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

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

OMB No 1545-0047

Departi	hent	of th	e Tre	asury
Internal	Reve	enue	Serv	ice

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

Open to Public

	rnal Revenu	ne Treasury e Service	▶ Go to v	www.irs.gov/Fo	orm990 for in	structio	ns and th	ne latest	inform	nation.	(DX	Inspectio	n
A	For the	2017 cale	ndar year, or tax year t	peginning	March 1		, 2017, a	ınd endir	ng	Februa		, 20 18	
В	Check if a	pplicable	C Name of organization FI	undamental Ba	ptist World-\	Nide Mis	sions, In	ıc.		0	Employ	er identification num	ber
	Address o	hange	Doing business as	*								62-1603193	
	Name cha	ange	Number and street (or P	O box if mail is n	ot delivered to	street add	ress)	Room/su	ute	E	Telepho	ne number	
	Initial retu	m	P. O. Box 341356									901-837-2146	
	*Final return	/terminated	City or town, state or pro	ovince, country, a	nd ZIP or foreig	n postal c	ode						
	Amended	retum	Memphis, TN 38184-13	356						G	Gross re	eceipts \$ 1,8	33,306
	Application	n pending	F Name and address of pn	ncipal officer					H(a	a) Is this a grou	p return for	subordinates? Tes	⊿ No
									<b></b> Н(	(b) Are all su	bordinates	s ıncluded? 🗌 Yes 🛭	] No
1	Tax-exem	pt status	✓ 501(c)(3)	501(c) (	) ◀ (insert no	) 🔲 4947	'(a)(1) or	□ \${7 <b>)</b> ′	2	If "No,	" attach a	list (see instructions)	)
J	Website:	<b>&gt;</b>							H(	(c) Group e	xemption	number ▶	
K	Form of or	ganization [	Corporation Trust	Association [	Other ▶	T	L Yea	ar of forma	tion	1995	M State	of legal domicile	TN
P	art I	Summ	ary			•						-	
	1 1	Briefly de	scribe the organization	on's mission o	r most signi	ficant a	ctivities:	The m	issior	n is to: 1)	aid miss	sionaries in financ	:ial
ë	;	and regula	atory matters; 2) serve	missionaries	in areas of lia	ison be	ween the	e missio	nary a	and foreig	n gove	rnments; 3) train a	nd
jan	-		nissionaries; 4) assist i										
Activities & Governance	2 0	Check th	is box ▶ 🗌 if the orga	nization disco	ontinued its	operatio	ns or dis	sposed	of mo	ore than 2	25% of	its net assets.	
ő	3 1	Number o	of voting members of	the governing	body (Part	VI, line	1a)				3		11
8	4 1	Number o	of independent voting	members of	the governir	g body	(Part VI,	line 1b)			4		10
ijes	5	Total nun	nber of individuals em	ployed in cal	endar year 2	017 (Pa	rt V, lıne	2a) .			5	-	2
Ξ	6	Total nun	nber of volunteers (es	timate if nece	ssary)						6		3
Ac	7a -	Total unre	elated business reven	ue from Part	VIII, column	(C), line	12 .				7a		0
	1		ated business taxable					V · / PP   PV			7b		0
								AEA	اں۔	Prior Year	r	Current Year	
ø	8 (	Contribut	ions and grants (Part	VIII, line 1h).		= .			াপ্তা	1,8	861,662	1,8	30,810
Revenue	9 1	Program	service revenue (Part	VIII, line 2g)			ŠN: 1:5	2019	S0-S		1,845		2,345
eve	10	nvestme	nt income (Part VIII, c	olumn (A), line	es 3, 4, and		<del></del>		그딸		82	-"	81
Œ	11 (	Other rev	enue (Part VIII, colum	ın (A), lines 5,	6d, 8c, 9c,	10c, aि	GGEN	N, UT[			0		70
S	12		enue-add lines 8 thro							1,8	863,589	1,8	33,306
Expenses NACUS	13 (	Grants ar	nd similar amounts pa	aid (Part IX, co	lumn (A), lın	es 1-3)				1,8	826,089	1,7	77,162
ź	14	Benefits <sub>I</sub>	oaid to or for member	rs (Part IX, col	umn (A), line	4) .		[			2,293		2,366
Ζ,	15	Salaries, d	other compensation, e	mployee bene	fits (Part IX, c	olumn (	A), lines (	5–10)			16,630		16,213
<u>"2</u> "	16a I	Professio	nal fundraising fees (	Part IX, colum	ın (A), line 1	1e) .		[			0		0
pe-	Ь.	Total fund	draising expenses (Pa	art IX, column	(D), line 25)	<b>&gt;</b>							
Û	17 (	Other exp	oenses (Part IX, colun	nn (A), lines 1	1a-11d, 11f-	-24e)		· [			27,047		34,535
7	18	Total exp	enses. Add lines 13-	17 (must equa	al Part IX, co	lumn (A	, line 25	6) . [		1,8	872,059	1,8	30,276
	19 I	Revenue	less expenses. Subtr	act line 18 fro	m line 12 .		. <u></u>	[			(8,470)		3,030
20 0	3								Beginn	ing of Curr	ent Year	End of Year	
sets	20 <sup>-</sup>	Total ass	ets (Part X, line 16)					[			173,354	1	76,157
Net Assets or Fund Balances	21	Total liab	ılıtıes (Part X, line 26)					[			18,168		17,941
췯	22	Net asset	s or fund balances. S	Subtract line 2	1 from line 2	. 0					155,186	1	58,216
P	art II	Signat	ure Block										
			ry, I declare that I have exa									ny knowledge and be	elief, it is
tru	ie, correct,	and compl	ete Declaration of preparer	(other than office	er) is based on a	II informat	ion of whic	ch prepare	r has a	ny knowled	ige.		
	1		and to	Danle	ull.						1/6	1209	
Się	- 1		ature of officer				<b>~</b>			Date		,	
He	ere	<u> </u>	ERNEST C.	G HIM!	BRELL	-	PRE.	<u> 312E</u>	NT				
		<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	or print name and title										
Pa	aid	Print/Ty	pe preparer's name	Prep	arer's signature			D.	ate		Check [		
	eparer	·									self-emp	oloyed	
	se Only		arne 🕨							Firm's	EIN ▶		
		Firm's a	ddress ▶							Phone	e no		
Ma	y the IR	S discuss	s this return with the p	oreparer show	n above? (s	ee ınstrı	uctions)					Yes	No
Foi	Paperw	ork Redu	ction Act Notice, see th	ne separate ins	structions.			Cat N	No. 112	282Y		Form <b>99</b>	0 (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

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Page	~

Part		_
	Check if Schedule O contains a response or note to any line in this Part III	
1,	,	
	The mission is to 1) aid missionaries in financial and regulatory matters; 2) serve missionaries in areas of liaison between the missionary and foreign governments; 3) train and counsel missionaries; 4) assist missionaries by providing printed materials for use	
		5
	during their terms of service.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	pnor Form 990 or 990-EZ?	)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	5
	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 to	DУ
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,777,162 including grants of \$ 1,777,162) (Revenue \$ 0)	
	Collection and distribution of voluntary contributions to designated missionaries and missionary projects. Payments were made to	
	37 missionary individuals or families on domestic or foreign fields of service.	
		_
4b	(Code: ) (Expenses \$ 4,627 including grants of \$ 0) (Revenue \$ 0)	
	Printing services provided several thousand booklets, newsletters, religious tracts, envelopes, and brochures for use in	
	missionary and missionary support activities.	
4-	(Code: ) (Expenses \$ 3,484 including grants of \$ 0) (Revenue \$ 2,345)	_
4c		
	Training services included the annual institute of missions for missionaries and missionary candidates held in Memphis, TN in	
	June 2017.	
4d	Other program services (Describe in Schedule O.)	_
Tu	(Expenses \$ 3,366 including grants of \$ ) (Revenue \$ 70)	
4e	Total program service expenses ►	

OABD FIL

Part l	V Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1,	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
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		1
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	1
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		1
	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		✓
	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	<b>√</b>	<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
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	<b>√</b>	
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	<b>√</b>	
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		1
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		1
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		1
			agn	(0017)

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<b>√</b>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<b>-</b>
	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		1
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		1
	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		1
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1
25a	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	25a		1
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		1
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		1
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	<b>✓</b>	
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	<b>√</b>	✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		<b>√</b>
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
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		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓	
		For	n 990	(2017)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· ·	$\sqcup$
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	L
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for 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		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		İ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			l ·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>-</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<del>  </del>		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		l
b 10	Section 501(c)(7) organizations. Enter	-J.J		<del> </del>
	Initiation fees and capital contributions included on Part VIII, line 12			
a 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			-
	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
13		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134	<del></del>	
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	[		
b	the organization is licensed to issue qualified health plans			
_				
C	Enter the amount of reserves on hand	44-		,-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
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 O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🔽
Secti	on A. Governing Body and Management	<u> </u>	-	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	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	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			_
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		✓
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		7
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			-
	the year by the following:		<del></del>	
a	The governing body?	8a 8b	✓	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	90		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		,
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		-
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<del></del>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
11	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b		✓
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		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
_	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None		-\(2\)	
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.	1 501(	ບ)(ປ)S	oniy)
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 interest ☐ Other (explain in Schedule O)	erest :	policy	ı. and
	financial statements available to the public during the tax year.	551	_ JUy	.,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	_
	Ernest C. Gambrell 6394 Main Road - Lucy Millington, TN 38053			-

	Form	990	(201	7
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	· •					
Part VII.	Compensation of Officers,	Directors, Trustees	s, Key Employees	Highest Compens	sated Employ	ees, 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		d ora	anız	atio	n c	ompe	nsa	ated any curren	it officer, director	r, or trustee.
					C)					
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	rson	e than o is both or/trust	an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ernest C. Gambrell	20	1		1				05 500		
Corporate President	<u> </u>		$\vdash$	<b>V</b> .			-	35,506	0	0
(2) Rev. Jim Gatlin	.5	1						0	o	o
Secretary (2) As 1-455 and 1	2	-	$\vdash$				┢╌	· · · · · ·		
(3) Mr. Jeff Futrell	<del>-</del>	1						٥	o	0
(4) Rev. Finley Cutshaw	1	•	$\vdash$				$\vdash$	† <u> </u>		
Director	<del> </del>	1						0	o	0
(5) Rev. Freeman Weems	.5		$\vdash$	T						
Director		1						0	o	0
(6) Rev. Eddie Champion	.5									
Director		✓						O	0	0
(7) Rev. Dale Coffey	.25									
Director		✓						o	0	0
(8) Rev. David Pittman	1									
Director		1						0	0	0
(9) Rev. Mary Wynn	.25									
Director		1					L	0	0	0
(10) Rev. Kevin Broyhill	.5									
Director		1		L	_			0	0	0
(11) Rev. Steve Motes	.25			İ						
Director	ļ	1	L			<u> </u>	<u> </u>	0	0	0
(12)	ļ									
(13)										
(14)		_			_					

Part	VII Section A. Officers, Directors, Trust	lees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (c	ontinue	ed)		
					•	C)								
•	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation			mated ount of	
		week (list any	-		_	т	or/trus	·	from	related			ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	賣賣	Former	the organization	organization (W-2/1099-MI			ensatio m the	วก
		organizations	e de la	utio	ę.	릙	est o	ਫ਼ੑ	(W-2/1099-MISC)	(**-271033-1411	30,		nizatior	า
		below dotted	9 출	nali		οχ	wä						related ization	
		line)	stee	rust		Ö	ens					urgai	izalion	13
			"	8			Highest compensated employee							
(15)								╁╌						
1.197		<del> </del>	1											
(16)								-						
1.19/		<del> </del>	1					1						
(17)				$\vdash$				$\vdash$						
3		†	1											
(18)											$\neg$			
3		†	1								i			
(19)														
(20)														
(21)														
								L						
(22)														
(23)		ļ	Į											
								L.						
(24)		<b></b>												
						L			<u> </u>					
(25)		ļ												
		<u> </u>						Ļ			+			
1b	Sub-total			•	•	• •	•		35,506		0			0
C	Total from continuation sheets to Part	•		•	•		•		0		0	<del></del>		
<u>d</u>	Total (add lines 1b and 1c)							<u>\</u>	35,506		0			. 0
2	Total number of individuals (including but		to th	iose	list	ea	above	e) w	no received m	ore than \$10	0,000	OT		
	reportable compensation from the organ	zation						-					.,	Γ
3	Did the organization list any former of	ficer direc	tor c	r tr	neta	90	kov 4	mr	nlovee or high	est comper	heteer		Yes	No
3	employee on line 1a? If "Yes," complete											3		7
4	For any individual listed on line 1a, is the										m tha			<b>V</b>
	organization and related organizations	oreater th	an \$1	150	ດດດ	1961 17 <i>1</i> :	f "Ye	л . а S. "	complete Sch	edule J for	· such			
	individual	_										4		<b>/</b>
5	Did any person listed on line 1a receive of										vidual	_		
J	for services rendered to the organization											5		7
Section	on B. Independent Contractors								<u> </u>			1 -		
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acte	ors that receive	d more than	1 <b>\$</b> 100	.000 of		
•	compensation from the organization. Rep													ax
	year.	•						•	,		·			
	(A)								(B)			(C)		
	Name and business add	Iress						Ì	Description of s	ervices	C	Compens	ation	
Robert	Mickey Missionary to Africa (Amount incl	uded in Part	IX, Li	ne 2	2)			Mis	ssionary				15	59,289
	Marzouk Missionary to Africa (Amount incl							$\overline{}$	ssionary					12,515
								$\Box$						
2	Total number of independent contractor							th	nose listed abo	ove) who				
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	<b>&gt;</b>		2					-

Form **990** (2017)

Part	VIII	Statement of Revenue					
		Check if Schedule O contains	a response or note t	o any line in this		<u> </u>	
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a				
ara our	b	Membership dues	1b				
s, C	C	Fundraising events	1c	]			
Gift	d	Related organizations	1d	]			
ns,	е	Government grants (contributions)	1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,		1			
ig ig		and similar amounts not included above	1f 1,830,810				
ont nd (	g	Noncash contributions included in lines 1a-					
	h	Total. Add lines 1a-1f	▶ Business Code	1,830,810			
Jue	20	Training Revenue		2 245	2 245	<del></del>	<u> </u>
3eve	2a b			2,345	2,345		
ce F	!		1				
Š	d						
Š	e					· · · · · · · · · · · · · · · · · · ·	
grat	f	All other program service revenu					
Program Service Revenue	g	Total. Add lines 2a–2f		2345	· · · · · · · · · · · · · · · · · · ·		1
	3	Investment income (including		70			
		and other similar amounts) .		81			81
	4	Income from investment of tax-exer	mpt bond proceeds ▶				
	5	Royalties	<u> </u>				
		(i) Real	(ii) Personal	ļ			
	6a	Gross rents		]			
	b	Less: rental expenses		Į			
	С	Rental income or (loss)				<u> </u>	
	_d	i————					
	7a	Gross amount from sales of (i) Securition assets other than inventory	les (ii) Other				
		Less cost or other basis		- 1			
	b	and sales expenses .					
	С	Gain or (loss)		1			
	d	Net gain or (loss)					<u>-   </u>
		rect gain or (loss)		- 1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
venue	8a	Gross income from fundraising events (not including \$					
Other Reven		of contributions reported on line 16 See Part IV, line 18					
5		Less direct expenses					
_		Net income or (loss) from fundra					
		Gross income from gaming activi See Part IV, line 19	. а	ļ			
		Less direct expenses					
		Net income or (loss) from gamin					
	10a	Gross sales of inventory, returns and allowances					
				-1			
		Less: cost of goods sold					_
	C	Net income or (loss) from sales of Miscellaneous Revenue	Business Code	70	70		
	44.	iviscellarieous neveriue	Business Code		· · · · · · · · · · · · · · · · · · ·		_
	11a b			-			<u> </u>
	C		1	<del>                                     </del>	- · · ·		
	d	All other revenue		<del> </del>			
	e	Total. Add lines 11a-11d	·				
	12	Total revenue See instructions		1 922 205	2 415		01

	0 (2017)	· · · · · ·			Page 10
	X Statement of Functional Expenses	1.4 11 - 1 A	// - Ab		(········ (A)
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
<u>.</u>	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,	(A)	(B)	<u> </u>	<u> </u>
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепаса	general expenses	САРОПОСЗ
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	1,740,442	1,740,442		
3	Grants and other assistance to foreign	İ			
	organizations, foreign governments, and foreign				
_	ındıvıduals. See Part IV, lines 15 and 16	36,720	36,720		· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members	2,366	2,366		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified	-			<del> </del>
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,047		15,047	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,166		1,166	
10	Payroll taxes			-	
11	Fees for services (non-employees):				
a	Management	-			
b	Legal				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	10,368		10,368	
14	Information technology				<u> </u>
15 16	Royalties	5,141		5,141	
17	Travel	396		396	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,484	3,484		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	6,440		6,440	-
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Repairs	2,256		2,256	
b	Printing Expense	4,627	4,627		
C	Minor Equipment	823		823	
d	Church Planting	1,000	1,000		
e	All other expenses	1 222 2==			<del></del> -
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,830,276	1,788,639	41,637	
20	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)				

P	art X						<u></u>
		Check if Schedule O contains a response or	r note	to any line in this Par	t X		<u> </u>
	•				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			75	1	75
	2	Savings and temporary cash investments		[	109,570	2	107,813
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[		4	
	5	Loans and other receivables from current and	forme	r officers, directors,			
•		trustees, key employees, and highest co Complete Part II of Schedule L		-		5	
इ	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volumorganizations (see instructions). Complete Part II of Sche		6			
Assets	7	Notes and loans receivable, net		[		7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			<u>-</u>	9	
	10a	Land, buildings, and equipment: cost or		l l			
		other basis. Complete Part VI of Schedule D	10a	167,766			
	b	Less accumulated depreciation	10b	99,497	63,709	10c	68,269
	11	Investments—publicly traded securities				11	
	12	Investments-other securities. See Part IV, line	11 .	[		12	
	13	Investments-program-related. See Part IV, line	11 .	[		13	
	14	Intangible assets		[		14	
	15	Other assets. See Part IV, line 11		[		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	180,054	16	176,157
	17	Accounts payable and accrued expenses			465	17	428
	18	Grants payable		[		18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	<u> </u>
	21	Escrow or custodial account liability. Complete		21			
S	22	Loans and other payables to current and for					
Ė		trustees, key employees, highest compen					
Liabilities		disqualified persons. Complete Part II of Schedu	ıle L			22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		1			
		of Schedule D		<b> -</b>	17,703		17,513
	26	Total liabilities. Add lines 17 through 25			18,168	26	17,941
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an		ck here ► 🗌 and			
au	27	Unrestricted net assets		[	129,129	27	129,962
Bal	28	Temporarily restricted net assets		[	26,0 <u>5</u> 7	28	28,254
Þ	29	Permanently restricted net assets			0	29	0
Ę		Organizations that do not follow SFAS 117 (ASC 9	58), ch	eck here ▶ 🔲 and 🗍			
J.		complete lines 30 through 34.		1			
ts (	30	Capital stock or trust principal, or current funds				30	
šse	31	Paid-in or capital surplus, or land, building, or ed	quipm	ent fund		31	
Ä	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			155,1 <u>86</u>	33	158,216
_	34	Total liabilities and net assets/fund balances .		<u> </u>	173,354	34	176,157

0	4	•
Page	ı	4

					<del></del>	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>			
1 .	Total revenue (must equal Part VIII, column (A), line 12)	1	-	1,83	3,306	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,83	0,276	
3	Revenue less expenses. Subtract line 2 from line 1	3			3,030	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15	5,186	
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		15	8,216	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	<u> </u>			
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del> -				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain in			ļ	
ο-						
Za	2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:	nieu or			ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis				l	
<b>h</b>	Were the organization's financial statements audited by an independent accountant?		2b		<del>_</del>	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited	dona	20			
	separate basis, consolidated basis, or both:	G 011 G				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht				
•	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					
	Schedule O.		1 1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in				
	the Single Audit Act and OMB Circular A-133?		3a		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdıts.	3b			
			Form	990	(2017)	

#### 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 chantable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Fundamental Baptist World-Wide Mission, Inc. 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 12, check only one box.) 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33½% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing support (see other support (see (described on lines 1-10 document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Schedule	Α	(Form	990	or	990	-F7)	201	7

A Page

rari	(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	
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	<u>/</u>
	on A. Public Support						<del>r</del>
Caler	idar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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 pald 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						
	on B. Total Support			<del></del>		···	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 1,0	1					
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990/is for the	ie organizatior	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2017 (line 6	o, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2016 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2017. If the organi				nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	licly supported	organization			🕨 🗌
b	331/3% support test—2016. If the organithis box and stop here. The organization					is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more and if the organization me Part VI how the organization meets the " organization"	eets the "facts	-and-circumst	ances" test, cl	neck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	ation meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	supported organization				a, or 17b, chec	k this box and	► □

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,906,007	1,907,015	2,038,341	1,861,662	1,830,810	9,543,835
2	Gross receipts from admissions, merchandise	1,506,007	1,907,013	2,030,341	1,001,002	1,030,010	3,343,033
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,645	1,365	910	1,845	2,415	8,180
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the	- "					
-	organization's benefit and either paid to or expended on its behalf	0	0	0	. 0,	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						1
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	1,907,652	1,908380	2,039,251	1,863,507	1,833,225	9,552,015
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	` ´	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	o	0	o	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from		<u></u>				
	line 6.)						9,552,015
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,907,652	1,908,380	2,039,251	1,863,507	1,833,225	9,552,015
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties, and income from similar sources .	128	158	198	82	81	647
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0 128	158	198	0 82	81	<u>0</u> 647
11	Net income from unrelated business	120	130	130	02		047
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	0	o	0	o	0
12	Other income. Do not include gain or				-		-
	loss from the sale of capital assets	:					
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,907,780	1,908,538		1,863,589	1,833,306	9,552,662
14	First five years. If the Form 990 is for the	•			-		
<del></del>	organization, check this box and stop he			<u> </u>		• • • • •	· · ·
	on C. Computation of Public Suppor			0 (0)		146	
15	Public support percentage for 2017 (line 8		•			15	99.99 %
16 Socti	Public support percentage from 2016 Schon D. Computation of Investment Inc.					10	99.99 %
17	Investment income percentage for 2017 (			v line 13. colur	mn (fl)	17	.01 %
18	Investment income percentage from 2016					18	.01 %
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organiz						
_	line 18 is not more than 331/3%, check this i						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

<u>Funda</u>	mental Baptist World-Wide Mission, Inc.	62-1603193
Par		
	Complete if the organization answered "Yes" on Form 990, F	
	(a) Donor advised	d funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that	
	funds are the organization's property, subject to the organization's exclusion	
6	Did the organization inform all grantees, donors, and donor advisors in w	
	only for charitable purposes and not for the benefit of the donor or dono	
Dov	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par		Part IV Juna 7
	Complete if the organization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organization (check all Preservation of land for public use (e.g., recreation or education)	
		Preservation of a ristorically important land area
	☐ Protection of natural habitat ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	rreservation of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation	tion contribution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Yea
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure include	the state of the s
d	Number of conservation easements included in (c) acquired after 7/25	
-	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is local	ated ►
5	Does the organization have a written policy regarding the penodic n	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations	, and enforcing conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	, and enforcing conservation easements during the year
_	<b>\\$</b>	470(1)(4)(7)(7)
8	Does each conservation easement reported on line 2(d) above satisfy the re	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements balance sheet, and include, if applicable, the text of the footnote to the organization.	s in its revenue and expense statement, and
	organization's accounting for conservation easements.	ganization's financial statements that describes the
Par		reasures or Other Similar Assets
r en	Complete if the organization answered "Yes" on Form 990, F	•
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not	<del></del>
ıa	works of art, historical treasures, or other similar assets held for public	
	public service, provide, in Part XIII, the text of the footnote to its financial s	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	
~	works of art, historical treasures, or other similar assets held for public	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, o	or other similar assets for financial gain, provide th
	following amounts required to be reported under SFAS 116 (ASC 958) rela	
а	Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	Assets included in Form 990, Part X	

Page	4

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (	contin	nued)
3	Using the organization's acquisition,		her reco	rds, chec	k any of th	e follow	ving that are a	significa	ınt use	of its
•	collection items (check all that apply):		_							
a	Public exhibition				or exchang					
b	Scholarly research		е	☐ Otner					·	
С 4	Preservation for future generations Provide a description of the organization	i tion's collections a	nd evol	an how t	hev further	the ora	ianization's ex	emnt nur	mose :	in Part
4	XIII.	tion's collections a	iliu expir	ani now ti	ney runtilei	uie org	anization 3 ext	siript pui	posci	mi i dit
5	During the year, did the organization	solicit or receive i	donation	s of art	historical tr	easures	s. or other sim	ilar		
·	assets to be sold to raise funds rather								Yes [	□No
Part	V Escrow and Custodial Arra		<u> </u>							
	Complete if the organization		on For	m 990, F	art IV, line	e 9, or	reported an a	mount (	on Fo	rm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee,							not		
	included on Form 990, Part X?									
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:					
								Amount		
C	Beginning balance					10	<del>-</del>			
d	Additions during the year					1d	· <del> </del>			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount									No
b										
Par		1 407 1		000 [	74 D.C. B	- 10				
	Complete if the organization			m 990, F or year	(c) Two year		(d) Three years ba	ok (a) F	our years	e back
		(a) Current year	( <b>b)</b> Pn	or year	(c) Two year	SDACK	(u) Three years ba	CK (e) FC	Jul years	
1a	Beginning of year balance									
b	Contributions	· -								
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities and programs					ļ				
	· •							<del></del>		
f	Administrative expenses									
9 2	End of year balance	bo current year en	d balanc	o (line 1a	L column (a	)) bold :				
a	Board designated or quasi-endowmer			e (iiile 19	i, column (a	iji ricia e	<b>4</b> .			
b	Permanent endowment ▶		'0							
C	Temporarily restricted endowment ▶	0/2								
·	The percentages on lines 2a, 2b, and		00%.							
За	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the		
	organization by:	- 1	3						Yes	No
	(i) unrelated organizations							. 3a(	_	1
	(ii) related organizations							. 3a(		1
b	If "Yes" on line 3a(ii), are the related o							. 3b	,	1
4	Describe in Part XIII the intended uses									
Part	VI Land, Buildings, and Equip	ment.						·		
	Complete if the organization		' on For	m 990, F	art IV, line	e 11a. :	See Form 990	), Part X	(, line	10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	or other basis		Accumulated	(d) B	Book valu	ue
		(investme	ent)	(0	ther)	de	epreciation			
1a	Land	•			10,500					10,500
b	Buildings				134,242		80,388			53,854
С	Leasehold improvements									
d	Equipment				23,024		19,109			3,915
е	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part i	X, columr	n (B), line 10	)c.) .	▶			68,269

Part VII.	Investments — Other Securities. Complete if the organization answ		m 990 Pa	rt IV line	11b See Form	990 Part X line 12
•	(a) Description of security or category (including name of security)		(b) Book		(c) Meti	nod of valuation of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						<del></del>
(D)					<del> </del>	
(E) (F)						
(G)			<u> </u>			
(H)	·					
	b) must equal Form 990, Part X, col (B) line 12.)					· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Related Complete if the organization answ	l. vered "Yes" on For	rm 990. Pa	rt IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book		(c) Met	hod of valuation -of-year market value
(1)						<del></del> -
(2)				i i		
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						<del> </del>
(8)						·
(9)	b) must equal Form 990, Part X, col (B) line 13)	<del></del> ,				
Part IX	Other Assets.	·	<u> </u>			
Tartin	Complete if the organization answ	wered "Yes" on Fo	rm 990, Pa	rt IV, line	11d. See Form	990, Part X, line 15.
		) Description	······································			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)	· · · · · · · · · · · · · · · · · · ·	<del></del>				
(7)						
(8)					- <del></del>	
(9) Total, (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<del></del>	<del>.</del>	•	
Part X	Other Liabilities.					<u> </u>
	Complete if the organization answline 25.	wered "Yes" on Fo	rm 990, Pa	rt IV, line	11e or 11f. See	e Form 990, Part X,
<del>1.</del>	(a) Description of liability	(b) Book value				
(1) Federal ır	ncome taxes					
(2) Due to N	lissionaries		17,513			
(3)						
(4)						
(5)						
(6)		· ·				
(7)						
(8)						
(9)	h) must aqual Form 000 Part V cal /D) ina 95 )		47.545			
	b) must equal Form 990, Part X, col (B) line 25)  runcertain tax positions. In Part XIII, provi		17,513	ganization's	s financial stateme	nts that reports the
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the	e text of the	footnote has bee	n provided in Part XIII

Part	XI . Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" on Form 990,		
1 ·	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	]
b	Donated services and use of facilities	2b	] [
С	Recoveries of prior year grants	2c	]
d	Other (Describe in Part XIII.)	2d	]
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<u>] </u>
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	] [
Ç	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	]
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]
b	Other (Describe in Part XIII.)	4b	<u> </u>
	A statitus and A and A fin		1 4 - 1
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line

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

# Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

62-1603193 Fundamental Baptist World-Wide Mission, Inc. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 ✓ Yes □ 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.) 3 (b) Number of (e) If activity listed in (d) is (f) Total (a) Region (c) Number of (d) Activities conducted in the expenditures for and investments offices in the employees, agents, and region (by type) (such as, a program service, describe specific type of fundraising, program services, investments, grants to recipients located in the region) region independent service(s) in the region in the region contractors in the region (1) North America 0 1 **Grants to Recipient** Church Planting Expenses 31,705 (2) Middle East and North Africa Humanitarian Expenses 5.015 0 **Grants to Recipient** (3) (4) (5) (6)(7) (8) (9) (10) (11)(12)(13)(14)(15)(16)(17)Sub-total . . . . . 36,720 Total from continuation sheets to Part I . . . .

c Totals (add lines 3a and 3b)

36,720

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

(1) North America Church Planting Exp 8.664 Checks (2) Mid East & N Africa Humanitarian Exp 5,015 Wire Transfer (3) (4) Mid East & N Africa Humanitarian Exp 5,015 Wire Transfer (4) (6) (7) (9) (11) (12) (13) (13) (14)	disbursement a	noncash assistance	of noncash assistance	valuation (book, FMV,
Mid East & N Africa Humanitarian Exp  Mid East & N Africa Humanitarian Exp  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				appraisal, other)
Mid East & N Africa Humanitarian Exp  Mid East & N Africa Humanitarian Exp  I I I I I I I I I I I I I I I I I I I	ecks	0	0 N/A	N/A
	e Transfer	0	O/N/A	N/A
(14)				
(16)				

Schedule F (Form 990) 2017

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

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Page 🖔

Schedule F (Form 990) 2017

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 980) 2017 (h) Method of valuation (book, FMV, appraisal, other) Š (g) Description of noncash assistance ON/A (f) Amount of noncash assistance (e) Manner of cash disbursement 23,041 Checks (d) Amount of cash grant (c) Number of recipients (b) Region North America (a) Type of grant or assistance (1) Living & Work Expenses <u>R</u> ල € 3 9 E 6 (10) (12) (13) (14) (15) (16) (18) <u>®</u>

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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)		☑ 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; don't file with Form 990)		☑ 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)		☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		✓ No

Schedule F (Form 990) 2017

Schedule F (F	orm 990) 2017 Page <b>5</b>
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.
North Amer	rica - There has been monitoring by the organization through verbal communication via telephone and field visits by
missionarie	s affiliated with the organization and a governing board member to ensure church planting/missionary work is being done.
	& North Africa - There was regular reporting to the organization and to U.S. sponsoring churches by the recipient. An American
	ber of the organization's governing board kept in close contact with the recipent to ensure use of funds was in accordance
with the org	panization's expectations. During the current year, a site visit was made by the American pastor (governing board member) and a
missionary	representative of the organization to monitor activities and ensure proper use of funds.
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# SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information.	Inspection
the organization	Employer identification number
nental Baptist World-Wide Mission, Inc.	62-1603193
General Information on Grants and Assistance	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and
the selection criteria used to award the grants or assistance?	. · · · · · · · · · · · · · · · · · · ·

Fundamental Baptist World-Wide Mission,

Department of the Treasury Internal Revenue Service Name of the organization

Part

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

Part II Grants and Other As 990, Part IV, line 21, f	ssistance to Do	mestic Organizathat received mo	ations and Dorr ore than \$5,000.	estic Governm Part II can be d	ents. Complete	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) None							
(2)	-						•
(3)							
(4)							•
(5)							
(9)							
(Δ)			ŕ				
(8)							
(6)							
(10)							-
(11)							
(12)							•
<ul><li>2 Enter total number of section 501(c)(3) and government or</li><li>3 Enter total number of other organizations listed in the line</li></ul>	n 501(c)(3) and gov organizations listec	ernment organizat in the line 1 table	rganizations listed in the line 1 table 1 table 1 table	ine 1 table			<b>A A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2017)

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# **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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(1) N/A (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  Description of 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 or loan  (c) Purpose of loan  (d) Loan to or longunal mount or form 990, Part X, line 26; or if the organization or loan  (d) Name of interested person  (e) Purpose of loan  (f) Loan to or longunal mount or form 990, Part IV, line 26; or if the organization?  (e) Original principal amount or longunal mount	Name o	of the organization							1	Employ	yer ide:	ntificati	on nu	mber		
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.  1 (a) Name of disqualified person   (b) Relationship between disqualified person and organization   (e) Description of transaction   (e) Description   (e) Description of transaction   (e) Description   (e) Desc	Funda	mental Baptist World-	Wide Mission, I	nc.					[			62-1	6031	93		
1 (a) Name of disqualified person organization	Excess Benef	it Transaction	ns'(section 501	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) o a or 25b,	rganız: or For	ations m 990	only) 0-EZ,	Part	V, lıne	40b.		
(1) N/A (2) (3) (4) (5) (6) (6) (7) (a) Name of interested person (b) Relationship with organization from the organization managers or disqualified persons during the year under section 4958.  (a) Name of interested person (b) Relationship with 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 from the organization or from the organization or loan (c) Relationship with organization or loan (d) Loan to or from the organization or loan (d) Loan to organization org	4	(a) Name of degraphical	narcon				person and		(c) De	scrintini	n of tran	reaction	n		(d) Con	rected?
(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 \rightarrow \square \rightarrow \rightarro	'	(a) Name of disqualified	person		organız	ation			(0) 50	3011P1101	· Or trail	13401101	<u>'</u>		Yes	No
(3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	(1)	N/A		-												
(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	(2)															
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.	(3)							<u> </u>							<u> </u>	
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.    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 loan   (d) Loan to or organization   (e) Purpose of loan   (e) Organization   (f) Balance due   (g) In default? (h) Approved by board or committee?   (e) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Organization   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or committee?   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Organization?   (f) Balance due   (g) In default? (h) Approved   (f) Organization?   (f) Organization   (f) Balance due   (g) In default? (h) Approved   (f) Organization?   (f) Organization   (f) Balance due   (g) In default? (h) Approved   (f) Organization															<u> </u>	L
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958								<u>.</u>							<u> </u>	
under section 4958.   3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization   \$								L							<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, 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 loan (d) Loan to or from the organization?  To From  (b) Relationship principal amount principa		under section 4958									ring ti · ·	ne ye  I	▶ \$			
Organization?   To From   Yes No Y		Complete if the organization re	e organization eported an am- (b) Relationship	answered "Ye ount on Form ! (c) Purpose of	s" on 990, P	oan to or	e 5, 6, or 2	2.			Γ		(h) Ap	proved	(i) W	
(1) N/A (2) (3) (4) (5) (6) (7) (8) (9) (10) Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) Ernest Gambrell (Corporate President (2) (Taxable - Form 1099)	• •		with organization	loan			principal an	nount					comn		_	ment?
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total  Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) 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) Ernest Gambrell (C) Corporate President (C) Amount for Benefit (Taxable - Form 1099)					То	From					Yes	No	Yes	No	Yes	No
(3) (4) (5) (6) (7) (8) (9) (10) Total  Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (b) Relationship between interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance  (f) Ernest Gambrell  Corporate President  2,366 Payment for Benefit  Benefit for Service  (Taxable - Form 1099)		N/A	·				-				ļ	ļ			├—	├
(4) (5) (6) (7) (8) (9) (10) Total											<b>↓</b>	<u> </u>		<del> </del>	<del> </del>	<b></b>
(5) (6) (7) (8) (9) (10) Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) 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) Ernest Gambrell (Taxable - Form 1099)					-	<del></del>			_		-	ļ		├	├	<u> </u>
(6) (7) (8) (9) (10) Total  Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) 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) Ernest Gambrell Corporate President 2,366 Payment for Benefit Benefit for Service (2)					-	+					-			├	├	├─
(7) (8) (9) (10) Total				-	<u> </u>						<del> </del>			├		├
(8) (9) (10)  Total											-			├	-	
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Total											1	<b></b>		<del> </del>	├─	<del> </del>
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Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) 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) Ernest Gambrell (2) (Taxable - Form 1099)			l		<u> </u>		l	_	<u>t</u>		$\vdash$			l	<del> </del>	
person and the organization  (1) Ernest Gambrell Corporate President 2,366 Payment for Benefit Benefit for Service  (2) (Taxable - Form 1099)	Part	Grants or Ass Complete if th	e organization	fiting Interest answered "Ye	ed Pe s" on	Form 99	0, Part IV, I	ine 27		contona		1 (0)	Burne			
(2) (Taxable - Form 1099)		·	person	and the organization		(c) Amouni					.8					<del></del>
		Ernest Gambrell	Corporate	President			2,366	7				Bene	rit for	Servi	ce	
I.SI				<del> </del>			<u>.</u>	(Taxa	ble - Form	1099)						
	(3)											_				
· (4) Ernest Gambrell Corporate President 33,140 Grant Included in Pt. IX, L. 2 Grant for Personal Living		Ernest Gambrell	Corporate	President			33,140				X, L. 2	· · · · ·				ing
(5) (Taxable - Form 1099) & Work Expense					-			(Taxa	ble - Form	1099)		& Wo	rk Ex	pense		—
(6)	(6)	<del></del>											-			
	(7)					<b>_</b>						-				
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(9)								<del> </del>				<b>-</b>				

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

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2017

Mike Denison - Mission	ary	Son-in-law of Corporate		1		Τ.
Mike Denison - Mission	ary	Son-in-law of Corporate			Yes	N
	<del></del> -			Grant - Missionary Support	<del></del>	ļ.,
		President		(Included in Part IX, L. 2 &		⊢
				Schedule I, Part I, Part III) (Taxable - Form 1099)	<del></del>	H
	<del></del>	<u> </u>		(Taxable - Form 1099)	+	t
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V Supplemental	Information	n for responses to questions				
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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.

20**17** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

62-1603193 Fundamental Baptist World-Wide Mission, Inc. Part VI, Section B, Line 11b - The completed Form 990 was not presented to the entire governing board; however, Form 990 was completed and reviewed by a member of the governing board (Board of Directors) whom the governing board has designated as having responsibilities for such matters. Part VI, Section B, Line 12c - Annual conflict of interest statements are signed by members of the governing board. Part VI, Section B, Line 19 - The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request at the organization's office. Part VII , Section A, Column D - Reportable Compensation for the corporate president: \$33,140 is included inPart IX, line 2 as a missionary grant, \$2,366 is included in Part IX, Line 4 as a benefit paid to a member.