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		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		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	6		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	<u> </u>	LX.
-	stockholders, or persons other than the governing body?	7b	ĺ	Y
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		
8	The governing body?	88	X	
Ď	Each committee with authority to act on behalf of the governing body?	8b		L
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
çu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ve C	ode.)	
0a	Did the organization have local chapters, branches, or affiliates?	10a	103	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	- ``		_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	105		
18	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		ス
b				
2а Ь	Did the organization have a written conflict of interest policy? If "No," go to fine 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	128	ĽX.	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	X	
3	Did the organization have a written whistleblower policy?	12c	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	147	*	
a	The organization's CEO, Executive Director, or top management official	15a		V
Þ	Other officers or key employees of the organization	15b		*
6a	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			
	with a taxable entity during the year?	16a		_X.
٠.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
b	Organization 5 exempt status with respect to ratch arrandements?	16b		
	on C. Dieclosure			
ctic	on C. Disclosure			
ctic	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (Section available for public inspection, Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE. Section 8104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (Section available for public inspection, Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☒ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interests.			-
ctio 7 3	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE. Section 8104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (Section available for public inspection, Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☒ Upon request □ Other (explain in Schedule O)	erest (oolicy	-

Farm 990 (201	5) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	te this table for all persons required to be listed. Report compensation for the calandar year enting with or within

- 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 (A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and e director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
,	hours for related organizations below dotted line)		institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(M-Svi ose-WISC)	compensation from the organization and related organizations
(1) DR. ERNEST C. GAMBRELL CORPORATE PRESIDENT (2) REV. JIM GATLIN	40.0	✓		V				37,391	0	0
SECRETARY	25	\					-	0	0.	0
3) MR. JEFF FUTRELL TREASURER	2.0	/						0	0	0
14) REV. EDDIE CHAMPION BOARD MEMBER	5	\						0	0	o
BOARD MEMBER	,as	V						D	0,	0
(6) REV. DAVID PITTMAN BOARD MEMBER	,25	/				•		0	Ď	0
M REV. FREEMAN WEEMS	5	V						0	0	0
10 REV. MARTY WYNN BOARD MEMBER	,25	V						0	0	0
19) REVIKEVIN BROYHILL BOARD MEMBER	, 25	1						0	0	0
110) REV. FINLEY CUTSHAW BOARD MEMBER	1.0	1			\neg		,	0	D	D
(11) REVISTEVE MOTES BOARD MEMBER	125	V	-		7		7	0	0	0
112 MA, DANA BRELAND BOARD MEMBER	,5	7			1		7	0	0	0
(13)			7	1	1		1			
(14)			+	1	1		+			
	<u> </u>	1								r'000 mms

Form **990** (2015)

•	(A) [°] Name and title	(B) Average hours per	box,	ot ch urdes	s pe	neiti more	then o	an	(D) Reportable compensation	(E) Reportable compensation from		
		week (list any hours for related organizations below dotted line)	st any or individual or ted cations dotted		from related		other compensal from the organization and rolate organization	e ion ed				
5)	un mid del que n'es, paper bitalel la prese 200 i m'i tenne videl bel 100 annu bel belan co											
6)				П				-				
?				H								
3)								<				
9)												 -
		ļ						_		, , , , ,		
				\vdash								
		ļ										
<u>9)</u> .												
5)												
	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A		-		. 1	→ →	37,391 37,391	0		0
2	Total number of individuals (including bur reportable compensation from the organi	t not limited									ID of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc					-	-	Noyee, or high	•	ed Yes	5 N
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,0	000	? //	"Yes	s, " 	complete Sch	edule J for suc	th 4	
5 .	Did any person listed on line 1a receive of for services rendered to the organization									ation or Individu	al	
	on B. Independent Contractors								A4 - 4	-1	20.000 -1	
1	Complete this table for your five highest compensation from the organization. Rep year.			-					, , , , , , , , , , , , , , , , , , ,		rganization's	tax
	(A) Name and business add								(B) Description of s	arvices.	(C) Compensation	1
	ROBERT MICKEY (MISS	10N ARY	70	K	٤N	YZ	U		MUSSION	JARY	167,86	0
	+ INCLUDED IN PAR	TIXL	INE	د.						,		
2	Total number of independent contractor received more than \$100,000 of compens	rs (includio	ng bu	l no		mite	ed to	th	ose listed abo	ve) who		

	90 (2016 VIII	Statement of Revenue				Page 9
		Check if Schedule O contains a response or note	e to any line in this	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	18	Federated campaigns 1a	1	104(2.00)	Ma	1
9 9	b	Membership dues 1b				1
₹ [i	Fundraising events 1c	コート			,
ا فِي كَا		Related organizations 1d	□			1
Si Si		Government grants (contributions) 1e	-	.		1
Contributions, Giffs, Grants and Other Similar Amounts		All other contributions, gifts, grants, and similar amounts not included above 11 2038,34 Moncash contributions included in lines 1a-1f. S	4			
2 6	-	Total. Add lines 1a-1f	203834	1		1
		Business Code	le			1
5	2a	TRAINING REVENUE	9/0	910		
£	b		T			
ğ	C				 _	<u></u>
8	ď	<u> </u>			<u> </u>	
Program Service Revenue	e 1	All other program service revenue .	-			
5	9	Total. Add lines 2a-2f	910			
Ť٦	3	Investment income (including dividends, interest	it,	T		1 :20
l	i	and other similar amounts)	198			198
1	, 4	Income from investment of tax-exempt bond proceeds	·		<u>,</u>	
1	5	Royalties (i) Personal	'			
l	6a	Gross rents	-			1 .
Ì		Less: rental expenses	7 1			1
	c	Rental income or (loss)	J			l
1	d	Net rental income or (loss)	4			
	7a	assets other than inventory]	}	_	
Ĭ		Less: cost or other basis and sales expenses .				<u>'</u>
İ	d	Gain or (loss)				
entue	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c). See Part IV, line 18				,
f		Less: direct expenses b	J	1		l _
_		Net income or (loss) from fundraising events	7	 +		
		Gross income from garning activities. See Part IV, line 19				
İ		Less: direct expenses b Net income or (loss) from gaming activities ▶				ļ ·
		Gross sales of inventory, less returns and allowances : a				
١		Less: cost of goods sold b	 ا			
ł		Net income or (loss) from sales of inventory	,			
1		Miscellaneous Revenue Business Code	<u></u>			i
	118	***************************************				
1	b		+	+		
}	C d	All other revenue	-			
1	e	Total. Add lines 11a-11d	, 1			
1	12	Total revenue. See instructions	2039 449	910		198

_	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons				
0.00	nt include amounts reported on lines 6b, 7b;	(A) Total expenses	(8)	(C) Management and	(D) Fundraising
b, St	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,811,872	1,811,872		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	185,085	185,085		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	الالزك	2,181		
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	13,650		13,650	
_	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	1,041		1,041	
11	Fees for services (non-employees):				
a b	Management				
C	Accounting				
đ	Lobbying			·	
ě	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			·	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				7
13	Office expenses	10,658		10,658	
14	Information technology [
15	Royalties [
16	Occupancy [4.461		4,461	
17	Travel [551		557	
18	Payments of travel or entertainment expenses for any lederal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,269	1,269		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,906		5,906	
23	Insurance		<u> </u>		
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		ļ		
	(A) amount, list line 24e expenses on Schedule O.)				
a	BEPAIRS TO THE STATE OF THE STA	707	3 11:0	702	
b	PRESS EXPENSE	3,459	3,459		
C	MINOR E PHIPMENT	507		507	
ď	All other expenses				
9 15	All other expenses Total functional expenses. Add lines 1 through 24e	4 DUI -110	2013 011	241/65	
25 ne	total renets. Complete the bas ask of the	2,041,348	2,003,866	31,482	
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)			-	

https://amscis.enterprise.irs.gov/cis/ViewerContent/lib/client.html?logLevel=all&locale=e... 2/16/2017

Part X				
	Check if Schedule O contains a response or note to any line in this Par			<u> </u>
	•	(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	75	7	. 75
2	Savings and temporary cash investments	106,782	2	(1).584
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
В	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
1	other basis. Complete Part VI of Schedule D 10a 160.645			
b	Less: accumulated depreciation 10b 93,350	74,209	10c	68,39
11	Investments – publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, fine 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	179.066	16	180.05
17	Accounts payable and accrued expenses	"349	17	35
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
5	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	13,162	25	16,04
26	Total liabilities. Add lines 17 through 25	13,511	26	16,39
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	•-		•
27 28	Unrestricted net assets	115.757	27	124,44
28	Temporarily restricted net assets	44. 748	28	39.21
1	Permanently restricted net assets		29	
30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	······································	31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1651555	33	163.65
1	Total liabilities and net assets/fund balances	179.066	34	

84,8014

	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)	iii	30	20 1	יעצייו
	Total expenses (must equal Part IX, column (A), fine 25)	2	2 6	ביוני	
3	Revenue less expenses. Subtract line 2 from line 1	3 2	, 2) 0 .	4 78	776
-	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	14	11	-6-6	ريج
*. 5	Net unrealized gains (losses) on investments	5		ر در در	22
,	Donated services and use of facilities	6			
,	Investment expenses	7			
3	Prior penod adjustments	8			
•	Other changes in net assets or fund balances (explain in Schedule O)	9			
'n	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line)	* 			
•	33, column (B))	10	11	. 2 2	~1
4	XII Financial Statements and Reporting	1 10 [<u> 3, 3</u>	26
"	Check if Schedule O contains a response or note to any line in this Part XII				\Box
	CHECK II OCHECORE O COMBINS & response of hole to any line in this Part Air		``	Yes	No.
	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	nlain in			
	Schedule O.	dament we			
					الن-
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28		- 4,
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	pilea or			
				.	- [
	Separate basis Consolidated basis Both consolidated and separate basis		1 4		
b	Were the organization's financial statements audited by an independent accountant?		2b		Д.,
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		1	
	separate basis, consolidated basis, or both:			(1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			- 1	
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		′
	If the organization changed either its oversight process or selection process during the tax year, ex	iplain in	1 1	- 1	ŧ
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set			7	٠
	the Single Audit Act and OMB Circular A-133?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udīts.	і зь і	1	N

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2015

► Attach to Form 990 or Form 990-EZ. Open to Public epartinent of the Treas: temal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection BAPTIST WORLD-WIDE MISSION, INC <u>62-1603</u>/93 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Tan 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 Wan organization that normally receives: (1) more than 331/5% 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 331/5% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. 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. □ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). Name of supported organization (kii) Type of organization (iv) to the organization fixted in your governing (v) Amount of monetar (vi) Amount of (described on lines 1-9 support (see (enoithuiteni ees) evode No Yes (A) (B) (C) (D) (E) Total For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2015

84 B 1 1 4

					NA		
Part	Support Schedule for Organiza (Complete only if you checked the Part III, If the organization fails to	ne box on lin	e 5, 7, or 8 o	f Part I on if th	I)(A)(iv) and e organization	170(b)(1)(A)(v on failed to qu	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_
3.	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	,					
6	Public support. Subtract line 5 from line 4.	,		<u>i</u>			
	on B. Total Support			T		· · · · · · · · · · · · · · · · · · ·	
Calen 7	dar, year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Amounts from line 4 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 carned on					•	
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organizatio	n's first, secor	nd; third, fourth	, or fifth tax y		
Section	on C. Computation of Public Suppor						· · · • C
14	Public support percentage for 2015 (line (11, column (fi)		14	%
15 16a	Public support percentage from 2014 Scf 33'a% support test—2015. If the organi- box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 check the box	on line 13, and	d line 14 is 33	15 b% or more, c	%
þ.	331n% support test—2014. If the organicheck this box and stop here. The organic						
17a	10%-facts-and-circumstances test—2t 10% or more, and if the organization me Part VI how the organization meets the "f organization".	ets the *facts acts-and-circ	and-circumsta umstances" te	ances" test, cho st. The organiz	eck this box at ation qualifies	nd stop here. E as a publicly si	xplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part VI how the organization m supported organization	tion meets the	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the organization	his box and at on qualifies as a	op here. publicly
18	Private foundation. If the organization di instructions , , , , , , .	d not check a	box on line,13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
			···			hedule A (Form 89)	

848014

Pari	6'A (Farm 990 or 990-EZ) 2015 	etione Descr	ihad in Sacti	on 500/a)(2)			Page 3
CILL	(Complete only if you checked the				zation failed	to qualify und	der Part II.
	If the organization falls to qualify						
Secti	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Giffs, grants, contributions, and membership fees' received. (Do not include any "unusual grants.")	1,760,916	1,903,030	1,906,007	1,907,015	2,038,34	9515,309
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the			[_	
3	organization's lax-exempt purpose	1,420	2,370	1,645	1,365	910	7,710
4	unrelated trade or business under section 513	0		0	Ð	0	0
4.	organization's benefit and either paid		_ :				_
_	to or expended on its behalf	. 0	0		0	0	0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	O	0	0	0	O	0
6	Total. Add lines 1 through 5%	1,762,336	1,905,400	1,907,65	1,908,380	2,039,251	9523019
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	. 0	O	, ,	, ,	, ,	0
ь	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	٥	0	0	D.	О	0
·c	Add lines 7a and 7b	0	0	0	- 0		0
8	Public support. (Subtract line 7c from						4.535.44
	Ime 6.)						9,523,019
	on B. Total Support	(6) 0011	4) 2010	(-) 0010 T	(40.0014	61 0015	49 Takel
Jalen A	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012 1 905, 40 0	(c) 2013	(d) 2014	(e) 2015 2 n 39,25/	(f) Total 4.533.014
10a		111604228	1,102,100	1120 120	Tractont !!	2001	7120711
77-	payments received on securities loans, rents, royalties and income from similar sources.	1,068	579	128	158	198	2,13
b	Unrelated business taxable income (less	7000		120			الرابات
~	section 511 taxes) from businesses		_			_	_
	acquired after June 30, 1975	Q		0.	,O	<i>D</i>	
	Add lines 10a and 10b	1,068	5.79	128	128	198	2,13
11	Net income from unrelated business activities not included in line 10b, whether	· '		Į		[•
	or not the business is regularly carried on	O	n	.0	D	อ	O
12	Other income. Oo not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	n	0	0	0	o	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,763,404	1,905,979	1 007 784	1,908,538	7 N 29 ULIG	9 525 150
14>	First five years, if the Form 990 is for the	ne organization	's first, second	d, third, fourth,	of fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	, -				•	▶ □
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line I					15	99,98%
16	Public support percentage from 2014 Sci on D. Computation of Investment In				· - · · - ·	16	77.46%
17	Investment income percentage for 2015 (v line 13, colum	n (f)	17	102%
18.	Investment income percentage from 2014					18	,04%
19a	331n% support tests - 2015, if the organ 17 is not more than 331n%, check this box	_	* ,	•			
ь	331/a% support tests-2014. If the organiz	ation did not d	neck a box on i	line 14 or line 1	9a, and line 16	is more than 3	31a%, and
-	line 19 is not more than 221-00. Short this is						
20	line 18 is not more than 3316%, check this is Private foundation. If the organization di						

SCHEDULE D (Form 990)

Supplemental Financial Statements

2015

OMB No. 1545-0047

		8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a,		Open to Public
partment of the Treasury mail Revenue Service	▶ Information about Schedule	 Attach to Form 990. D (Form 990) and its instructions is at w 	ww.irs.gov/form990.	Inspection
me of the organization			Employer Identific	
FUNDAMEN	ITA'L BAPTIST WERL	D-WIDE MISSION, INC.	62-16	03193
art Organ	izations Maintaining Donor	Advised Funds or Other Similar	Funds or Accoun	its.
W// Comp	lete if the organization answe	red "Yes" on Form 990, Part IV, lin	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
·		(a) Donor achesed funds	(b) Funds	and other accounts
	at end of year			
	lue of contributions to (during ye			
	lue of grants from (during year)			
		. Landrisors in writing that the asse	te held in door ad	innad
		to the organization's exclusive legal c		
	• • • • •	ors, and donor advisors in writing that		
		benefit of the donor or donor advisor,		
		· · · · · · · · · · · · · · · ·		
	ervation Easements.			
VIA Comp	lete if the organization answe	red "Yes" on Form 990, Part IV, lin	e 7.	
Purpose(s) of	conservation easements held by	y the organization (check all that apply)).	
		ecreation or education) Preservation	on of a historically in	portant land area
□ Protection	of natural habitat	☐ Preservate	on of a certified histo	oric structure
	on of open space			
		on held a qualified conservation contri		
	the last day of the tax year.		}	d at the End of the Tex Year.
	of conservation easements .	· · · · · · · · · · · · · · · ·	· · · · 2a	
		ments.		·······
		fied historic structure included in (a) .		
d Number of c	onservation easements included	d in (c) acquired after 8/17/06, and	not on a	
d Number of c historic struct	onservation easements included ture listed in the National Registe	d in (c) acquired after 8/17/06, and	not on a 2d	manization during the
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	e D (Form 990) 2015	Collections of	A-+ LI2-	torical ^a		~~~	har Cimilar A	nato /oc-	Pag
art 1	Organizations Maintaining Using the organization's acquisition.	accession and of	her reco	rorical T	k any of the	or UI	uner Sumular As	NOO) Expes	unue
_	collection items (check all that apply):		HIEL TOCO	rus, chec	K any Ot un	5 10101	Aud nur me a s	agrantour c	13C VI
			d	[] Loso	or exchang	e prod	rams		
b	☐ Scholarly research								
c	Preservation for future generations	5	_		******				
,	Provide a description of the organiza		and expl	ain how t	hey further t	the org	janization's exe	npt purpos	e in f
	XIII.								
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical tro	easure	s, or other simil	ar	
	assets to be sold to raise funds rather		ined as	part of the	organization	on's co	ollection?	Yes	_0
	Escrow and Custodial Arra			- 000 (5_14 N A B	.			-
N	Complete if the organization	answered "Yes	" on Foi	w aañ' t	art IV, line	9, or	reported an an	nount on F	orm
	990, Part X, line 21. Is the organization an agent, trustee	austadias as att	or later	nadion de	e oostelbudi				
a,	included on Form 990, Part X?								
	If "Yes," explain the arrangement in P					• • •		· 🗀 Tes	
	ii 163, explainte araigement iii	at All and Compr	608 W 16 10	innaming n	DING.] A	mount	
c	Beginning balance					10			
ď	Additions during the year					10			
	Distributions during the year					1e			
ŧ	Ending balance					11			
	Did the organization include an amount							7 TYes	\Box
	If "Yes," explain the arrangement in P								
	V Endowment Funds:								
N	Complete if the organization	answered "Yes	" on Foi	m 990, F	art IV, line	10.			
	7	(a) Current year		for year	(c) Two years		(d) Three years back	k (e) Four ye	מל צינם
a	Beginning of year balance								
ь	Contributions								
c	Net investment earnings, gains, and							T	
	losses		L						
d	Grants or scholarships								
•	Other expenditures for facilities and	· · · · · · · · · · · · · · · · · · ·]						
	programs								
f	Administrative expenses		<u>L</u>						
9	End of year balance								
2	Provide the estimated percentage of t			e (line 1g	, column (a)) held (as:		-
8	Board designated or quasi-endowmen	nt 🟲	_ %						
b	Permanent endowment >	%							
¢	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
a	Are there endowment funds not in the	e possession of th	ie organi	zation the	it are held a	and ad	ministered for th		
	organization by:								≥s l
	(i) unrelated organizations				. ,			3a(i)	_
	(ii) related organizations						· · · · · ·	3a(i)	-4-
ь	If "Yes" on line 3a(ii), are the related o							3b	
	Describe in Part XIII the intended uses Vi Land, Buildings, and Equip		ALS ENGI	winent it	# KUS.				
ell i	Land, Buildings, and Equip Complete if the organization		* on Ea-	m 000 F	onii :\/I the	114	Saa Earm 000	Dart Y. Da	. 10
	Description of property	(a) Cost or of			r other basis		Accumulated	(d) Book v	
	nescribings or brobard	(Investm			ther)		preciation	(m) BOOK V	ir ma
a	Land			- '^	500		·	/6.9	500
b B	÷	·		1 19	17/15		11110	-10,	idi.
	Leasehold improvements	·		/al4	 14 gr 			مهددــــ	<u>ځ</u> مه
_	, , , -	·		- 6			1130	ш	21
C	Forioment								
_	Equipment			1 2/5	4403		Si 152		A P

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	Investments—Other Securities Complete if the organization ans	wered "Yes" on Form 9	990. Part IV. li	ne 11b. See Fam	990, Part X. line 12.
win -	(a) Description of security or category fincluding name of security)		(b) Book value	(c) Mo	thod of valuation: I-of-year market value
Financial	derivatives	· · · · · · ·		 	}
	eld equity interests				
Other	· •				
W) σ					
(B)					
(C)					
(D)				<u> </u>	<u> </u>
(E)	ب سي بي من ال يا من من الله الله الله الله الله الله الله الل				,
(F)	le apply as you have the set of a section places and now or or the section of the section of the section of the				· · · · · · · · · · · · · · · · · · ·
(G)			 		
(H)					· · · · · · · · · · · · · · · · · · ·
	must equal Form 990, Part X, col. (B) line 12.) >			<u> </u>	
art VIII	Investments-Program Relate		MO D-4 84 E		000 ñ4 V f 40
NIB	Complete if the organization ans	wered "Yes" on Form			
•	(a) Description of investment		(b) Book value		khod of valuation. I-of-year market value
<u>) </u>			···	.	
2)					
3)				 	~
4)				 	
5)				+	
			······································		
	<u> </u>			3	
6) 7]				 	
7) B)					
7) 8) 9)) musi equal Form 990, Part X, col. (B) line 13.) ► Other Assets.				
r) 8) 9) tal. (Column (t	Other Assets. Complete If the organization ans	wered "Yes" on Form 9	990, Part IV, lii	ne 11d. See Form	990, Part X, line 15.
r) 8) 9) tal. (Column (t 2 art IX	Other Assets. Complete If the organization ans		990, Part (V, lid	ne 11d. See Form	
n) 8) 8) tai. (Column (t Part IX 	Other Assets. Complete If the organization ans		990, Part IV, lin	ne 11d. See Form	
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Reconciliation of Revenue per Audited Financial Statements With Reve	oer Hetum.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· 	
Net unrealized gains (losses) on investments	1 1	
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII.)	-	
Add lines 2a through 2d	. 20	
Subtract line 2e from line 1	. 3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII.)		
Add lines 4a and 4b	. 4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line.12.)		
Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
Complete If the organization answered "Yes" on Form 990, Part IV, line 12a.	1.4	 .
Total expenses and losses per audited financial statements	• 1	
Donated services and use of facilities		
Prior year adjustments	 	
	 	
Other losses		
Add lines 2a through 2d	. 2e	
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:	` 	
Investment expenses not included on Form 990, Part VIII, line 7b 4a	i i	
Other (Describe in Part XIII.)		
Add lines 4a and 4b	4c	
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	. 5 d 2b; Part V, line	4; Part X, lin
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047 2015

▶ Complete If the organization sinswered "Yes" on Form 990, Part IV, line 14b, 15, or 18. ▶ Attach to Form 990. ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FUNDAMENTAL BAPTIST WORLD-WIDE MISSION, INC. 62-1603193
Part General Information on Activities Outside the United States: Complete if the organization answered "Yes" on

Employer identification number

Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ₩es □No

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

Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (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 (b) Number of offices in the region (f) Total expenditures for and investments in region GRANTS TO CHURCH PLANTING EXPENSES 13,84 6 ٥ 11) NORTH AMERICA ٥ RECIPIENT LIVING & WORK EXPENSES MIDDLE EAST & GRANTS TO 0 D 171,239 NIRTH AFRICA RECIPIENTS (3) (5) (6) (7) (8) (9) (10) (11) (12)(13) (14) (15) (16) (17) 185,085 Sub-total . . . b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 185.085

Cal. No. 50082W

048014

Schedule F (Form 990) 2015

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

Application and the second and the second and debuterent debuteren	1 (a) Namo of	(b) IRS code	(a) Region	(a) IRS coda (b) Region (d) Purpose of (e) Amount of (f) Method of (g) Amount of (h) Description (h) Description (h) Description	(a) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
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	12)								
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	(14)								
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(a) Typa of grant or assistance	(b) Region	(c) Number of recepterits	(d) Amount of cash grant	(e) Marnier of cash disbursement	(f) Amount of non-cash easistance	(g) Description of non-cash assettince	(h) Method of vabuation fbook, FMV, appraisal,
(1) EXPENSES	MIDDLE EAST & NIRTH AFRICA	2	171,239	CHECKS AND LURE TRANSFERS	-0-	N/A	NA
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(17)							
(18)							

_	of Form 990) 2015		Page 4
i	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	IN 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	D2 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	D 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	TDE NO.
		L 163	(E) 140
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yés," 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	DE No.

	applemental information ovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
an	nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); a rt [II, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	omation (see instructions).
PAR	T / LINE 3
1)	North America - They has been monitoring by
	the organization through verbal
	communication via telephone and
	field vigits by missionaires affiliated
	with the organization to ensure the
~~~~~	church planting work was being done.
2)	Middle East; North Africa - There was regular
	reporting to U.S. sponsoring churches
	and to the organization by the recipients.
	and to the organization by the recipients.  A field trip was made by an American
	paster Innember of the organization's
	board of directors to verify work in a
	prior year. For one of the recipients,
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an American paster / member of the
	organizations board of directors kept
	in close contact with the recipient to
······	ensure proper use of francis in
******	accordance with the organizations
	amount of the grant amounts, written
*******	amount of the grant amounts, written
50000 or -25 to a com.	documentation was submitted by the
***************************************	recipient,
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Pinformation about Schedule (Form 800) and it instructions is at www.irs.gev/form800.  MEN TAL BAPTIST WIRLD-W/DE MISSIANCE  Information on Grants and Assistance  The Complete of the grants or assistance. The grants or assistance, and offer Assistance to conclude the amount of the grants or assistance, the grants of assistance and analysis of a series of a series of a series of the controlled to grants and Assistance to Dornestic Organizations and Dornestic Governments. Complete if the organization anaware of the Assistance to Dornestic Organizations and Dornestic Governments. Complete if the organization anaware of the Assistance to Dornestic Organizations and Dornestic Governments. Complete if the organization anaware of the Assistance to Dornestic Organizations and Dornestic Governments. Complete if the organization anaware of the Assistance to Dornestic Organization and Organizations (see the complete of the Organization and Organization (see the Complete of Internation of the Organization (see the Complete of Internation of the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organization (see the Organi	The organization on Grants  The organization maintain records the selection criteria used to award the goosethe organization maintain records the selection criteria used to award the goosethe in Part IV, line 21, for any rection and address of organization  (a) Name and address of organization  (b) Elly  (c) Name and address of organization  (d) Name and address of organization  (e) Enter total number of section 501(c)(3) are Enter total number of other organizations  Paperwork Reduction Act Notice, see the Institution of the organizations  Paperwork Reduction Act Notice, see the Institution of the organizations  Paperwork Reduction Act Notice, see the Institution of the organizations  Paperwork Reduction Act Notice, see the Institution of the organizations  Paperwork Reduction Act Notice, see the Institution of the organization organizations  Paperwork Reduction Act Notice, see the Institution of the organization organizations  Paperwork Reduction Act Notice, see the Institution organizations	Percents Garden  The organization  THC BAPTST WE  I General Information on Grants and Assistance  Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance  Describe in Part Nothe organization's procedures for moniti	Governments; and Individuals in the United States. Complete If the organization grayered "Yes" on Form 980, Part IV, line 21 or 22.	uafs in the U Yes" on Form 980,	Governments, and Individuals in the United States complete lithe organization enswered "Yes" on Form 990, Part IV, line 21 or 22	<i>^</i>	2015
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Department of the Treasury   Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms90.   Department of the organization   Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms90.   Department of the organization   Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms900.   Department of the organization number   Employer identification number   Employer identification number   Employer identification number   Complete if the organization answered Y'es' on Form 990, Part IV, line 251c()(29) organization organization organization organization organization organization   Department of transaction   Department of the organization organization   Department of transaction   Department of
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Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (c) Description of transaction  (d) Description of transaction  (e) Description of transaction  (f) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction  (g) Description of transaction
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(1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Resistorship with organization (c) Purpose of loan from the organization?  To From (d) Loan to or from the organization?  Yes No Yes No Yes No Yes (1) (1) (2)
(3) (4) (5) (6)  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Pasistronship with organization  (c) Purpose of form the organization?  To From  Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No
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Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization  (c) Purpose of form the organization?  (d) Loan to or from the organization?  (d) Loan to or from the organization?  To From  (e) Purpose of form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization or form 990, Part X, line 5, 6, or 22.
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(a) Name of interested person (b) Relationship with organization loan loan (d) Loan to or from the organization?  To From (1) (2) (3) Purpose of loan (d) Loan to or from the organization?  To From (4) Balance due: (6) In default? (7) Approved by board or committee?  Yes No Yes No Yes (1) (2)
with organization foan from the organization?  To From Promise No Yes No Yes No Yes (1)
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(9)
(10)
Total
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
(e) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance
(1) EXHEST C.GAMBRELL CORPORATE 2,181 PAYMENT FOR BENEFIT FOR
(2) PRESIDENT BENEFIT SERVICE
(3) (TAXABLE-FORMING)
(4)
15) ERNEST CEAMBRELL GRPGRATE 35.988 GRANT C-RANT FULL
(6) PRESIDENT INCLUDED IN PUT L. 2 PERSONAL LIVI
(79 ABLE FURNIOSS) + WORK EXPENSE
(8)
(9)
(10)

	Complete if the emerication	olving Interested Persons. answered "Yes" on Form 990	Part IV line 28a	28h or 28c		
, , , , , , , , , , , , , , , , , , ,	(a) Name of interested person	(b) Relationship between Interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) She organia rever	ation's
					Yes	No
1) 1/4	IKE DENISON	SON-IN-LAW	79,196	GRANT-MISSIGNARY SUMPERT		X
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)) art V	Supplemental Information			<u> </u>		
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SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. (Form 990 or 990-EZ) 2015 ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Section B. Line 116 94B914