... 990-F7

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 \blacktriangleright 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.

Open to Public Inspection

A	For the	2018 calendar year, or tax year beginning February 1 , 2018, and ending	anuary	31 , 20 19	
	Check if a		ployer ic	lentification number	
	Address o	47-3054090			
	Name cha	E Telephone number			
	initial retu	IP () Roy 171292	(2)	08) 870-8359	
H		City or town, state or province, country, and ZIP or foreign postal code	oup Exe		
片	Amended Application	return	ımber I	•	
			▶□	if the organization is not	
	Nebsite			tach Schedule B	
				0-EZ, or 990-PF).	
		organization:			
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	<u> </u>		
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ g	41,954	
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions	s for Part I)	
	`	Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	11	41,954	
	2	Program service revenue including government fees and contracts	2	0	
	3	Membership dues and assessments	3	0	
	4	Investment income	4	0	
)	5a	Gross amount from sale of assets other than inventory 5a	0		
3	b	Less: cost or other basis and sales expenses	ŏ		
•	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6	Garning and fundraising events:			
נ	a	Gross income from garning (attach Schedule G if greater than			
- 9		615,000)	o 1		
_ ნ	ь	Gross income from fundraising events (not including \$ 0 of contributions	1		
ī ē	1	from fundraising events reported on line 1) (attach Schedule G if the			
SCANNIU Revenue		cum of such gross income and contributions expends \$15,000	o 1		
	C	Less: direct expenses from garning and fundraising events 6c	o		
\mathbf{c}	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
(D		line 6c)	6d	0	
	7a	Gross sales of inventory, less returns and allowances	0		
	ь	Less: cost of goods sold	o		
	¢	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
	8	Other revenue (describe in Schedule O)	8	0	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,954	
	10	Grants and similar amounts paid (list in Schedule O)	10	23,852	
	11	Benefits paid to or for members	11	0	
S 88	12	Salaries, other compensation, and employee benefits	12	0	
	13	Professional fees and other payments to independent contractors.	13	3,177	
Ехрет	14	Occupancy, rent, utilities, and maintenance	14	0	
囮	15	Printing, publications, postage, and shipping OGDEN, UT	15	40	
	16	Other expenses (describe in Schedule O)	16	12,713	
	17	Total expenses. Add lines 10 through 16	17	39,781	
29	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,173	
S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
As		end-of-year figure reported on prior year's return)	19	17,125	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	19,298	
For	Papen	work Reduction Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2018)	

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Form 9	' 90-EZ (2018)					Page 2
Par	<u>`</u>	Balance Sheets (see the instructions	for Part il)				Page 2
		Check if the organization used Schedule	•	ny question in this	Part II		
					(A) Beginning of year		(B) End of year
22	Cast	n, savings, and investments		[17,125	22	19,298
23	Lanc	I and buildings		[23	
24	Othe	er assets (describe in Schedule O)		[24	
25	Tota	lassets		[17,125	25	19,298
26	Tota	I liabilities (describe in Schedule O)		[26	
27		assets or fund balances (line 27 of column			17,125	27	19,29
Part	Ш	Statement of Program Service Accom	•		•		
		Check if the organization used Schedule				Mer	Expenses Juired for section
What	is the	organization's primary exempt purpose?	Religious: To equip	families to reach the	world for Christ		(c)(3) and 501(c)(4)
as m	easure	e organization's program service accompli- d by expenses. In a clear and concise manifited, and other relevant information for ea	anner, describe the			orga othe	unizations; optional for ars.)
28	Domes	tic Missions: Objective is to equip families to	share the Gospel thre	ough short- and long	-term missions		T
		the U.S. 1) Provided short-term donation proc					
		port their domestic mission in HI, and facilitate					
	(Grant					28a	13,386
29	Formu	a for the Philippines: Objective is to provide n	utritional assistance	and access to emer	gency medical		
		r infants age 0-3 in poverty-stricken areas of n					
	and ed	ucation in life skills and personal health to par	rents or caregivers o	(cont. on Schedule	0)		}
9	Grants	s \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	11,760
30	Foreigi	n Missions: Objective is to equip families to sh	are the Gospel throu	igh short- and long-t	erm		
	missio	ns outside the U.S.: 1) Provided training and s	upport for the Bisho	p family to conduct a	return trip to		
:	South	Africa and Botswana. During the six week trip					
4	Grant:			ints, check here .	▶ □	30a	10,591
		program services (describe in Schedule O)					
	Grants) If this amount	includes foreign gra	ints, check here .	· · · • • • • • • • • • • • • • • • • •	31a	+
		program service expenses (add lines 28a t				32	35,737
Part	IV	List of Officers, Directors, Trustees, and Key				nstrud	ctions for Part IV)
		Check if the organization used Schedule	O to respond to al	(c) Reportable	(d) Health benefits,		<u> L</u>
		(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ	0	Estimated amount of other compensation
Micha	el Jone	es .					
Direct	or and	Board Member, Co-founder, Missionary	2			0	
Justin	Mitso	າ,					
Co-for	ınder,	Board Member, Missionary Trainer	3	1,500		0	
Sarah	Jones	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ļ		1	
Long-	term M	issionary; Philippines Program Director	4		<u> </u>	<u>o</u>	
Krista							
Admir	istrativ	ve Assistance (as The Runcible Raven, LLC)	11	1,677	<u> </u>	+	·
				ļ	 	+	
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
	•		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	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		J
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		_
b 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 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	35b 35c		✓
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	7		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		✓
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			7.00
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
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: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
	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	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		√
41	List the states with which a copy of this return is filed ▶ Idaho			
42a	The organization's books are in care of ▶ Michael Jones Telephone no. ▶	208-87	0-835	9
1	Located at ▶ P.O. Box 171292 Boise, ID ZIP + 4 ▶	83717		
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 account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶	1953		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			76 T
С	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	42c		✓
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	• •	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	ies	₩
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 d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1 (2005)	
U	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	45b		1

Page	4

										Yes	NO
		he organization engage, directly or in									
		ndidates for public office? If "Yes," o		, Part I	· ·	• • •		<u>. </u>	46	L	L
Part \		Section 501(c)(3) Organizations									
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.										
		Check if the organization used Sch	adula O ta raspand	to any question	in thic	· Dort \/I					
		Check if the organization used Scr	ledule O to respond	to any question	111 (1115	Fait VI	• • •	• •		Yes	No
47	47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax									140	
	year? If "Yes," complete Schedule C, Part II									1	
	•	organization a school as described in		i)? If "Yes." comple	ete Scl	hedule E			48		1
		he organization make any transfers to							49a		1
		es," was the related organization a se							49b		† <u>*</u>
		plete this table for the organization's						ors, t		s, an	id key
		oyees) who each received more than									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	ho	(d) Health ontributions t enefit plans, a compen	o employee and deferred		stimate ner com		
None											
			·····	ļ							
					-						
							ļ				
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							-				
											
					- }		l				
f	Total	number of other employees paid over	er \$100.000	, ▶	0						
		plete this table for the organization's	·		ent co	ntractors	who each	rec	eived	more	than
		000 of compensation from the orga									
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	T	(c)	Com	pensatio	277	
None											
											
											
						ļ					
						ļ					

						1					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	, ▶			0	•		
52	Did t	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) or	rganiz	ations m	ust attach	a			
		dakad Özbedide A	<u> </u>			· · ·] Yes		No
		of penury, I declare that I have examined this n						owled	lge and	bellef,	it is
true, com	ect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has	any knowled	ge.				
Oi.	Ì	myom					2/4/2	0[9	1		
Sign		▼ Signature of officer				Date	ι	·			
Here		Michael Jones, Director									
		Type or print name and title	Preparer's signature		Data				PTIN		
Paid		Print/Type preparer's name	Lohmai e siftierme		1 1		Check Self-emplor	if	1. 1HA		
Prepa		Similar and P	J		l	P1	· · · · · · · · · · · · · · · · · · ·	,601			
Use C	nly	Firm's name					s EIN ▶				
May the	IRS	firm's address ► discuss this return with the preparer	shown above? See i	nstructions			e no.	• [Yes		No.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer Identification number

World Family Missions, Inc. 473054090 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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 university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/s% 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.) 11 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. Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
Sacti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests iis	stea below, p	lease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(4) 20.1	(5) 25.5	(0) = 0.10	(5/2511	(0)	
	membership fees received. (Do not include any "unusual grants.")						,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-
4	Total. Add lines 1 through 3	Marine Constitution of the		AND THE REAL PROPERTY.			
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)				anne a standard de		
_6	Public support. Subtract line 5 from line 4			17/27/15/19			
	on B. Total Support	,					
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 10				STATE OF THE		
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	n F01(a)(3)
13	organization, check this box and stop he					\	
Secti	on C. Computation of Public/Suppor		<u></u> e			\ 	
14	Public support percentage for/2018 (line			1, column (f))		14.	%
15 16a	Public support percentage from 2017 Sci 331/2% support test—2018. If the organi	hedule A, Part ization did not	II, line 14 . check the box	c on line 13, ar		\	check this
۵.	box and stop here. The organization qua	•		-			> []
b	331/2% support test—2017. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	ion	\.	▶ 🗆
17a							
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 t	this box and a	stop here.
18	Private foundation. If the organization di instructions		box on line 13,	•	a, or 17b, chec	k this box and	see · · ▶ □
	/						

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.)

Sect	on A. Public Support						·····
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	Ĺ	98230	105270	50530	41954	295984
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			<u> </u>		1	
	organization's tax-exempt purpose		0	0	o	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		o	O	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to			1		j	
	or expended on its behalf		o	0	0	o	0
5	The value of services or facilities	[
	furnished by a governmental unit to the		1				
	organization without charge		0	0	0	0	0
6	Total. Add lines 1 through 5		98230	105270	50530	41954	295984
7a	Amounts included on lines 1, 2, and 3	<u> </u>	Ì		1	i	
	received from disqualified persons .		31000	7750	2990	0	41740
b	Amounts included on lines 2 and 3				j		
	received from other than disqualified					ľ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		15000	28730	12000	0	55730
C	Add lines 7a and 7b		46000	36480	14990	0	97470
8	Public support. (Subtract line 7c from					7 2 W	
	line 6.)	1			15 . A. v.		198514
	on B. Total Support		,			····	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		98230	105270	50530	41954	295984
10a	Gross income from interest, dividends,		1	}	İ	1	
	payments received on securities loans, rents, royalties, and income from similar sources.					1	
_	• •		0	0	0	0	0
Þ	Unrelated business taxable income (less					i	
	section 511 taxes) from businesses acquired after June 30, 1975				_[
_		ļ	0	0	0	0	0
C	Add lines 10a and 10b	 	0	0	<u>o</u>	<u>0</u>	0
11	Net income from unrelated business activities not included in line 10b, whether	ļ			l		
	or not the business is regularly carried on				_1	_}	_
40	* '		0	<u>~</u>		0	0
12	Other income. Do not include gain or loss from the sale of capital assets	,				i	
	(Explain in Part VI.)	1	ا	ا	٦	ا	
13	Total support. (Add lines 9, 10c, 11,		0	<u> </u>	O	o	0
	and 12.)	ļ	98230	105270	50530	41954	295984
14	First five years. If the Form 990 is for the	ne organization					501(c)(3)
• •	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			3. column (f))		15	%
16	Public support percentage from 2017 Sch					16	
	on D. Computation of Investment Inc			· · · · · · · · · · · · · · · · · · ·	• • • •	1 · · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2018 (v line 13. colur	ກກ (ຄົ)	17	%
18	Investment income percentage from 2017		* * *	₹		18	
19a	331/a% support tests—2018. If the organi						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests-2017. If the organiz	_	-			_	
_	line 18 is not more than 331/s%, check this t						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	

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.)

Se cti	on A. All Supporting Organizations	
		Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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
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
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("forcign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	48
b	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 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b
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 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 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
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 determine whether the organization had excess business holdings.)	10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		L
Secti	ion B. Type I Supporting Organizations		N	
	Did the discharge to the state of the state	3444.3	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		No.	40
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	DOM: TOO
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
	,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
<u> </u>		11	.,	
Secu	on D. All Type III Supporting Organizations	Т	V	Nia
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2000	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	eren i	Marie Carl
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1191	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		47	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstruc	tions	S).
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('eac inc	taict	ionel
2	Activities Test. Answer (a) and (b) below.	_	Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			W. W.
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.3		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	yor galance	Strate Lines
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru izal	est on Nov. 20, 1970 (explain tions must complete Section	n in Part VI). See ns A through E.
Section A—Adjusted Net Income		(A) Pnor 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		,
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ON COMMENT OF STREET	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Y WASHINGTON	
4 Enter greater of line 2 or line 3.	4	ACTORISM SERVICE	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organ	izations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	prted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	Inizations	
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part Vi). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E-Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2018	(lil) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e	A CONTRACTOR OF THE PARTY OF TH		
9	Applied to underdistributions of prior years		E CORNING ANTHONOMOUS SUSPENIOUS NEW YORK	
<u>h</u>	Applied to 2018 distributable amount			MARKET MARKET AND THE PARTY OF
<u></u>	Carryover from 2013 not applied (see instructions)		Control Contro	Printering Transport Court of the Court of
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
	Applied to underdistributions of prior years		Corrections with the care	
<u>a</u> b	Applied to underdistributions of prior years Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.	SASTING ATTENDED TO THE CONTROL OF		
5	Remaining underdistributions for years prior to 2018, if		PROCESSARY STATE OF S	
	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.	s e al 77 Stra (se		TO THE MEN AND REPORTED TO SERVICE AND THE PROPERTY OF THE PRO
7	Excess distributions carryover to 2019. Add lines 3j and 4c.	THE STATE OF THE PROPERTY OF THE CASE OF THE PARTY OF THE		
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
ę	Excess from 2018			

Schedule A (f	Form 990 or 990-EZ) 2018	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 10 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines S, 8, and 8; and Part V, Section D, lines S, 8, and 8; and Part V, Section D, lines S, 8, and 8; and Part V, Section D, lines S, 8, and 8; and Part V, Section D, lines S, 8, and 8; and Part V, Section D, lines S,	iection c, 2a, 2b,
 .	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	

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

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 473054090 World Family Missions, Inc. Line 10: Grants \$5,000 and above 1. Religious, Support for long-term missionaries Max and Steffaney Thomas (and family). \$9,761 bridge grant to help pay for travel, lodging, and other ministry support expenses related to training for a long-term foreign mission. No relationship. 2. Religious, Short-term foreign mission support for Bob, Miriam, and Brittany Bishop. \$9091 Grant for airfare, lodging, in-country travel, food and ministry expenses for a six-week, short-term mission trip to Botswana, Africa. No relationship. Line 16: Other Expenses 1. \$11,759.51 Formula for the Philippines Program: Administration of program providing weekly meals to estimated 15-35 children and adults attending Bible study and life skills training. Cost of food, utensils, and storage containers. Preparation of food and transportation to purchase food and supplies on a weekly and monthly basis. Purchase, storage, and preparation of daily formula supplement for the 3 children aged 1.5 years and younger enrolled in the program. Purchase, storage, and preparation of weekly "food buckets" for remaining 8 children older than 1.5 years enrolled in the program to supplement approximately one meal per day. Twelve months of rent and utilities for building used to house the program. Purchase of potable drinking water. Payment to one full-time worker to prepare meals and food buckets, and stay with any children and/or mothers living at the home temporarily while receiving medical support (provided by local hospitals or midwives. Assistance with transportation to and from weekly appointments at the home for families living outside walking distance. 2. \$649.99 PayPal Fees: Proportion of donations taken by PayPal. (Paid by a sponsor so full amount of donation goes to chosen ministry.) 3. \$125.23 Vehicle Registration for passenger bus used for short-term domestic missions like Colorado's Hope Rock Ranch. 4. \$68.90 Computer fees: Payment of 6 months of email migration/cloud storage services. 5. \$45.74 Meals during planning meetings. 6. \$36.15 Bank fees. 7. \$18.70 Office supplies. 8. \$9.06 Website domain payment for 1 year. Line 17: Total of rounded amounts on lines 10 to 16 is \$39,782, but the exact amounts actually total to \$39781.39. (23851.68+3176.56+

39.86+12713.28). The amount we report on Line 17 is the rounded amount of the exact total, or \$39,781, and not an error of addition.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2		
Name of the organization	Employer identification number		
World Family Missions, Inc.	473054090		
Line 28 (cont) long-erm foreign mission in the future. 2) Provided grants to Christan rapper Erik Stephen (a	ka Erik Hand, formerly King MC) to		
support his family's long-term mission to provide free ministry concerts and CDs throughout the U.S Erik	Stephen held approximately		
85 Christian concerts during 2018.			
Line 29 (cont) those children. Assist local churches in their efforts to also minister to those families. 1) Pro	vided weekly meals to 30-50		
children and adults attending Bible study and life skills training. 2) Provided daily formula supplement for	3 kids aged 1.5 years and under,		
and daily milk and/or solid food supplementation to 8 children aged 1.5 to 3 years. Enough food to suppler	nent the family for 1 meal per		
day. 10 families enrolled in this program from February through January. Children age out at 3-4, when the	y can enroll in school. Parents		
are offered assistance with initial school supplies and clothing to encourage enrollment in the educational	system. 3) Assisted with		
transportation to hospital and consequent medical expenses for approximately 7 children throughout the	year.		
Line 30 (cont) schools and other organizations to share the Gospel, offer ministry support, and conduct m	ath education shows. Team		
strengthened partnerships and continued discipling begun on prior trips. 2) Provided transportation grant to Philippines trip team member			
who participated in the building of Paradise Alliance Church in 2016.			
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