Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

(8)?

Open to Public Inspection

Α	For the	e 2018 ca	endar year, or tax year beginning and ending	_				
B	Check is applicat	ole	C Name of organization	D Employer identification number				
Γ	$\neg$	ess change						
Ē	_	e change	WORLD MOBILIZATION, INC.	82-3777262				
Ē	$\neg$	l return						
F	Final	return/ inated	192 APPLETON STREET	ı		505-7984		
F	_		City or town, state or province, country, and ZIP or foreign postal code	_	oup Exe	<del></del>		
F	$\neg$	nded return	LOWELL, MA 01852			•		
누		ation pending	<u> </u>		mber >			
		ntıng Meth te: ▶ N			eck ►			
		· -			•	d to attach Schedule B		
_			us (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 527	(F0	orm 990,	, 990-EZ, or 990-PF).		
		of organiza				<del></del>		
L			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,		E2 0E1		
_			\$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		<b>▶</b> \$	52,951.		
L	art I	_	· · · · · · · · · · · · · · · · · · ·	Jenons	s ior Par	(I) Ter		
_	T 4		if the organization used Schedule O to respond to any question in this Part I		T	<u> </u>		
	1		tions, gifts, grants, and similar amounts received		1 1	52,951.		
	2	-	service revenue including government fees and contracts		2			
	3		thip dues and assessments		3	<del></del>		
	4		nt income		4			
	5a		nount from sale of assets other than inventory 5a		↓ I			
	b		it or other basis and sales expenses		<u>  </u>			
	C	Gain or (	oss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6	Gaming a	and fundraising events:		}			
ē	a	Gross in	ome from gaming (attach Schedule G if greater than					
en	,	\$15,000	6a					
Revenue	b	Gross in	ome from fundraising events (not including \$ of contributions					
-	1	from fun	draising events reported on line 1) (attach Schedule G if the sum of such					
		gross inc	ome and contributions exceeds \$15,000)		]			
	C	Less: dir	ect expenses from gaming and fundraising events 6c					
	d	Net incor	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d			
	7a	Gross sa	es of inventory, less returns and allowances 7a					
	b	Less: cos	t of goods sold 7b					
	C	Gross pr	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other rev	enue (describe in Schedule O)		8			
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>•</b>	9	52,951.		
	10	Grants a	id similar amounts paid (list in Schedule 0)		10	47,000.		
	11	Benefits	paid to or for members		11			
es	12	Salaries,	other compensation, and employee benefits		12			
Š	13	Profession	nal fees and other payments to independent contractors $\overset{\circ}{9}$ NOV 2 0 2020		13			
Expense	14	Occupan	cy, rent, utilities, and maintenance		14			
ш	15	Printing,	publications, postage, and shipping		15			
	16	Other exp	publications, postage, and shipping enses (describe in Schedule O)  SEE SCHEDULE O		16	1,075.		
	17	Total exp	enses. Add lines 10 through 16		17	48,075.		
s	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)		18	4,876.		
Set	19	Net asset	s or fund balances at beginning of year (from line 27, column (A))			· -		
As	1		ree with end-of-year figure reported on prior year's return)		19	800.		
Net Assets	20		inges in net assets or fund balances (explain in Schedule O)		20	0.		
_	21		s or fund balances at end of year. Combine lines 18 through 20	<b>&gt;</b>	21	5,676.		
	. F	D	to Deducation And Nighting and the appropriate instructions			Form 000 E7 (0010)		

832171 12-11-18

ABO

WORLD MOBILIZATION, INC. Form 990-EZ (2018) 82-3777262 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Schedule N 36 X 0 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 ► 0 • ; section 4955 ► 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed MA 42a The organization's books are in care of ► VICENTE DALMASO Telephone no.  $\triangleright 978 - 505 - 7984$ Located at ▶ 460 WESTFORD STREET, LOWELL, MA b 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 Yes No account)? 42b Х If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

Form 990-EZ (2018)

44d

45a

in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

Form	990-EZ (2	2018) <b>WO</b> :	RLD MOBILIZ	ATION,	INC.					82-37	7726	2	Page 4
46	t Did the oi	ganization engag	e, directly or indirectly, in	n political cam	paion activitie	s on behalf of or	in oppositio	on to can	didates for pi	ublic office?		Yes	No
		omplete Schedule		. <b>p</b> 0	pg., 20		• • • • • • • • • • • • • • • • • •				46	-	X
Pa			(c)(3) Organization	ons Only							1 -:-		
			c)(3) organizations mu	_	uestions 47-	49b and 52. a	nd comple	te the ta	bles for line	s 50 and 5	51		
		,	ganization used Sched	•		-	•						
												Yes	No
47	Did the oi	ganization engag	e in lobbying activities or	have a sectio	n 501(h) elec	tion in effect duri	ing the tax y	ear? If "Y	es," complete	e Sch. C, Par	t II 47		X
48			l as described in section								48		X
49 a	Did the oi	ganization make	any transfers to an exem	pt non-charita	ble related or	ganization?					498		X
b	If "Yes," w	as the related org	janization a section 527 c	organization?							491		
50	Complete	this table for the	organization's five higher	st compensate	ed employees	(other than offic	ers, directoi	rs, truste	s, and key e	mployees) w	ho each	received	more
	than \$100	0,000 of compens	ation from the organizati	on. If there is	none, enter "N	Vone."							
		(a) Nam	e and title of each employ	yee		(b) Averag			Reportable	(d) Health be		(e) Estin	nated
						W-2/			sation (Forms 1099-MISC)	contribution employee b	enefit al		of other
			N	ONE		positi	on 			plans, and de compensa	tion	ompens	ation
			-										
													_
					·								
			loyees paid over \$100,00			l	<b>&gt;</b>						
			organization's five higher		ed independer	nt contractors wh	no each rece	eived mor	e than \$100,	000 of comp	ensation	from the	е
	<del></del>	on. If there is nor	<del></del>	ONE									
	(a) N	ame and busines	s address of each indepe	endent contrac	tor		(b	) Type of	service		(c) Com	pensatio	<u>n</u>
										ŀ			
										<u> </u>			
						<del></del>							
4	Total num	har of other inde	pendent contractors each	n receiving ove	or \$100 000					!			
			ete Schedule A? <b>Note:</b> Al	_		ations must attac	h a			<del></del>			
		ganization compi d Schedule A	A	11 35011011 30 1(	cy(o) organiza	ations must attac	11 a			_	· X	/ac	□ No
	<u> </u>		are/that have examined	this return in	cludina accon	nnanvina schedi	iles and stat	ements :	and to the he	st of my kno			
			aration of preparer (other		-					-	wicage a	na bener	, 10 13
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Sigi	n   🏲	Signature/profits								Date	11/0	70K)	
Her		VICENT	E DALMASO, (	CLERK									
		Type or print name											<del></del>
_		Print/Type prep	arer's name	Preparei	's signature		Date	1	Check	if PTIN	V		
D- :	-d	1	E. TOOLIN		DAN E.	TOOLIN			self- employ	- 1			
Paid		III		III	· ·	,	11/07	7/20		P(	0132	3447	
	parer		ANSTISS &		.C.		,	. , _ 0	Firm's FIM	▶ 04-2			
Use	Only		▶1115 WEST						Phone no.	(978)		2-25	00
		1	LOWELL, M						1 110110 110.	, - , - ,			<del></del>
Mav 1	the IRS dis	cuss this return v	with the preparer shown a							•	X	res	No
	2 2.0		1 - 1 - 1 - 1 - 1									990-EZ	

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number WORLD MOBILIZATION, INC. 82-3777262 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) 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 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. d \_\_\_\_\_ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Total

_	(Complete only if you checke fails to qualify under the test				on failed to qualify	under Part III. If the	e organization			
Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total			
1	Gifts, grants, contributions, and						<b>X.7</b>			
	membership fees received. (Do not									
	include any "unusual grants ")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to	,				<b>/</b>				
	or expended on its behalf				/					
3	The value of services or facilities	-	Ì							
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions				7					
	by each person (other than a			/	1					
	governmental unit or publicly				1					
	supported organization) included									
	on line 1 that exceeds 2% of the				1					
	amount shown on line 11,			/						
	column (f)		ļ	/						
6	Public support. Subtract line 5 from line 4		/							
Se	ction B. Total Support						•			
Cale	endar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,				•	ľ				
	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.)			ļ		1				
11	Total support. Add lines 7 through 10	<b>1</b>		<u>i</u>	J		· · · · · · · · · · · · · · · · · · ·			
12	Gross receipts from related activities	, etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ırd, fourth, or fifth t	tax year as a section	on 501(c)(3)				
<u>e</u> -	organization, check this box and sto		to				▶□			
	ction C. Computation/of Publ		<del></del>			11				
	Public support percentage for 2018 (		-	column (f))		14	%			
	Public support percentage from 2017				44 - 00 - 1004	15	%			
168	33 1/3% support test - 2018. If the	<del>-</del>			14 is 33 1/3% or	more, check this bo	x and			
	stop here. The organization qualifies		•		d lime 45 to 00 4 /00	·/	<b>▶</b> □			
	33 1/3% support test - 2017. If the	-			u line 15 is 33 1/39	% or more, cneck tr	is box			
47.	and stop here. The organization qua	· · · · · · · · · · · · · · · · · · ·	· · ·		- 10 10 10-		▶□			
1/8	10% -facts/and-circumstances tes	-								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
	<i>A</i>	=			-	17a and line 15 :-	10% or			
£	10% -facts-and-circumstances tes	_				Ť				
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
18	Private foundation. If the organization		-	•						
<del>"</del>	, realization in the organization	sig her officer a				edule A (Form 990				
						,	,			

## Schedule A (Form 990 or 990 EZ) 2018 WORLD MOBILIZATION, INC. [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

Se	ction A. Public Support	siow, please com	piete Part II.)					
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20	18	(f) Total
1	Gifts, grants, contributions, and		•	1.1				
	membership fees received. (Do not							
	include any "unusual grants ")				1,000.	52,	951.	53,951.
2	Gross receipts from admissions,							
	merchandise sold or services per-			}				
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that						$\rightarrow$	·
٠	are not an unrelated trade or bus-				1			
	iness under section 513							
	ļ <del>.</del>						$\longrightarrow$	
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to				1			
	or expended on its behalf			ļ		<u> </u>	$\longrightarrow$	
5	The value of services or facilities						1	
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5				1,000.	52,	951.	53,951.
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons					10,	602.	10,602.
t	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						ľ	
	amount on line 13 for the year							0.
	Add lines 7a and 7b			1		10,	602.	10,602.
	Public support. (Subtract line 7c from line 6.)	<del></del>	·			· · · · ·		43,349.
Sec	ction B. Total Support			1		<u></u>		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	18	(f) Total
	Amounts from line 6	<u> (a) 2014</u>	(6) 2010	(6) 2010	1,000.		951.	(f) Total 53,951.
-	Gross income from interest,	<del></del>		<del> </del>	2,0001	32,		33,3320
100	dividends, payments received on						1	
	securities loans, rents, royalties,							
	and income from similar sources			ļ			<del></del>	
t,	Unrelated business taxable income						-	
	(less section 511 taxes) from businesses						ŀ	
	acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on			l				
12	Other income. Do not include gain							
	or loss from the sale of capital				ļ			
13	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)				1,000.	52,	951.	53,951.
	First five years. If the Form 990 is for	the organization's	s first second thi	rd fourth or fifth t	·			
• •	check this box and stop here	the organization	o mot, accord, am	ia, ioarai, or inai a	un your as a scone	., 00 , (0)(0)	O guille	<b>▶ X</b>
Sec	ction C. Computation of Publi	c Support Pe	rcentage					
	Public support percentage for 2018 (lii			column (fl)		15	-	%
			•	Column (1))		16		<u> </u>
	Public support percentage from 2017 ction D. Computation of Inves					10		
						4-1		
	Investment income percentage for 20	· ·		ine 13, column (f))		17		%
	Investment income percentage from 2	-				18		<u>%</u>
19a	33 1/3% support tests - 2018. If the						nd line 17	/ is not
	more than 33 1/3%, check this box an	id <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion		
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	re than 33	1/3%, a	nd
	line 18 is not more than 33 1/3%, chec	ck this box andst	<b>op here.</b> The orga	ınızatıon qualifies a	is a publicly suppo	rted organ	ızatıon	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions		▶□
83202	23 10-11-18				Sche	edule A (Fo	orm 990	or 990-EZ) 2018

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

_	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ľ		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1	L	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3а		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	<u> </u>		
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	<u> </u>		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	l		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	-		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	l	i	
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	l		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		l	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

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10b

determine whether the organization had excess business holdings)

	other Type III non-functionally integrated supporting organizations must co	mnlete Se	ctions A through E	
Sect	ion A - Adjusted Net Income	impiete de	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	_3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	•	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		,
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2018

Secti	t V  Type III Non-Functionally Integrated 509 ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions							
7								
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•					
	(provide details in Part VI). See instructions							
9	Distributable amount for 2018 from Section C, line 6			-				
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	ion E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI) See instructions			<u>.</u>				
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
<u>i</u>								
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2018 from Section D,							
	line 7 \$							
	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2018, if							
	any Subtract lines 3g and 4a from line 2. For result greater							
_	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
-	Part VI. See instructions			· · · · · · · · · · · · · · · · · · ·				
7	Excess distributions carryover to 2019. Add lines 3j							
•	and 4c							
8	Breakdown of line 7			· · · ·				
	Excess from 2014							
	Excess from 2015							
	Excess from 2016			<u> </u>				
a	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2018

#### **SCHEDULE 0**

(Form' 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018

Open to Public Inspection

Name of the organization **Employer identification number** WORLD MOBILIZATION, INC. 82-3777262 FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: GRANT GRANTEE NAME: WORLD MOBILIZATION GRANTEE ADDRESS: KHADKA BHADRAKALI, HATTIGAUDA ] 3, BUDHANILKANTA WARD ] 3 KATHMANDU, NEPAL 44600 DATE OF GIFT: VARIOUS AMOUNT GIVEN: 47,000. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK CHARGES AND FEES 750. 50. OFFICE SUPPLIES AND SOFTWARE TAXES AND LICENSES 275. TOTAL TO FORM 990-EZ, LINE 16 1,075. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE AWARENESS AND FUNDS TO ASSIST ORGANIZATIONS AND ENTITIES THAT COMBAT HUMAN TRAFFICKING WORLD WIDE, WITH A SPECIAL FOCUS IN ENDING CHILD EXPLOITATION, TRAFFICKING AND PROSTITUTION IN NEPAL, BANGLADESH, INDIA AND OTHER ASIAN COUNTRIES. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: GRANTS TO ASSIST ORGANIZATIONS AND ENTITIES THAT COMBAT HUMAN TRAFFICKING WORLD WIDE, WITH A SPECIAL FOCUS IN

ENDING CHILD EXPLOITATION, TRAFFICKING AND PROSTITUTION IN

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

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Schedule O (Form 990 or 990-EZ) (2018)

	(Form 990 or 990 EZ) (2	018)			<del></del>	Page 2
Name of the	organization WC	RLD MOBI	LIZATION	, INC.		Employer identification number 82-3777262
NEPAL,	BANGLADESH,	INDIA A	ND OTHER	ASIAN	COUNTRIES.	
				. <u> </u>		
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