Department of the Treasury Internal Revenue Service	Return of Organization Exem r section 501(c), 527, or 4947(a)(1) of the Internal R Do not enter social security numbers on this Go to www.irs.gov/Form990 for instruction	Revenue Code (except private s form as it may be made put	foundations)	2019 Open to Public Inspection
A For the 2019 calendar year, or t	ax year beginning , and ending	a eventuase ye	SAPERADO	1 mopeonon
B Check if applicable: C Name of organization	WORLD OUTREACH MINISTRIES		D Employe	er identification number
Address change	FOUNDATION		34.000	
Name change Doing business as		The first of the f	91-1	609811
Initial return PO BOX 70	r P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
	province, country, and ZIP or foreign postal code	marica smake a naturality to	253-	925-9562
BONNEY LA	KE WA 98391		G Cmm	ceipts\$ 1,275,245
Amended return F Name and address of	principal officer:	en e secondo tem o o opiosa	G Gross red	celpts\$ 1,213,243
Application pending RYAN DeV 33011 28 Federal	th Ave SW	H(b) Are al	a group return for subordinates inc	= =
Tax-exempt status: X 501(c)(3)	501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	ivo, attacre a list	. (See Insuddions)
J Website: ▶ N/A	4547(8)(1) 01	Section 1997 The Sectio	exemption numb	La Company and Auril
K Form of organization: X Corporation	Trust Association Other	L Year of formation:		M State of legal domicile: WZ
Part I Summary		I L Teat of formation.	G ROPER CONTRACT	W State of legal domicile: W/A
RELIGIOUS MISSION OF COMMENTS	MINORS ACKER MINISTER			41
	rganization discontinued its operations or disposed	d of more than 25% of its ne	t assets.	The second second
4 Number of independent voting	f the governing body (Part VI, line 1a)		3	8
4 Number of independent voting 5 Total number of individuals et 6 Total number of volunteers (et	g members of the governing body (Part VI, line 1)	b)	4	5
5 Total number of individuals el	inployed in calendar year 2019 (Part V, line 2a)		5	5
6 Total number of volunteers (e	estimate if necessary)		1 6 1	180
h Not uprolated business reve	enue from Part VIII, column (C), line 12		7a	- 0
biver differenced business taxab	le income from Form 990-T, line 39		7b	0
8 Contributions and grants (Par	t VIII, line 1h)	Prior 1 1 7	78,517	Current Year
9 Program service revenue (Par 10 Investment income (Part VIII,			16,311	1,250,518
10 Investment income (Part VIII.	rt VIII, line 2g) column (A), lines 3, 4, and 7d)		21	PAGE 0
11 Other revenue (Part VIII, colu	mn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			14 200
12 Total revenue - add lines 8 th	rough 11 (must equal Part VIII, column (A), line 1		78,538	14,328
13 Grants and similar amounts p	aid (Part IX, column (A), lines 1–3)			1,264,846
14 Benefits paid to or for member	rs (Part IX column (A) line 4)	33	59,256	991,323
	employee benefits (Part IX, column (A), lines 5-	10) 15	29,470	104 000
16a Professional fundraising fees	(Part IX, column (A), line 11e)		.9,410	194,899
2   b lotal fundraising expenses (P	art IX, column (D), line 25) > 84	956		0
17 Other expenses (Part IX. colu	mn (A), lines 11a–11d, 11f–24e)		5,395	47.056
18 Total expenses. Add lines 13-	-17 (must equal Part IX, column (A), line 25)	1 1/	4,121	47,956
19 Revenue less expenses. Subt	ract line 18 from line 12		4,121	1,234,178
D C C C C C C C C C C C C C C C C C C C	e na electo podupor		urrent Year	30,668 End of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26 22 Net assets or fund balances.			2,078	213,296
21 Total liabilities (Part X, line 26	)		3,155	3,705
	Subtract line 21 from line 20		8,923	209,591
Part II Signature Block			STATE OF THE STATE	
Under penalties of perjury, I declare that I true, correct, and complete. Declaration of	have examined this return, including accompanying sch preparer (other than officer) is based on all information	nedules and statements, and to n of which preparer has any kno	the best of my wledge.	knowledge and belief, it is
Signature of officer		A SECTION AND A SECTION AND ADDRESS OF THE PARTY OF THE P		
lere CINDY BYER	oc		Date	
Type or print name and title	Control of the second s	TREASURER		

	Part IV Checklist of Required Schedules		1	_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	eninacio	Yes	No
	complete Schedule A	ing den	V	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 1	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	. 2	X	+-
		" u fee	ulam.	1
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	OB	X
		10 56 6X	1.200	l
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	. 4		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	SUP ENG	08 PS	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 5	10.00	X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	-40 c 186	Hab o	1
	"Yes" complete Schedule D. Part I	edil Cyro	pu bi	3
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	Librar	X
	the environment historic land areas or historic structures? If "Voe " complete Selecture D. D. V. V.	ring near	esna	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	. 7	-0. ly 1	X
	complete Schedule D, Part III	the best term	16.5	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	. 8	-100	X
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	252 3400	ota dis	- 6
		to de la la	nol a	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	THERE	X
- 1000X	Or in guari andowmented if Was 7 samplets Och at the D. D. C. V.	100	NO DE	
11	If the organization's answer to any of the following questions is "Ves." they remain 2 to 1.1.1.2.2.	10	Ciari.	X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	TA SIGN IN THE PROPERTY OF THE		0.00000	
	complete Schodule D. Red VII	10 A	i agy	- 18
b		11a	X	
	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		8921 F	*
C		11b	0.554	X
	of its total assets reported in Part X, line 162 // "Ves." complete School in Part X, line 13, that is 5% or more	district y	that it	10
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c	1988 B	X
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ELECTION	EXS	
е	Did the organization report an amount for other liabilities in Part V. III-2 250 V.	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
27	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	notes	60-140	Townson.
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	n bro	X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	tie ligio i	ed and	
h	Schedule D, Parts XI and XII	12a	NO. IL	X
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	or Bost -	n sã	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	200	X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1 200	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	Almostore -
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	unicip t	B BC	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	5 to 3 to	4	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	198 v	Sta.	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A) line 3, more than \$5,000 of	15	X	
1417	and diganization report on Part IX, Column (A), line 3, more than \$5 000 of aggregate grants or other	atiagnosi	114	
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
100	the diganization report a total of more than \$15,000 of expenses for professional fundraising services on	iostan i	11 150	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	2 1	X
-	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a2 if "Ves." complete Schedule C. Port II.	5 2	1/19	5

Form 990 (2019) WORLD OUTREACH MINISTRIES 91-1609811 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? X 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or aifts were not tax deductible? And the local control of the late of the late of the control of th 6b Organizations that may receive deductible contributions under section 170(c). 7 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? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f X **7f** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a X 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h X 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? CONCLUSE CALBON, ALCOHOLO Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b h 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 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 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tay on payment/s) of more than \$4 000 000 in \_\_\_\_\_\_

(10)

Page 6								88.00		O CONTRACTO MACONE THE	FION reins	
Form 990 (2019) WORLD O	UTREACH	MI	NI:	STI	TI	rs.		01	-160	10011	Anthylas and a comment	Dogo 7
Part VII Compensation Independent (	contractors							Key Employ	ees, l	Highest Compensate	d Employees,	Page 7 and
Check if Sched	uie O contain	s a	res	oon	se	or no	te to	o any line in	this Pa	art VII		<u>. LL</u>
Section A. Officers, Directors  1a Complete this table for all personnel per	sons required to	he lis	ipio sted	Rec	, ar	omno	hes	t Compensated	Emplo	yees		
organizations tax year.												
List all of the organization's compensation. Enter -0- in column     List all of the arrangement in the columns.	15 (D), (E), and		no c	omo	ens	ation v	vas r	oald			t of	
List all of the organization's	current key em	ploye	es, i	f an	y. S	ee inst	ructi	ons for definition	of "key	employee."		
<ul> <li>List the organization's five of who received reportable compens organization and any related organization</li> </ul>	anizations.	-orm	VV-2	and	or i	30X /	of Fo	orm 1099-MISC)	of more	than \$100,000 from the	and the street of the	
<ul> <li>List all of the organization's \$100,000 of reportable compensation</li> </ul>	former officers,	key	empl	loyee	es, a	and hig	hest	t compensated e	mployee	es who received more than		
List all of the organization's organization, more than \$10,000 organization, more than \$10,000 organizations for the order in ways.	former director of reportable con	nnen	trus	tees	tha	t raca	havi	in the capacity	as a for lated org	mer director or trustee of the ganizations.	9	
Check this box if neither the c						zation	com	pensated any c	urrent of	flicer director or trustee		
(A)	(B)				C)	-	T	(D)		(E)	(F)	
Name and title	Average hours	(de	n not		sition	than or		Reportable		Reportable	Estimated amoun	at
	per week	bo	x, unle	ess pe	erson	is both a	an	compensation from the		compensation from related	of other compensation	
	(list any hours for	0=	_			or/truste		organization (W-2/1099-MIS		organizations (W-2/1099-MISC)	from the organization and	
	related organizations	ndividual or directo	Institutional	Officer	Key e	mploy	Former				related organization	
	below dotted line)		iona		employee	ee 00	۳			ethe return being be-		
-	dotted line)	trustee	trustee		уее	Highest compensated employee	1					-
(1) RYAN DeVORE	<b>_</b>	-	8			ed ed	-					Y
(I)KIMA DEVORE	37.00	-										
PRESIDENT	0.00	x		x				62	,292			
(2) CINDY BYERS	1	128		25	-	H	+	02	, 292	0		0
	28.00						1	-				
TREASURER	0.00	X		X				32	,300	o		0
(3) SHIRLEY DEVORE												
	6.00	18	2		4							
VICE PRESIDENT (4) RICHARD ADAMS	0.00	X	-	X				16	,000	BY half of charts no 0 u	roter contactor	0
(4) RICHARD ADAMS	1 00			0.0			_	A solution of the	وسوسورات	(at begat	Lanual blood total?	b
DIRECTOR	0.00	2	SCITE	Die		- GGV	Ge III		Promoter and	Ach full (priblish) staubi II	at ie tedrus julei	
(5) JACK HARTMAN	0.00	X	0.00				+		0	0	Magniss anelions	0
with the last	10.00	Berr	aum	o h	560	T W 3	80 10		a rema	n let any formon million, di	Officerative and fact	
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(6) MARCY KAHLER-DA	VIS	35	l mi	de-ja	62	es la m		ann y tryythar			Life die the une 1933 si tem metaleniere	0
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5.000				- 1								
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_	VIII Statem Check	if Sch	of Revenue nedule O co	ntains	a response or no	te to any line in	this Part VIII	ubagae (bijeraga t	cus (β)(β) (β) η γ (σ)(1
	ESI programa supplied		(S) Into inconsignation of State States		(B) Program advisor ovplinate	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
1a	Federated carr	npaigns	1000	1a	A vectorize				
b	Membership du	ies		1b					
C	Fundraising ev	ents		1c					
d	Related organi	zatione		1d				THE WALLS	The section
	Government grants							CONTRACTOR	
f	All other contributions	(CONTRIDUIN	ons)	1e				u esconere de	
	and similar amounts	s, gins, gi not includ	ed above		1 050 510				AND MARKET
				1f	1,250,518				
9	Noncash contributions			1g			A present	Serego despesa o	media di magnifici.
e n	Total. Add line	s 1a-1				1,250,518		AND DESCRIPTION OF STREET	
2-					Business Code			re bestely market in	
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g	Total. Add lines Investment inco	s 2a-21	<u> </u>		.0.0				
Cappe	Income from inv								Stockhogne       Ising
5	Royalties								
	Royalties Gross rents	6a			<b>&gt;</b>	H the same and a second and a			SUN 1
5 6a	Royalties	6a			<b>&gt;</b>	5/18		64 8. 22% F. 22% 60 4. 3 100 000007	
5 6a b	Royalties  Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b 6c	(i) Real		<b>&gt;</b>		1 40 A 100	SHE SERVE DESCRIPTION OF THE PROPERTY OF THE P	ISDA I
5 6a b c	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom	6a 6b 6c	(i) Real		(ii) Personal		1 A- (40)	M.C. open a process	Section 2004
5 6a b c d 7a	Royalties  Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b 6c	(i) Real		(ii) Personal			SHE COLUMN TO THE SHE	SAME SAME SAME SAME SAME SAME SAME SAME
5 6a b c d 7a	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from	6a 6b 6c	(i) Real		(ii) Personal			ME are an protect for A transcript of the Parish a	TATE OF THE PARTY
5 6a b c d 7a	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incon Gross amount from sales of assets	6a 6b 6c	(i) Real		(ii) Personal				SAN TO SA
5 6a b c d 7a b	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incon Gross amount from sales of assets other than inventory	6a 6b 6c	(i) Real		(ii) Personal				TATE OF THE PARTY
5 6a b c d 7a b	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incon Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss)	6a 6b 6c ne or (I 7a 7b 7c	(i) Real	35	(ii) Personal				TABLE SECTION AND ADDRESS OF THE PROPERTY OF T
5 6a b c d 7a b	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incon Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss)	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real	35	(ii) Personal				THE STATE OF THE S
5 6a b c d 7a b	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incon Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss Gross income fron	6a 6b 6c ne or (I 7a 7b 7c s)	(i) Real	35	(ii) Personal				THE SECOND SECON
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5 6a b c d 7a b	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss Gross income from (not including \$ of contributions rep	6a 6b 6c ne or (1 7a 7b 7c s)	(i) Real OSS) (i) Securitie	35	(ii) Personal				Section of the control of the contro
5 6a b c d 7a b	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss Gross income from (not including \$ of contributions rep See Part IV, line 1	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real OSS) (i) Securitie	35	(ii) Personal				Section 200 (1970) The control of th
5 6a b c d 7a b c d	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss Gross income from (not including \$ of contributions rep See Part IV, line 1 Less: direct exp	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real OSS) (ii) Securities	88 88 86	(ii) Personal  (ii) Personal  (ii) Other				To down the same and the same a
5 6a b c d 7a b c d 8a	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss Gross income from (not including \$ of contributions rep See Part IV, line 1	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real OSS) (ii) Securities	88 88 86	(ii) Personal  (ii) Personal  (ii) Other	14,328			TA 3
5 6a b c d 7a b c d 8a	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss Gross income from (not including \$ of contributions rep See Part IV, line 1 Less: direct exp	6a 6b 6c ne or (l 7a 7b 7c s) n fundra oorted oo 8 eenses loss) from	(i) Real OSS)	88 88 86	(ii) Personal  (ii) Personal  (ii) Other	14,328			TA A 3
5 6a b c d 7a b c d 8a b c	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss) Ret gain or (loss) Gross income from (not including \$ of contributions rep See Part IV, line 1 Less: direct exp Net income or (lost)	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real OSS)	88 88 86	(ii) Personal  (ii) Personal  (ii) Other	14,328			TALL TO SERVICE TO SER
5 6a b c d 7a b c d 8a b c	Royalties  Gross rents  Less: rental expenses  Rental inc. or (loss)  Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps.  Gain or (loss)  Net gain or (loss)  Net gain or (loss)  Gross income from (not including \$ of contributions rep See Part IV, line 1  Less: direct exp Net income or (I  Gross income from See Part IV, line 1  Less: direct exp	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real  OSS)  (i) Securities  ising events  In line 1c).	8a 8b events	(ii) Personal  (ii) Personal  (ii) Other	14,328			TAY 32
5 6a b c d 7a b c d 8a b c	Royalties  Gross rents  Less: rental expenses  Rental inc. or (loss)  Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps.  Gain or (loss)  Net gain or (loss)  Net gain or (loss)  Gross income from (not including \$ of contributions rep See Part IV, line 1  Less: direct exp Net income or (I  Gross income from See Part IV, line 1  Less: direct exp	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real  OSS)  (i) Securities  ising events  In line 1c).	8a 8b events	(ii) Personal  (ii) Personal  (ii) Other	14,328			TAY AND THE PROPERTY OF THE PR
5 6a b c d 7a b c d 8a b c	Royalties  Gross rents  Less: rental expenses  Rental inc. or (loss)  Net rental incon Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps.  Gain or (loss)  Net gain or (loss)  Net gain or (loss)  Gross income fron (not including \$ of contributions rep See Part IV, line 1  Less: direct exp Net income fron See Part IV, line 1  Less: direct exp Net income or (I	fea feb fec fee fee fee fee fee fee fee fee fee	(i) Real oss) (i) Securitie ising events n line 1c). om fundraising g activities.	8a 8b events	(ii) Personal  (ii) Personal  (ii) Other  24,727 10,399	14,328			14,3
5 6a b c d 7a b c d 8a b c	Royalties  Gross rents  Less: rental expenses  Rental inc. or (loss)  Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps.  Gain or (loss)  Net gain or (loss)  Net gain or (loss)  Gross income from (not including \$ of contributions rep See Part IV, line 1  Less: direct exp Net income or (I  Gross income from See Part IV, line 1  Less: direct exp	6a 6b 6c ne or (l 7a 7b 7c s)	(i) Real  OSS)  (i) Securities  ising events  In line 1c).  om fundraising activities.  om gaming acty, less	8a 8b events 9a 9b tivities .	(ii) Personal  (ii) Personal  (ii) Other  24,727 10,399	14,328			14,32
5 6a b c d 7a b c d 8a b c d 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Royalties  Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss) Gross income from (not including \$ of contributions rep See Part IV, line 1 Less: direct exp Net income or (I Gross income from See Part IV, line 1 Less: direct exp Net income or (I Gross sales of in	6a 6b 6c ne or (l 7a 7b 7c s) n fundra ported or (l 8 enses) loss) from gamin 9 enses loss) from remover the control or (l 8 enses)	(i) Real oss) (i) Securitie sising events In line 1c). om fundraising gactivities. om gaming acry, less	8a 8b events	(ii) Personal  (ii) Personal  (ii) Other  24,727 10,399	14,328			14,32

Net

Total liabilities and net assets/fund balances

Form 990 (2019) WORLD OUTREACH MINISTRIES 91-1609811 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest-bearing 180,307 1 213,245 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 22,932 b Less: accumulated depreciation 10b 22,881 1,771 10c 51 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 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 182,078 213,296 16 Accounts payable and accrued expenses 17 3,155 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 ..... 3,155 26 3.705 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 28 Net assets with donor restrictions Fund 28 Organizations that do not follow FASB ASC 958, check here ▶X and complete lines 29 through 33. 6 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 178,923 209,591 31 Total net assets or fund balances

213,296 Form 990 (2019)

209,591

178,923

182,078

32

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

Department of the Treasury Internal Revenue Service

## **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 2019

> Open to Public Inspection

warne or the organization	FOUNDATION	EACH MINISTRIES	5		Employer id 91-16	entification number
Part I Rea	ason for Public Char	ity Status (All organiza	tions must o	complete this	part.) See inst	Market Market Street Control of the
The organization is	not a private foundation beca	ause it is: (For lines 1 through	12. check only	one box )	part.) Gee IIIS	i dodolis, garaga
1 A church,	convention of churches, or a	association of churches descr	ibed in section	170(b)(1)(A)(i)		
2 A school of	described in section 170(b)	(1)(A)(ii). (Attach Schedule E	(Form 990 or	990-FZ))	Dad textle box	
3 A hospital	or a cooperative hospital se	ervice organization described i	in section 170	(b)(1)(A)(iii)		
4 A medical	research organization opera	ited in conjunction with a hos	nital described	in section 170/k	-\/4\/A\/!!!\ Enton	ALX LUE DIN SERVICE
city, and s	state:	in a second second second	pital described	iii section 170(k	)(i)(A)(iii). Enter	the nospitars name,
5 An organiz	zation operated for the benef	it of a college or university ov	vned or operate	d by a governme	antal unit describe	. /ka. 15. /60
section 1	170(b)(1)(A)(iv). (Complete F	Part II.)	mod or operati	a by a governme	and unit describe	O III agent town control
6 A federal,	state, or local government o	r governmental unit described	in section 17	0(b)(1)(A)(v).		
7 X An organiz	zation that normally receives	a substantial part of its support	ort from a gove	mmental unit or f	rom the general r	ublic
uescribed	iii section 1/0(b)(1)(A)(Vi).	(Complete Part II.)			rom the general p	dollo
8 A commun	nity trust described in sectio	n 170(b)(1)(A)(vi). (Complete	Part II.)			
9 An agricult	tural research organization of	lescribed in section 170(b)(1	VA)(ix) operat	ed in conjunction	with a land-grant	college
Of universit	ty or a non-land-grant colleg	e of agriculture (see instructio	ns). Enter the	name, city, and st	tate of the college	or
university.						
U An organiz	ration that normally receives:	(1) more than 33 1/3% of its	support from	contributions, men	mbership fees, and	gross
receipts in	on activities related to its exi	empt functions—subject to cei	rtain exceptions	and (2) no mor	a than 33 1/20/ a	F Ho
acquired b	v the organization after lune	and unrelated business taxab 30, 1975. See section 509(	ole income (les	s section 511 tax	) from businesses	E TOTAL SETUDINE RECYCL
1 An organiz	ation organized and operate	d exclusively to test for public	a)(z). (Comple	e Part III.)		
2 An organiza	ation organized and operate	d exclusively for the benefit of	f to porform th	ecuon 509(a)(4).		
OI OHE OF H	note publicly supported orga	nizations described in section	1 509(a)(1) or	section 500/al/2	1 Son continu El	10/01/21
Check the	box in lines 12a through 12d	I that describes the type of su	pporting organ	zation and compl	ete lines 12e 12f	and 12a
a lype I.	<ul> <li>A supporting organization of</li> </ul>	operated, supervised, or contri	olled by its sur	ported organizati	on(s) typically by	alvina
uie sup	oported organization(s) the pr	ower to regularly appoint or el	lect a maiority	of the directors or	trustees of the	giving
support	ting organization. You must	complete Part IV, Sections	A and B.			
b Type II	I. A supporting organization	supervised or controlled in co	nnection with i	s supported orga	nization(s), by ha	ving had a male self
COLLIO	or management of the supp	orting organization vested in t	he same perso	ns that control or	manage the sup	ported
c Type II	Il functionally interested	te Part IV, Sections A and (	C. tent			
its supr	ported organization(s) (see i	A supporting organization ope nstructions). You must comp	rated in conne	ction with, and fu	nctionally integrate	ed with,
d Type II	Il non-functionally integra	ted. A supporting organization	operated in a	ecuons A, D, ar	10 E.	
that is i	not functionally integrated. T	he organization generally mus	st satisfy a dist	ibution requireme	s supported organ	zation(s)
requirer	ment (see instructions). You	must complete Part IV, Sec	ctions A and	), and Part V.		reness
e   Check t	this box if the organization re	ceived a written determination	from the IRS	that it is a Tuno I	. Type II. Type III.	
idilotori	idily integrated, or Type III I	ion-iunctionally integrated sup	porting organization	ration.	, ,,r, ,,p	
	umber of supported organiza		rumsii(leksis kens	NAC 6 26 20 No.	MeMary balls	Entel Data the late
		the supported organization(s)	NACE ARRESTS	en eta remonentego	LSIN ( E152S	el relegia Rec 14
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the organ	The state of the s	ount of monetary	(vi) Amount of
•	19 To CO To Supply States	(described on lines 1-10 above (see instructions))	listed in your go document		upport (see	other support (see
	the second second second	and the second second second		No	structions)	instructions)
<b>()</b>	PRO TO THE TOTAL PROPERTY OF THE TANK OF T					no and cost No acts
	Lantine pix x se	at the search of the search	to Silve granited from	The same		nuterinagio
3)	munt appear in a	di Salikada Isa mwaka			The Property is	20 Admin 8 (84-4/8)
	Service of the publication		Subtu-draft \$36	entre entre en mort		when in All Walt
C) 4						
	The second secon		and an in	NAME OF TAXABLE PARTY.		partition beautiful
2)		Company of the Compan		A STATE OF THE STATE OF		toricketral about

	(Complete only if you che If the organization fails to	qualify under	the tests liste	d helow pleas	complete E	alled to quality	under Part
Sec	cuon A. Public Support	quality arrac	uno tooto noto	d below, pleas	se complete r	art II.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	grimmer, esses	अव्युक्त अर्थ हो। हा	ur ya balah sayab			for the god
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	nexts: No for the arms a sales	mirenoristis griu 229 na evan kri	erico tara obelico ros o tara horizo	is makanjoob e apariberoopisch	n nanawa sasa sa sanda sasasan	n wasan marka
3	Gross receipts from activities that are not an unrelated trade or business under section 513			(2196)	)(e)KW nyinee	DOMESTICAL BOX II	Comment to
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(k) /5/6 <b>/10</b> 8 (c)	wa intinga estina	the transport	Nysel Base ass	tation to the original or o	e sa uc
5	The value of services or facilities furnished by a governmental unit to the organization without charge	DURCE SC MILS	All seconds	widesing particle	hodadh 3 Auges - Auber	atrib ant skear of this is not known.	destruction of
6	Total. Add lines 1 through 5	Kai fall musiki i	i isasa fikilan yadi	overlegger cattreacyon		dialitys, see it	23,000 to 10
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	SERVICES CONC.	con riginus ; assi				AND THE R
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		eria unionia pen la ora ramana era estas per a	Carlos Proposados Carlos Proposados Carlos Proposados	en kanana se n kanana se na kananasa	A Proposition of	terorene el elmeno
C	Add lines 7a and 7b			ALERS DAY OF THE	CONTRACTOR	32.085 F0.0500	o wraft o
3	Public support. (Subtract line 7c from line 6.)	11 - 11 (A) 12 (A)					disa miraba: - Nabiati sa
Sec	tion B. Total Support	N. Chicarry VIII and a					J-16 34 14
alen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	a regarded agrees	ns add til Decutera	io paradia 1	e Mar company	o belom so est s	- Statemen
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	ones and evi need	n reus gorischi. Quencu	i trattingo ori	и темпечения уд	enti teuri grun ur dash karata	e. of Fig.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Corru elekar	Egro or tilke, ed	Visionica Personal for fuer si	al private or al private or art against the s	towerputed or a zake.	wasependa wasependa settan is a
С	Add lines 10a and 10b	T 10 Pagerbla o 1 carlo testeración e	Herody was to dis National constant	ang ta tradit ord m Mag fakada a disera		sure all in menting	o sacras
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	ologia dali) ferii e Lini 1958, atama	comunios del e Lagy" Millerated	Gertare (d) er Sagva sedespool		egyar afficiation will be open a	to esto vil a illumba
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2000 200 d to 1 000 to 500 and	madiente alma- N Lunios Esp	No e to compe no? excepto 1	Amaric e Cyfello	jäätä vaatsaa rii ja laataan rast a-ta	unino nei Sair Mai
	Total support. (Add lines 9, 10c, 11,	athenian realities	or the discussion of the same	2 85 W. Congress	ADVINE DE VETTER	5 (24L/N 11C3S2/3) a	Q THE ENGLY
	and 12.)			7_1400 to 1980	race) James	Chail Broff Istaloys	
	First five years. If the Form 990 is for the organization, check this box and stop her	9		ourth, or fifth tax y	ear as a section	501(c)(3)	
ect	ion C. Computation of Public S	upport Perce	ntage	20 312 A 81 82 82 82		((a) le trangade	1.1.766.19
	Public support percentage for 2019 (line 8,	column (f), divide	ed by line 13, colu	mn (f))	Blog es, Taleval	15	1 25 c) 15 - 7 c c c
oct	Public support percentage from 2018 Sche ion D. Computation of Investme	dule A, Part III, lii	ne 15	n seromand interest	TARREST SE GAR	16	SCHALLEN 9
	Investment income personales for 2010 (1)	and micome P	ercentage		The second secon		e water life 2 3
	Investment income percentage for 2019 (li Investment income percentage from 2018	ne ruc, column (f	), aivided by line 1	3, column (f))		17	9
	Invoctment income necessary					18	

	t IV Supporting Organizations (continued)  WORLD OUTREACH MINISTRIES 91-160	9811		Page
	3 month A probable about the fact production of the contract o	EA consissa	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		3
Sect	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.	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	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	1		
	controlled the organization's activities. If the organization had more than one supported organization.			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
55	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		o un Unassian
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		NAME OF TAXABLE PARTY.
ect	on C. Type II Supporting Organizations	erenn ober		
1	Were a majority of the organization's directors or trustees during the	See Jackson	Yes	No
	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).	2.12		
Sect	on D. All Type III Supporting Organizations	1010		
	TABLES MARKET TO A STOCK IN A STOCK OF THE PROPERTY OF	olor total	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		0.000	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Budey
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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
ecti	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instru	2000 S		
а	The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions		
2 4	Selection for the temporal of the first selection and	S (198) 100 (20,000) (1)	. 6 1	
	ctivities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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			
h	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	IEGOLIUS III UNE UIUMDIZATIONE POSTION INOI PO OURROPHO COMPANIALIANIA III III III III III III III III II	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	STATE OF THE PERSON NAMED IN	

	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Organ	91-1609	)811 Pag
Sec		C.M. MEG. A seed. O make		sanii 17
1	this 2 17 to 9 this 18 this 19 3 april (1 entire 2 17 mile)	Last well to emile the last to	Tick and the me	Current Year
2	Amounts paid to supported organizations to accomplish exempt	purposes	renno culti. A hee 1	Cassi
-	Amounts paid to perform activity that directly furthers exempt pu organizations, in excess of income from activity	irposes of supported		
3				
4	Administrative expenses paid to accomplish exempt purposes of Amounts paid to acquire exempt-use assets	f supported organizations		
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 which the or			
	(provide details in <b>Part VI</b> ). See instructions.	ganization is responsive		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable
1	Distributable amount for 2019 from Section C, line 6		F16-2019	Amount for 2019
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
Ĺ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if		1101	
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			15-22-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
100	Excess distributions carryover to 2020. Add lines 3j	The context of the co		
3	and 4c. Breakdown of line 7:			
	Evenes from 2015			
Contract of	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			
	Excess from 2019			
-				

### 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

Name of the organization

Employer identification number

WORLD OUTREACH MINISTRIES FOUNDATION 91-1609811 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

- service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
- art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenue included on Form 000 Destatus

Part VII	Investments - Other Securities.	MINISTRIES	91-1609811 Page , line 11b. See Form 990, Part X, line 12.
Total Section (No. 100 (No. 2012))	(a) Description of security or category	(b) Book value	
	(including name of security)	(b) Dook value	(c) Method of valuation:  Cost or end-of-year market value
1) Financial	derivatives		Cost of end-of-year market value
	eld equity interests		Ascured to supplies accused beloned
3) Other	The second secon		Approximate of every state property
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otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12	JAGu Na Pana no *seY" beaman	
Part VIII	Investments - Program Related.	Alternative	Forest Comment of the
	Complete if the organization answered	"Yes" on Form 990, Part IV,	line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
/A\			Cost or end-of-year market value
(1) (2)			(948) 1961 C
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	(b) must equal Form 990, Part X, col. (B) line 13.	BA of B - No. A AND AND AND A STATE OF THE AND A ST	house state on long County that represents that I
Part IX	Other Assets.	/ <u>P</u> 1	Applied to a management of the
		"Vos" on Form 000 Day IV	line 11d. See Form 990, Part X, line 15.
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1)	(7) 330	- paoli	(b) Book value
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otal. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered 'line 25.	'Yes" on Form 990, Part IV,	ine 11e or 11f. See Form 990, Part X,
	(a) Description of liability		(b) Book value
	come taxes		(M) SOOK VALUE
2)			
3)			
4) 5)			

Schedule D (Form 9	990) 2019 <b>WORLD OUTREA</b> pplemental Information (col	CH MINISTRIES	91-160981	Page :
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2019 WORLD OUTREACH MINISTRIES

s and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, I line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 91-1609811

(if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	<ul><li>(i) Method of valuation (book, FMV, appraisal, other)</li></ul>
		Religious Outreach	375,497	Wire			
		Medical Care	61,804	Wire			
		Water Wells	24,988	Wire		The second secon	
		Schools	199, 643	Wire			
		Womens Empowerment	28,525	Wire			
		Orphan Care	154,216	Wire			
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		and the second s				and the second s	
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Schedule F (Form 990) 2019

	edule F (Form 990) 2019 WORLD OUTREACH MINISTRIES 91-1609811	sambal lateral		Page 4
Pa	rt IV Foreign Forms	Localeure La de	From D	
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	an nata usan da meng kada semba senasai was	arconte Par III e	
	Corporation (see Instructions for Form 926)		Yes	X 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)		Yes	X 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		nezad	
	Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X 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,			810-54
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	.42242A	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain			
	Foreign Partnerships (see Instructions for Form 8865)	***********	Yes	X 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)		Yes	X No

10	edule G (Form 990 or 990-EZ) 2019 WORLD OUTREACH MINISTRIES  Does the organization conduct gaming activities with propagation?		011		Page
2	Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		01	Ye	s N
	formed to administer charitable gaming?				_
3				Ye	s
а	The organization's facility	1000	. I		
b	An outside facility		13a		%
4	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:		13b	0 10	<u> </u>
	Name ▶ Yrpsqs( appr sortion)	B.B.		1.563	qsC
	Address ▶				
ia	Does the organization have a contract with a third party from whom the organization receives gaming	V Josef			Fox
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$  amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address of the third party ▶ \$	ne	ioV:	Yes	L N
C	If "Yes," enter name and address of the third party:				
	Name ▶	and but		asbet	18(2,2)
	Address >				
	Gaming manager information:				ali D
	Name ▶ Transfer and Transfer a				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				FUE
	Mandatory distributions:	and the second second			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	CO 200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Sad M	
			_	7	
)	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			Yes	e seekla
ar	Supplemental Information. Provide the explanations required by Part I, line 2b, or Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional instructions.	olumena (III)		<i>(</i> )	nd .

Schedule G (Form 990 or 990-EZ) 2019

	E 3995990 92 HOUSE CA HOUSE - 160 9911 Paul AV HOU L	greater than \$5,000.  (a) Event #1  Gala Fund Raisi (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
1	I Gross receipts	24,727	REGISTED SPEKTATION OF LIGHT	Heri Rock Cass to Stell Audion	
1			som to make the later	2 (C - 2 (2) (C - 2) (C - 2 (2) (C - 2 (2) (C - 2) (C - 2) (C - 2 (2) (C - 2) (C - 2) (C - 2) (C - 2 (2) (C - 2) (	24,727
	2 Less: Contributions 3 Gross income (line 1 minus line 2)	24,727	gnisieremá fisicesa [] a	5	24,727
4	Cash prizes		tale in the same and the same	ericial.	sovier notice; et i julia et
5	Noncash prizes	See a see a de la composition della composition	Laisva dua redicerens di yana ni ci manistus, (stesionnal) assi	A sto not passimed in bay the total side of side bades	brave enabyase to the total field and the tota
6	Rent/facility costs	1,336	Yad Mily of za still		1,336
7	Food and beverages	5,350	(843.48) (843.83)	Secretary sec	5,350
R	Entertainment	18	4 284		18
٦					
9	Other direct expenses	3,695			
9 10 11	Direct expense summary.  Net income summary. Sut  III Gaming. Com	Add lines 4 through 9 in column (cotract line 10 from line 3, column (collete if the organization ans			3,695 10,399 14,328 ported more than
9 10 11 art	Net income summary. Sut  Bli Gaming. Comp \$15,000 on For	Add lines 4 through 9 in column (outract line 10 from line 3, column (o			10,399
9 10 11 art	Direct expense summary.  Net income summary. Sut  III Gaming. Comp \$15,000 on For	Add lines 4 through 9 in column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 10 f	wered "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or re	10,399 14,328 ported more than (d) Total gaming (add
9 10 11 art	Direct expense summary.  Net income summary. Sut  Gaming. Comp \$15,000 on For  Gross revenue.  Cash prizes	Add lines 4 through 9 in column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 10 f	wered "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or re	10,399 14,328 ported more than (d) Total gaming (add
9 10 11 art	Direct expense summary.  Net income summary. Sut  III Gaming. Comp \$15,000 on For  Gross revenue	Add lines 4 through 9 in column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 10 f	wered "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or re	10,399 14,328 ported more than (d) Total gaming (add
9 10 11 art	Direct expense summary.  Net income summary. Sut  Gaming. Comp \$15,000 on For  Gross revenue.  Cash prizes	Add lines 4 through 9 in column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 10 f	wered "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or re	10,399 14,328 ported more than (d) Total gaming (add
9 10 11 art 1 2 3 4 5	Direct expense summary.  Net income summary. Substitute income summary.  State of the income summary.  State	Add lines 4 through 9 in column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 3, column (outract line 10 from line 10 f	wered "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or re	10,399 14,328 ported more than (d) Total gaming (add
9 10 11 art 2 3 4 5	Direct expense summary.  Net income summary. Sut  III Gaming. Comp \$15,000 on For  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.	Add lines 4 through 9 in column (contract line 10 from line 3, column (collete if the organization answers) m 990-EZ, line 6a.  (a) Bingo	wered "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo	O, Part IV, line 19, or re	10,399 14,328 ported more than

WORLD OUTRE	990-EZ) (201		acculon	ksi nuoy ed doudê	N.	Employer identification number
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Form 990, P	art VI,	Line 1	9 - Go	verning D	cuments	Disclosure Explanation
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1686Y16 WORLD OUTREACH MINISTRIES

91-1609811

FYE: 12/31/2019

Federal Asset Report Form 990, Page 1 10/21/2020 11:12 AM

12/31/2019

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Asset	Description			Bus Sec	Basis			
1.000	Description	In Service	Cost	<u>%</u> 179 Bonus	for Depr	PerConv Meth	Prior	Current
Prior	MACRS:							28904
1	COMPUTER TAPE DRIVE	7/30/97	176		176	5 HY 200DB	AND STAN	MATE STANCE
2	CAMCORDER	4/07/98	1,230		1,230	5 HY 200DB 7 HY 200DB	176	0
3	SCANNER	10/21/99	141		1,230	5 HY 200DB	1,230	0
4	OFFICE DESKS	3/21/00	821		821	7 HY 200DB	141	0
5	FILE CABINETS	6/01/00	630		630	7 HY 200DB	821 630	0 10 10 10
6	COMPUTER - FHL DESK	5/14/01	1,204		1,204	5 HY 200DB	1,204	- 213 11341 01.
7	SAFE SEL SUME STATE	1/12/01	109		109	7 HY 200DB	109	701 Alli 20
8	PRINTER for Laptop	1/03/01	7 152		152	5 HY 200DB	152	0
9	FHL DESK	11/28/01	119	X	83	7 HY 200DB	119	0
10 11	HP PRINTER/FAX	4/08/02	544	00 X	381	5 HY 200DB	544	0
12	COMPUTER MONITOR (FHL) LASER PRINTER	4/09/02	369	$\mathbf{X}$	258	5 HY 200DB	369	MINS HE O
13	VIDEO CAMERA	9/27/03	422	- X	211	5 HY 200DB	422	MAD ORO
14		10/22/03	488	$\mathbf{x}$	244	7 HY 200DB	488	Ů.
15	FDm COMPUTER/PRINTER COMPUTER (HARTMAN)	5/04/04	2,000	$\mathbf{X}$	1,000	5 HY 200DB	2,000	0
16	RON'S OFFICE COMPUTER	8/25/04	1,413	X	706	5 HY 200DB	1,413	ATHO A OLA
17	COLOR LASER PRINTER	1/02/06	1,496	3420	1,496	5 MQ200DB	1,496	0.0
18	RON'S TRAVEL PRINTER	10/24/07	694	328	694	5 MQ200DB	694	VARITE OF
19	FDL PRINTER	1/16/08	328	X	164	5 MQ200DB	328	HT 44 0
20	VOLZ CAMERA	3/05/08	447	X	223	5 MQ200DB	447	0
21	RON'S OFFICE FURNITURE	7/16/08	621	X	310	7 MQ200DB	621	0
22	RON'S LASER PRINTER	11/10/08 11/10/08	984 244	X	492	7 MQ200DB	984	35 0 S
23	SCOTT VOLZ LAPTOP	11/10/08	841	X	122	5 MQ200DB	244	JOY TO 0
24	US OFFICE COMPUTER	2/10/09	1,479	4.1	420	5 MQ200DB	841	0
25	SHIRLEY'S LAPTOP	4/20/09	557	X	739 278	5 MQ200DB	1,479	0
26	CINDY'S LAPTOP	4/20/09	557	KIN X	278	5 MQ200DB	557	- 6100
27	VOLZ 2ND LAPTOP	12/21/09	818	X	409	5 MQ200DB 5 MQ200DB	557	0 21/15
28	ROZEANA'S LAPTOP	12/21/09	813	X	409		818	0
29	SHIRLEY'S IPAD	1/19/11	546	X	400	5 MQ200DB 5 HY 200DB	813	0
30	RON'S LAPTOP	9/15/12	909	X	454	5 HY 200DB	546	0
31	OFFICE COMPUTER - CINDY	2/20/15	970	X	485	5 HY 200DB	909	0
32	FHL COMPUTER - SHYLO	5/12/15	810	X	405	5 HY 200DB	886 740	56
	SPECIAL SECURITY OF THE SECURITY SECURITY	AND ROBERT CONTRACTOR	22.022	200 PM		J 111 200DB _		47
		_	22,932	4	14,721		22,778	103
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	Net Grand Totals		22,932	-500	14,721	-	22.776	
		-		-	17,741	-	22,778	103

1686Y16 WORLD OUTREACH MINISTRIES

91-1609811

Bonus Depreciation Report

10/21/2020 11:12 AM

8,211

8,068

0

FYE: 12/31/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
9	FHL DESK	11/28/01	119	100	0	0	36	83
10	THE THURST IN THE PARTY OF THE	4/08/02	544	100	0	ő	163	381
11	COMPUTER MONITOR (FHL)	4/09/02	369	100	Ô	ő	111	
12	LASER PRINTER	9/27/03	422	100	ő	0	211	258
13	VIDEO CAMERA	10/22/03	488	100	ŏ	PAME PLO	244	211
14	FDm COMPUTER/PRINTER	5/04/04	2,000	100	ŏ	0		244
15	COMPUTER (HARTMAN)	8/25/04	1,413	100	ő	0	1,000	1,000
18	RON'S TRAVÈL PRINTER	1/16/08	328	100	0	0	707	706
19	FDL PRINTER	3/05/08	447	100	0	0	164	164
20	VOLZ CAMERA	7/16/08	621	100	0	A PROPERTY OF MARKET	224	223
21	RON'S OFFICE FURNITURE	11/10/08	984	100	0	0	311	310
22	RON'S LASER PRINTER	11/10/08	244	100	0	Taute of o	492	492
23	SCOTT VOLZ LAPTOP	11/10/08	841	100	0	. 0	122	122
24	US OFFICE COMPUTER	2/10/09	1,479	100	0	0	421	420
25	SHIRLEY'S LAPTOP	4/20/09	557	100	0	THOMAS R	740	739
26	CINDY'S LAPTOP	4/20/09	557	100	0	4 0 E	279	278
27	VOLZ 2ND LAPTOP	12/21/09	818	100	0	A 3 0	279	278
28	ROZEANA'S LAPTOP	12/21/09	813	100	0	TABLE OF O	409	409
29	SHIRLEY'S IPAD	1/19/11	546	100	0	0	407	406
	RON'S LAPTOP	9/15/12	909	100	0	0	546	0
31	OFFICE COMPUTER - CINDY	2/20/15	970	100	0	0	455	454
32	FHL COMPUTER - SHYLO				0	0	485	485 405
32	THE COMPOTER - SHYLO	5/12/15	810	100	0	0	405	

16,279

**Grand Total** 

1686Y16 WORLD OUTREACH MINISTRIES
91-1609811 Future Depreciation Report FYE: 12/31/20

10/21/2020 11:12 AM

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
rior N	MACRS:					
1	COMPUTER TAPE DRIVE	7/30/97	176			
2	CAMCORDER	4/07/98	1,230	0	0	
3	SCANNER	10/21/99	1,230	0	0	
4	OFFICE DESKS	3/21/00	821	0	0	
5	FILE CABINETS	6/01/00		0	0	with as 1 - No.
6	COMPUTER - FHL DESK	5/14/01	630	0	0	
7	SAFE	1/12/01	1,204	0	0	
8	PRINTER for Laptop	1/03/01	109	0	0	
9	FHL DESK		152	0	0	
10	HP PRINTER/FAX	11/28/01	119	0	0	
11	COMPUTER MONITOR (FHL)	4/08/02	544	0	0	
12	LASER PRINTER	4/09/02 9/27/03	369	0	0	
13	VIDEO CAMERA		422	0	0	74
14	FDm COMPUTER/PRINTER	10/22/03	488	0	0	
15	COMPUTER (HARTMAN)	5/04/04	2,000	0	0	
16	RON'S OFFICE COMPUTER	8/25/04	1,413	0	0	
17	COLOR LASER PRINTER	1/02/06	1,496	0	0	
18	RON'S TRAVEL PRINTER	10/24/07	694	0	0	
19	FDL PRINTER	1/16/08	328	0	0	
20	VOLZ CAMERA	3/05/08	447	0	0	
21		7/16/08	621	0	0	
22	RON'S OFFICE FURNITURE	11/10/08	984	0	0	
23	RON'S LASER PRINTER	11/10/08	244	0	0	
24	SCOTT VOLZ LAPTOP	11/10/08	841	0	Ö	
	US OFFICE COMPUTER	2/10/09	1,479	0	ŏ	
25	SHIRLEY'S LAPTOP	4/20/09	557	0	ŏ	
26 27	CINDY'S LAPTOP	4/20/09	557	0	ŏ	
	VOLZ 2ND LAPTOP	12/21/09	818	0	ő	
28	ROZEANA'S LAPTOP	12/21/09	813	o o	ő	
29	SHIRLEY'S IPAD	1/19/11	546	ŏ	ő	
30	RON'S LAPTOP	9/15/12	909	ő	0	
31	OFFICE COMPUTER - CINDY	2/20/15	970	28	28	
32	FHL COMPUTER - SHYLO	5/12/15	810	23	23	
		1 1000000000000000000000000000000000000				
		-	22,932	51	51	
	<b>Grand Totals</b>		22,932	51	51	

	T	etronistaté israbali	1196681-76
11:12 AM			Propress and September 199
10/21/2020 11:12 AM	Amount 24,727 24,727		Herrichterichter von der Australe von de
	w w		
Federal Statements	Schedule A. Part II, Line 10(e)		
D OUTREACH MINISTRIES Fe	Sche Description sing Event		

1686Y16 WORLD OUTREACH MINISTRIES
91-1609811 Federal Statements

10/21/2020 11:12 AM

FYE: 12/31/2019

# Gala Fund Raising Event <u>Other Direct Fundraising or Gaming Expenses</u>

Description	- 1	Amount
Decorations and Supplies Credit Card Processer Fee Advertising Printing	\$	2,381 178 990 146
Total	\$	3,695

19

## 1686Y16 WORLD OUTREACH MINISTRIES 91-1609811 Depreciation Adjustment Report **All Business Activities**

10/21/2020 11:12 AM

FYE: 12/31/2019

Form		Asset	9019 Ex-119	Description	11,67 15.77		Тах	AMT	(Nectober)	AMT Adjustments/ Preferences
								TEN PLET I		XX92_198
MACR	S Adj	ustments:				146				
Page 1	1	1	COMPUTER	TAPE DRIVE			0		0	ALIVIET STATE
Page 1	1	2	CAMCORDE				0		0	0
Page 1	1	3	SCANNER	V-			0		0 20110111	
Page 1	1	4	OFFICE DES	KS			0		0	
Page 1	1	5	FILE CABIN				0			
Page 1	1	6	COMPUTER				ő		0	0
Page 1	1	7	SAFE	THE PLOI			0		0	
Page 1	1	8	PRINTER for	Lanton			0		0	0
Page 1	1	9	FHL DESK	Laptop			0		0	0
Page 1	1	10	HP PRINTER	FAX			ő		0	0
Page 1	î	îĭ	COMPLITER	MONITOR (FHL)			0		0	0
Page 1	î	12	LASER PRIN	TER			0			0
Page 1	î	13	VIDEO CAM				0		0	90
Page 1	1	14		TER/PRINTER			0		0	0
Page 1	ī	15	COMPUTER	CHARTMAND			0		0	PLAT PARA O
Page 1	ī	16	RON'S OFFIC	E COMPUTER			0			0
Page 1	1	17	COLOR LASI				0		0	0
Page 1	100	18	RON'S TRAV				0		0 443815 - 16	0
Page 1	î.	19	FDL PRINTE	S			0		O OFFILE	9-1144
Page 1	1	20	VOLZ CAME				0		0	0
Page 1	1	21		E FURNITURE			0		0	0
Page 1	1	22	RON'S LASEI	PRINTER			0		0	0
Page 1	1	23	SCOTT VOLZ	LAPTOP			0		0	0
Page 1	1	24	US OFFICE C				0		0	0
Page 1	1	25	SHIRLEY'S L				0		0	0
Page 1	1	26	CINDY'S LAI				0		0	0
Page 1	î	27	VOLZ 2ND L				0		0	0
Page 1	1	28	ROZEANA'S				0		0	0
Page 1	ī	29	SHIRLEY'S II				0			0
Page 1	î	30	RON'S LAPTO				0		0	0
Page 1	î	31		PUTER - CINDY			56		0	0
Page 1	1	32	FHL COMPU				56		56	0
		34	THE COMPU	ER - SHILO		-	47		<u>47</u>	0
							103	10	03	0
						-			=	

1686Y16 WORLD OUTREACH MINISTRIES

91-1609811

FYE: 12/31/2019

AMT Asset Report Form 990, Page 1

sset	Description	Date In Service_	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
rior	MACRS:						***			
1	COMPUTER TAPE DRIVE	7/30/97	176			176	5	HY 150DB	0	
2	CAMCORDER	1100100	1.230			1.230			0	163.
3	SCANNER	10/21/99	1,230			1,230		HY 150DB	14190 5 0	Distributed (
4	OFFICE DESKS	3/21/00	821			821		HY 150DB	141	CKC MID ON
5	FILE CABINETS	6/01/00	630					HY 150DB	821	Salvino)
6	COMPUTER - FHL DESK	5/14/01	1,204			630		HY 150DB	630	248 100
7	SAFE	1/12/01				1,204		HY 150DB	1,204	CABINE
8	PRINTER for Laptop		109		1,000 F	109		HY 150DB	109	HETUTE!
9	FHL DESK	1/03/01	152		601	152		HY 150DB	152	(
		11/28/01	119		57 X	83		HY 150DB	119	
	HP PRINTER/FAX	4/08/02	544		$\mathbb{R}^{1}$	381	5	HY 150DB	544	ARSO. (
11	COMPUTER MONITOR (FHL)	4/09/02	369		X	258	5	HY 150DB	369	на гирят с
	LASER PRINTER	9/27/03	422		X	211	5	HY 150DB	422	-9370900
13	VIDEO CAMERA	10/22/03	× 488		X	244	7	HY 150DB	488	A158 0 0
14	FDm COMPUTER/PRINTER	5/04/04	2,000		X	1,000	5	HY 150DB	2,000	MAD OF
	COMPUTER (HARTMAN)	8/25/04	1,413		$\mathbf{X}$	706	5	HY 150DB	1,413	PERSONAL C
16	RON'S OFFICE COMPUTER	1/02/06	1,496		413	1,496	5	MQ150DB	1,496	STATE OF
17	COLOR LASER PRINTER	10/24/07	694			694		MQ150DB	694	0
18	RON'S TRAVEL PRINTER	1/16/08	328		X	164	5	MQ150DB	328	BAL SO O
	FDL PRINTER	3/05/08	447		X	223	5	MQ150DB	447	0
20	VOLZ CAMERA	7/16/08	621		$\mathbf{X}$	310	7	MQ150DB	621	0
21	RON'S OFFICE FURNITURE	11/10/08	984		X	492	7		984	
22	RON'S LASER PRINTER	11/10/08	244		X	122	5	MQ150DB	244	DIE CAME
23	SCOTT VOLZ LAPTOP	11/10/08	841		X	420	5			
24	US OFFICE COMPUTER	2/10/09	1,479		X	739	-	MQ150DB	841	
25	SHIRLEY'S LAPTOP	4/20/09	557		X			MQ150DB	1,479	
	CINDY'S LAPTOP	4/20/09	557			278	5	MQ150DB	557	0
	VOLZ 2ND LAPTOP	12/21/09			X	278		MQ150DB	557	274.00
	ROZEANA'S LAPTOP	12/21/09	818		X	409		MQ150DB	818	ALEYELO
	SHIRLEY'S IPAD		813		X	406	5	MQ150DB	813	I GME F 0
	RON'S LAPTOP	1/19/11	546		X	0010	5	HY 200DB	546	ZAMAI 0
7710751	OFFICE COMPUTER - CINDY	9/15/12	909		$\sim X$	454	5	HY 150DB	909	0
		2/20/15	970		60 X	485		HY 200DB	886	56
32	FHL COMPUTER - SHYLO	5/12/15	810		67V X	405	5	HY 200DB	740	47
	1 77	2 701	22,932		013	14,721			21,372	103
	107 827.22	And the lands of t			AND DESCRIPTION	de la companya de la				
	Grand Totals		22,932			14,721			21,372	103
	Less: Dispositions and Tran	sfers	0		252.15	0			21,372	0
	Net Grand Totals	9	22,932		0	14,721		mosti bost ad	21,372	103

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

WORLD OUTREACH MINISTRIES

Identifying number

S/L

FOUNDATION 91-1609811 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,020,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,550,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .... 5 (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .... Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ..... Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) ..... 16 MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2019 103 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only-see instructions) placed in (e) Convention (f) Method (g) Depreciation deduction period 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. SI h Residential rental MM 27.5 yrs. S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM

Total

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

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Treasury		Attach to For	m 990 or For	n Form 990-EZ, line 6a. m 990-EZ.		2019
Internal Revenue Service  Name of the organization  WOI	RLD OUTREACH M	v.irs.gov/Form990 fo	r instructions	and the latest informa	ition.	Open to Public Inspection
FOU	INDATION			alas homers	91-160	ntification number
Form 990-	ng Activities. Complet EZ filers are not require	ed to complete	this part.			IV, line 17.
1 Indicate whether the or	ganization raised funds throu	gh any of the follow	ing activities	. Check all that apply.		aterical sector it lis
a Mail solicitations		e Solicitation	n of non-gov	ernment grants		
b Internet and email :	solicitations	f Solicitation				
c Phone solicitations			indraising ev			
d In-person solicitatio	ns				Control of the Land of the Control o	
or key employees listed	ve a written or oral agreeme in Form 990, Part VII) or er	ntity in connection w	rith profession	nal fundraising service	s?	Yes No
compensated at least \$	est paid individuals or entitie 5,000 by the organization.	s (tundraisers) pursi	uant to agree	ements under which th	e fundraiser is to	be and resemble 8
	ldress of individual (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid (or retained by) fundraiser listed col. (i)	(or retained by)
2.5	1		Yes No			
1				£		B Edwinner
2 € 1 . €				6.65	2621	near Profession (C. C.
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335,83			(0) 11	realiza de la degrada de la	ent des paren	122 montpopular
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				sed mon Configuration		
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List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

SCHEDULE O (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.

OIVIB INO. 1545-0047

2019

Open to Public Inspection

Name of the organization WORLD OUTREACH FOUNDATION	MINISTRIES	Employer identification number 91–1609811
Form 990, Part III, Line	4d - All Other Accomplishm	ents
Depreciation of Office ed	quipment	di (cospiè
		₫ ~s*\\.
Form 990, Part VI, Line 2	2 - Related Party Informati	on Among Officers
Ryan DeVore	Shirley DeV	ore .
President	V Presiden	a yd beniasy maenod primen tropoma trif hogostifor am maenod a familio e
Grandson and Grandmother		- German
Cindy Byers	Shirley DeV	ore
Treasurer	V President	
Daughter and Mother		
	Bb - Documentation by Commi	
No sub-committees exist.		2008/ordah visudiseA
	यु इसकारकु करी तथारी अन्याद्वित प्रश्ली, इतिहरू स्थान स्थानक स्थान स्था	I etus sitras bedupis collectos po ent al
Form 990, Part VI, Line 1	1b - Organization's Process	s to Review Form 990
The 990 is reviewed by th	e treasurer.	isnosti telesempeje 27 ne6 non di linerii il se9 antana epa
Form 990, Part VI, Line 1	5a - Compensation Process	for Top Official
Compensation for Exec Dire	ector & key employees are	reviewed
and approved by the board	. A majority of independent	t board members must
approve the compensation	amount. Comparability data	is researched on
Charitynavigators.com.		

### 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 are expectable as a region). Part II line 4 (accounting method; amounts of investments are expectable as a region).

amounts of investments vs. expenditures Part III, column (c) (estimated number of information. See instructions.	per region); Part II, line 1 (a recipients), as applicable. A	accounting method) Iso complete this p	; Part III (ad art to provid	ecounting method); le any additional
Part I, Line 3 - Activities p	er Region	1059.5165	epterte进入的	
Region	and more denoted the Ex		Inves	tments
Sub-Saharan Africa	or the mask movements become Butter most towards to \$ . As	374,522	\$ exemples	0.20
Sub-Saharan Africa	\$ Second	61,804	\$ 00 808	0
Sub-Saharan Africa	\$	24,988	\$	are excaposorem con Divid <b>o</b> Energyo Con
Sub-Saharan Africa	n sramuavol reiana evia <b>\$</b> ų s	199,643	\$	0 00
Sub-Saharan Africa	\$	28,525	\$	0
Sub-Saharan Africa	\$		\$	0
South Asia		975	\$	
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ants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

If Ill can be duplicated if additional space is needed.

Jant or assistance (b) Region recipients cash grant cash grant assistance recipients (c) Amount of cook FMV. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of noncash assistance (e) Manner of cash disbursement Wire 146,650 Sub-Saharan Africa ort for religious

Schedule F (Form 990) 2019

SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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.

OMB No. 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service WORLD OUTREACH MINISTRIES Name of the organization Employer identification number FOUNDATION 91-1609811 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 grants or assistance? X Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (c) Number of (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) employees, agents, and of offices in a program service, describe specific type of expenditures for and investments the region independent service(s) in the region in the region in the region Sub-Saharan Africa (1) 2 Program Services Religious Outreach 374,522 Sub-Saharah Africa (2) 2 Program Services Medical Assistance 61,804 Sub-Saharah Africa (3) 2 Program Services Water Wells 24,988 Sub-Saharan Africa 2 Program Services (4) Schools 199,643 Sub-Saharah Africa (5) 2 Program Services Womens Empowerment 28,525 Sub-Saharah Africa (6) 2 Program Services Orphan Care 154,216 South Asia (7) 2 Program Services Religious Outreach 975 (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)

chedule D (Form 990) 2019 WORLD OUTREACH MINISTRIE		-1609811	Page
Part XI Reconciliation of Revenue per Audited Financial	Statements With Re	evenue per Return.	
Complete if the organization answered "Yes" on For	m 990, Part IV, line 1	Construe Control of the Control of t	31 12 4 2 167
Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ROBERTAL OF LONGING	
Net uprealized gains (losses) on investments	I a I		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
Recoveries of prior year grants	2c	N. Vikija	
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d Subtract line 2e from line 1		2e	
Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII.)	4a 4b		
Add lines 4a and 4b	[40]	4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:	2)	5	10)
art XII Reconciliation of Expenses per Audited Financia	Statements With E	vnonces per Peturn	4.
Complete if the organization answered "Yes" on Forr	n 990 Part IV line 1	Apenaea per iteturn.	
Total expenses and losses per audited financial statements	Application 1	iliyota Hi — Rifi ol massiri	
Amounts included on line 1 but not on Form 990, Part IX, line 25:	r Serri banawana dob	schamo en tala elonio	7
Donated services and use of facilities	2a   100	sasay a halanger ed	
Prior year adjustments	2b		
Other losses	2c		
Other (Describe in Part XIII.)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII.)	4b		
Add lines 4a and 4b		4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4: Dort IV lines the and the	D-1// E- 4 D 1//	CONTRACTOR AS
lart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	n provide any additional info	rant v, line 4; Part X, line	2 430 430
salv 8x8 (d)	provide any additional init	imauon.	
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on Folin 990, Part M, and 11e of 11t See Form 990, Part X.	"re?" belevana rom	Singlete if the organization	
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		2010 BITS	PRIBLE N
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	and the second second		

Schedule D (Form 990) 2019 WORLD			91-	16098	11	Q 2UX	Page
Part III Organizations Maintai	ning Collections	of Art, Historic	al Treasures, or (	Other S	imilar As	sets (cont	tinued
3 Using the organization's acquisition, accollection items (check all that apply):	cession, and other reco	rds, check any of th	e following that make s	ignificant	use of its		
a Public exhibition	d 🗍	Loan or exchange	program				
b Scholarly research	e	Other	RETAR				
c Preservation for future generations					····	KOTTACK	
4 Provide a description of the organization XIII.	n's collections and expl	ain how they further	the organization's exer	npt purpo	se in Part		
	C. H. C. L.	E 18110/1 (190) (CO) :	THE REPORT OF THE PARTY OF	I HOLINA T			
Joseph and and organization of	blicit or receive donation	is of art, historical tr	easures, or other simila	r			
Part IV Escrow and Custodia	Arrangemente	is part of the organiz	ation's collection?			Yes	N
Complete if the organize 990, Part X, line 21.		es" on Form 990	), Part IV, line 9, o	r reporte	ed an amo	ount on Fo	rm
1a Is the organization an agent, trustee, cu	stodian or other interm	ediary for contribution	ns or other assets not	enyw, a 45	171,574,77,61	APPLIED HOUSE	
included on Form 990, Part X?  b If "Yes," explain the arrangement in Par	t XIII and complete the	following table:	idhagia a <b>rb z</b> i lobba a i sesati bini arenci ya	dragons reports this	chi espaiso mishe neo	. Yes	∐ N
				See book	activity and	Amount	
c Beginning balance				ALCO DE ANTO	1c	- The Lindson P	Section 1
d Additions during the year					1d	storia di	
e Distributions during the year	1	Y moe no an	Genevalla moss	10.40	1e	MON.	
f Ending balance		in the de se se se se se	ta tinggrey and an Erich p	CHURCHEN	1f There	Average Company	
2a Did the organization include an amount	on Form 990 Part X I	ine 21 for escrow or	custodial account liabil	ity?	ent time to	T Van	П.
b If "Yes," explain the arrangement in Part	XIII Check here if the	evolunation has bee	n provided on Det VIII	ity!		Yes	N
Part V Endowment Funds.	TAIL OHOOK HOTO II BIC	explanation has bee	an provided on Falt Alli	*******			LL
Complete if the organiza	ation answered "Ye	es" on Form 990	Part IV line 10				
Complete in the organiza	(a) Current year	(b) Prior year	(c) Two years back	(4) The		C (2 E (2 C)	
a Beginning of year balance	(u) Guircin your	(b) Flor year	(c) Two years back	(a) thre	ee years back	(e) Four yea	ars back
b Contributions			208	8.8555		THE THEFT	21 5
c Net investment earnings, gains, and			BANGAR-S W DOA		Net Controlle	1849-091251-444	Q 1 - 12
	· · · · · · · · · · · · · · · · · · ·	the fact hadge a creation	ME DE MERE DANS DE PR	Value Hote		A COST TO THE SAME	
d Grants or scholarships	D 1821 H	and the state of the state of	EL PORTURA LOS EL CASTAGRAS	201001-05		and to built	11
Other expenditures for facilities and		The state of the s	- Indiana and American	E ROSTEUR DE		A CARTO STOR	ch/
e Other expenditures for facilities and		sessioning beign	and the second second second	STATE OF THE		of the house	
programs						15 76,000	KG2
f Administrative expenses		Marian to the re-	es, aceavitases of the	y west	eg sverke er	8 6 8 30 32 17 29	UNA A
g End of year balance	De entres consul	6550 No. 17 Kills	to <u>englications i mana</u>	athu o	stant grand	0 NO OF 128	
Provide the estimated percentage of the	current year end balar	ice (line 1g, column	(a)) held as:				
a Board designated or quasi-endowment							
	%						
c Term endowment ▶  %					THE PARTY OF THE		
The percentages on lines 2a, 2b, and 2c	should equal 100%.						
a Are there endowment funds not in the pe	ossession of the organi	zation that are held	and administered for the	e 12			
organization by:						Yes	s No
(i) Unrelated organizations		of a stranger and	involence as oa, holles	sa gar v	t word acting	3a(i)	1 1
(ii) Related organizations			no' all in he are 40	socials p	abda shade.	3a(ii)	
b If "Yes" on line 3a(ii), are the related org	anizations listed as req	uired on Schedule R	? Branchets (o) s	risensii x	i godenichoù	3b	21
Describe in Part XIII the intended uses of	of the organization's en	dowment funds.	enodonkios prien	media a	nolicune	DIU III	
art VI Land, Buildings, and I	Equipment.	PORTON DE HAY	Call Arms folias	MONTH R	F F Fair	1000	***********
Complete if the organiza	tion answered "Ye	s" on Form 990.	Part IV, line 11a.	See Fo	m 990. P	art X line	10
Description of property	(a) Cost or other	basis (b) Cost o		Accumulated		(d) Book value	
	(investment)	art er mante in (o		epreciation	INCOME NO	octoren de se	
a Land for and apply for a few parts and a few and apply for a few and a few	CONTRACTOR OF SAME	of all the freeze of the to-				distrigent en	E 1 13
b Buildings	Physical Composition of the	June 1991 Booking the I	term with taken stage on the		NY 13	ed because and	E CONTRACTOR OF THE PARTY OF TH
c Leasehold improvements	•••		purposit resort ritin				
d Continuent		<del></del>					

Schedule A (For				OUTREACH	MINISTRIES	91-1609811 Page
Part VI	III, line B, lines 3a, and	12; Part 1 and 2 3b; Par	IV, Section A; Part IV, Se t V, line 1; Pa	A, lines 1, 2, 3b, ction C, line 1; F art V, Section B,	3c, 4b, 4c, 5a, 6, 9a, 9 Part IV, Section D, lines line 1e; Part V, Section	Part II, line 10; Part II, line 17a or 17b; Part IV, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 5 2 and 3; Part IV, Section E, lines 1c, 2a, 2 on D, lines 5, 6, and 8; and Part V, Section
	lines 2,	5, and 6	6. Also comp	lete this part for	any additional informa	ation. (See instructions.)
			· · · · · · · · · · · · · · · · · · ·			unqualification to associate and another true
						Administrative congressing price or accorded to ex-     Amountles male to texture according.
					(nombo)	S. Lighted Control advants of the December 1
					etuckons.	<ul> <li>Carrier deschalare (describe in Perc VI) See in Carrier and Carrier and Carrier and Carrier</li> </ul>
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4 for 2019	nomá ······		187.64G		1	v (selecostado articlas de Atrib Colt Societa C. I
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						Distributions for 2013 February
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						any. Sunfred flows 3g and 45 from the 2. For a
					officer 3h	5 Remaining underdistributors for 2016. Subtract
						Part VI. See reguellers.
						and fine
						a Excess from RHS
						7/0% mon empti t
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	ala		Salara and Salara	er om er er verkens melste der er	new test or trapped delices as a second	PW p.d. av. 73 o

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		91-1609	1811 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov 20	1970 (explain in Part V	) See
instructions. All other Type III non-functionally integrated supporting organization	ons must com	plete Sections A throug	h E.
Section A - Adjusted Net Income	mest negative emple negati	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	14.0	canoquia a la vara p	onecogred within
2 Recoveries of prior-year distributions	2	a senitare maner na	कारमञ्जूषा स्वतः अस्त र
3 Other gross income (see instructions)	3 3	erster) market i verter	ografino eta A la
4 Add lines 1 through 3.	4	angsy patrocal	1 50y 1 -67 1993
5 Depreciation and depletion	5	· ·	-
6 Portion of operating expenses paid or incurred for production or	Der Kraffe in	grand remarks a page to	process or or process.
collection of gross income or for management, conservation, or	meno en la		i irdesiga ybekipsi
maintenance of property held for production of income (see instructions)	6		TIME DISTRIBUTION
7 Other expenses (see instructions)	100115 1007 5	HIV KUNAPINE AND BUSE	oper the telloways
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	cues recipio di gresco	<b>电影 松州 电影影</b> 的
ection B - Minimum Asset Amount	arina Nazasada Kanse urin tert	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	(2.5)		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	d processes see helen	con Kanyada
b Average monthly cash balances	5 1b		A PRVI DI IKUK
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	anti contigina o est	o vantijair, si state
e Discount claimed for blockage or other	Legical Control		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	PARO ACIN	an hattarday and
3 Subtract line 2 from line 1d.	3	NA SERVICE EL	AND SECTION
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	ali to rosa di unumi, a	seskere od bell
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	miles retine to be the	AE VIONESCERE
6 Multiply line 5 by .035.	glinist et 6ek et	ear and tell man and	G (QC) \$ (B) , B(b)
7 Recoveries of prior-year distributions	7	find demonstrate in the	as replaying
8 Minimum Asset Amount (add line 7 to line 6)	8	o evelo i dispess	a was to you end?
ection C - Distributable Amount	149 9050 pg 200 80 80 80 80		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	AL PERSON HAVE BEEN BEINGER	ETD TO CESTE DE VET
2 Enter 85% of line 1.	2		Coar Pedical
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		REPUBLIC OF DESIGNATION
4 Enter greater of line 2 or line 3.	4		ENDO DEPLOYE
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	toda linegrafi		estados em Hazara
emergency temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-functionally inte	6		ADUSTRA BATILLA

Schedule A (Form 990 or 990-EZ) 2019

10a

Schedule A (Form 990 or 990-EZ) 2019 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.)

	ALTERNATION OF THE PROPERTY OF THE CONTRACTOR OF	NAME NUMBER	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	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1,081 55.6	8 2
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	2007-000	0 5
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2017/02/2		
140	(b) and (c) below.	3a	grain w	T D
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	心事とお	G G
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	La Buor Malania		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	1	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
L	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	aril na liberali		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	Total Care	80 E 116	
_	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	10.00 (0.00)		
	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)			
5a	purposes.	4c		
Ja	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;	(1.5)		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	Date of the second		
b	was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already	O/H SST ONESSS		
С	designated in the organization's organizing document?	5b		13
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	NAME OF TAXABLE PARTY.	
U	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, (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.		Here is	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(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).		1	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	(fv <b>7</b> )		
	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	0		
	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	34		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	PER SERVICE	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		
ectorero SAT	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		2011/01/02
			SALE PORTEO COURSE DE LA	

Was the organization subject to the excess business holdings rules of section 4943 because of section

AOADA (conceding and in Time II amounts and in

	Codic A (Form 330 of 330-EZ) 2013	VIID OUTVER	CH MINIS	TKTE2	91-	TPGARS		Page 2
P	art II Support Schedule for (Complete only if you ch	ecked the box o	n line 5, 7, or	8 of Part I or it	f the organizat	ion failed	to au	(ivi)
Se	Part III. If the organization A. Public Support	it talls to quality	under the tes	is listed below	, please comp	lete Part	111.)	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2010		(6 T-1-1
1	Secretary of Madifferent Pro-state and	(a) 2010	(b) 2010	(6) 2017	(a) 2018	(e) 2019	ing is	(f) Total
-	Gifts, grants, contributions, and membership fees received. (Do not				MOTTAL.			
	include any "unusual grants.")	1,116,899	1,248,844	1,131,524	1,178,517	1,250,	518	5,926,302
2	Tax revenues levied for the	(Jayas erria ying	Europea 22 etgens f	। ते अध्यक्षि भवति । अध्यक्ष	estratad notes o	o zilevoj E	(C) (1/C)	tulicamano en l
	organization's benefit and either paid to or expended on its behalf	(ASTX9-0%) 6-08 (723-507.5	es e receion a Carlong V in es e	Michigan in Rolls Book (Septim 18)	raus in estau c Altriciato maire	replant of a	00 JB 600 D	nata [] t
3	The value of services or facilities furnished by a governmental unit to the organization without charge	Andwithmen	Million Archide	eeb recess good	risches sangeon de Fischeren delten			
4	Total. Add lines 1 through 3	1,116,899	1,248,844	1,131,524	1,178,517	1,250,	518	5,926,302
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)	TOPPS FROM TO		on the section of the passable of the sections				305,963
6	Public support. Subtract line 5 from line 4							5,620,339
	ction B. Total Support	Car your care or	THE RESERVE	Cook Children				070207000
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
7	Amounts from line 4	1,116,899	1,248,844	1,131,524	1,178,517	1,250,	700000000000000000000000000000000000000	5,926,302
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from cipilor courses.	200	3 44444 396	stated booken	COS, do com Just d Oc units refer to s	oroge sves	1930 1 7 103 03	KNSME BMD23
	similar sources	200	390	226	21			843
9	Net income from unrelated business activities, whether or not the business is regularly carried on	n 1808 - Andreas III. Partines dan assenti	Najest ostani rentraja long	in the Speech end to grant sections to	Billiope, Servo pou et aut régueres su	r pulture in It seed our	16 a f	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	State of the state	o competence of the competence	nes desert end the second	rang takan digi yang terbi payada s pandagan apat 1 pa	24,	727	24,727
11	Total support. Add lines 7 through 10					,	121	5,951,872
12	Gross receipts from related activities, etc	. (see instructions)	The season of				12	3,331,812
13	First five years. If the Form 990 is for the			urth, or fifth tax ye	ar as a section 50	)1(c)(3)	3/1 25/0	4Y 3 ( ) n
_	organization, check this box and stop he	re	meg objection (a	от пет теобол	mai obel (kasare			<b>4</b> ► □
THE STATE OF	tion C. Computation of Public			en manger A.	ososoponii Vlano	gonali-non		
14	Public support percentage for 2019 (line 6			n (f))	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MACON MILE	14	94.43%
15	Public support percentage from 2018 Sch				CONTRACTOR OF THE STATE OF THE		15	92.37 %
16a	33 1/3% support test—2019. If the orga	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		aut .
	box and stop here. The organization qua							<b>&gt;</b> X
b		nization did not che	ck a box on line 13	3 or 16a, and line	15 is 33 1/3% or n	nore, check		eword g
17a	this box and <b>stop here.</b> The organization 10%-facts-and-circumstances test—20 10% or more, and if the organization mee	019. If the organizat	ion did not check a	a box on line 13, 1	6a, or 16b, and lir	ne 14 is		andres
	Part VI how the organization meets the "	facts-and-circumstar	ices" test. The org	anization qualifies	as a publicly sup	ported		
	organization							▶□
b	10%-facts-and-circumstances test—2	018. If the organizati	on did not check a	a box on line 13, 1	6a, 16b, or 17a, a	nd line		ш
	15 is 10% or more, and if the organization Explain in Part VI how the organization m	n meets the "facts-a	nd-circumstances"	test, check this b	ox and stop here			
18	supported organization							▶□
	i i i de organization d	IN HOL CHECK & DOX C	ni ime 13, 16a, 16	u, 17a, or 17b, ch	eck this box and s	ee		

SECURE CONTRACTOR DESCRIPTION OF THE PROPERTY	19) WORLD	OUTREACH MIN	NISTRIES 91-	-1609811			Page 12
Part XI		tion of Net Assets			No. Liverania	La Principal	14 Th
	Check if Sch	edule O contains a res	sponse or note to any line in this Pa	rt XI	2000 6 0000	152	43
1 lotal re	venue (must equ	ial Part VIII, column (A), li	ine 12)		1	1,264	
<ol> <li>Total ex</li> <li>Revenue</li> </ol>	penses (must ed	jual Part IX, column (A), I	line 25)			1,234	
4 Net ass	e iess expenses. etc er fund helen	Subtract line 2 from line	1		3	30	,668
5 Net unre	els of fully palari	sees) on investments	(must equal Part X, line 32, column (A))		4 10011-1	178	3,923
Donated	d convices and us	os of facilities	á		. 5		
7 Investme	ent expenses	se of facilities			6 7	the contract of	
Prior pe	riod adjustments		actions accide torns.	TO THE TOTAL OF THE SAME OF	8	Print Action 1	
Other ch	nanges in net as	sets or fund balances (ex	plain on Schedule O)	please some to tak	era <mark>degal cas</mark> v	67 19993	
Net asse	ets or fund balan	ces at end of year. Comb	oine lines 3 through 9 (must equal Part X	line	and the state of the state of	bulkeros	
32, colu			i contro ast anomico be	ethaupero sonici ment e	10	209	,591
Part XII	Financial S	tatements and Re	porting Sales Bally allows as	DEALTHER BOLDING DE	a urtimpaassa not	2013 EURTS	7000
to the same of the	Check if Sch	edule O contains a res	sponse or note to any line in this Par	t XII	sklavjenos ir sud-	fisher and	1 [1]
					984 Stess 1614	Y	es No
		to prepare the Form 990		Other	reb ivis campio		
		ed its method of accounti	ing from a prior year or checked "Other,"	explain in			
Schedul		Legation	124 23				
a vvere th	e organization's	financial statements comp	piled or reviewed by an independent acc	ountant?		2a	X
II Tes,	CHECK a DOX DE	ow to indicate whether the	e financial statements for the year were	compiled or			
		basis, consolidated basis, Consolidated basis	princes.	THE PART OF THE PA			
			Both consolidated and separate ba	ISIS		G C	
If "Voc "	chack a boy bol	ow to indicate whether the	e financial statements for the year were a			2b	X
		ated basis, or both:	e ilinariciai statements for the year were a	audited on a			
	_	Consolidated basis	Both consolidated and separate ba	ncio			
-			ve a committee that assumes responsibili	ty for avareight of			
the audit	t, review, or com	pilation of its financial sta	tements and selection of an independen	t accountant?		2c	
If the org	ganization chang	ed either its oversight pro	ocess or selection process during the tax	vear, explain on	स्थाक्ष्यंत्री स्थल द स	20	
Schedule		A contract out a contract of the contract	Clieteberlos to VI na	e subjection of the te			
Ba As a res	ult of a federal a	ward, was the organizatio	on required to undergo an audit or audits	as set forth in the		7 206	44 5
		B Circular A-133?	****************************	stance reputies as asse	ento segolpras es	3a	43
			audit or audits? If the organization did no		THE DAILS	Sulantin 23	
required	audit or audits, e	explain why on Schedule	O and describe any steps taken to under	rgo such audits		3b	12 3
				butoniums of side (on )		Form 9	90 (2019
				the new authors retorn	of the second		
				April ha Sobot at Ent			
87 F							
				no see trea sees i			
	7.7						
			Kana Tanaharan				100
PE. 205							
		1886 983					
		187 087					

100000000000000000000000000000000000000	art IX Statement of Functional E		91-160	MUMBELLE LAND	Page 1
_	tion 501(c)(3) and 501(c)(4) organizations must		other organizations must co	molete column (A)	
_	Check if Schedule O contains a resp	onse or note to any line in	this Part IX	impioto columni (74).	SARG
	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	991,323	991,323		
4	Benefits paid to or for members		1816,065,1 1 M		
5	Compensation of current officers, directors,		8 10	A SAME THE SAME SAME	
	trustees, and key employees	110,592	31,146	60,758	18,68
6	Compensation not included above to disqualified		Mary superity	307.30	10,00
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	The state of the s		Wener of the Wall Wall	
7		70,075	6,891	14,946	48,23
8	Pension plan accruals and contributions (include		7,00	22/320	20,23
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			BUNGVEST ACADAS (FEIT	erit teritorilla. 7
10	Payroll taxes	14,232	2,997	5,963	5,27
11	Fees for services (nonemployees):		bas terret	PONSERVED CHECKERS) SELECT	i is oraliza ni . E. L
a	Management		4	(etrum an	
b	Legal		i 4 Ebsendig brod	formu-visi to manifestate	contemporal A
C	Accounting	800		800	I & Paragana
d	Lobbying		(i) Passel (i)	Dark II	
	Professional fundraising services. See Part IV, line 17	1			ne Cross rente
f	Investment management fees				Sup legal of
g	Other. (If line 11g amount exceeds 10% of line 25, column			3 90 1	(2) Ye are as also 20
	(A) amount, list line 11g expenses on Schedule O.)		4	The second secon	
12	Advertising and promotion		1 - 20 D - 1	2501222 ( )	TO THE RESIDENCE OF THE PARTY O
13	Office expenses	4,354	459	1,761	2,13
14	Information technology	3,238	648	1,295	1,29
15	Royalties			1 67 856	2725.
16	Occupancy			131	i e train er dus
17	Travel	16,565	11,937	1,000	4,62
18	Payments of travel or entertainment expenses			i aliena dalesia endi indi	and the last
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,182		1,182	soriosaky cr so
20	Interest		181, 127, 127		F, H, Mark 1992
21	Payments to affiliates		46E 01 159	2000 000	breat deal of
22	Depreciation, depletion, and amortization	103	103	or Frank fract fundaments s	eropora tekh isi
23	Insurance			266 days daying their	empore seine) se
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			The section follows:	
a	Bank Fees	11,713		11,713	
b	Auto Expense	3,382	7.97	1,015	2,367
C	Business meetings & meals	1,638	A VENEZA E VENEZA E	328	1 310
d	Miscellaneous	1,617	CAL (S)(R)	1,617	
_	All other evenesses	2 264	000	=	

	1 990 (2019) WORLD OUTREACH MINISTRIES 91-1609811		F	age
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	ora"	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (	). See	instru	
-	Check if Schedule O contains a response or note to any line in this Part VI			X
<u> </u>	tion A. Governing Body and Management	Taur of	199	1394
40	Folds the number of utilize and the property of the property o	AT 2000	Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
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?	2	X	- 3
3	Did the organization delegate control over management duties customarily performed by or under the direct	Caleba	a ates	
. 30	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	100	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	87 5 £	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	2 Y	X
6	Did the organization have members or stockholders?	6	75/1	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	r mak	E EECN	16.
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	lan sub	2 200	
	stockholders, or persons other than the governing body?	7b	use in	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ng:		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	37.	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	N North	12 05	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	DUTO	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	15
The state of	The state of the s	NG Carle	Yes	No
0a	against San	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	E PERSON	BELL T	13
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	series \$	11
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	1 2
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	HELLIG S		
The state of the s	describe in Schedule O how this was done	12c	138	X
3	Did the organization have a written whistleblower policy?	13	X	8
4	Did the organization have a written document retention and destruction policy?	14	X	9
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	188		
а	The organization's CEO, Executive Director, or top management official	15a	X	13
b		15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	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	Alpak	X
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		Q.
	tion C. Disclosure 961 seems to standard and terminal and the standard and	Limber	ita esta	
7	List the states with which a copy of this Form 990 is required to be filed ▶ None	ne edi	SHAP.	8
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	iāķis B		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	V One make I American Win Win State I american war and a second s			

Part V

22	Did the experientian research and the OF COR. C	12.47	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	district law	MARINOS	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	and the same	es i	1.01
Ma		23	4.5 WHY	X
-4d	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1000	GALCIER	
	\$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	on ac a	0.830450	0
h		24a	O THE	X
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	A STATE OF THE STATE OF		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
100,000	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		10251	37
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	E DAN	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			8
	If "Yes," complete Schedule L, Part I	OFL	a verse o	v
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	100	Service of	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	200	* 1944	X
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		Δ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	en la compa		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	A STATE OF THE STA	11.0	
	persons? If "Yes," complete Schedule L, Part III	27	N. II	x
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	- 21		Sinus M
- 541/1-	IV instructions, for applicable filing thresholds, conditions, and exceptions):		ALC: N	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	SIDE	SS (MA)	
	"Yes," complete Schedule L, Part IV	28a	est N	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	est.tra	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	did like	t as t	
	"Yes," complete Schedule L, Part IV	28c	EL SK	X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	huge	X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	etgro e	供加	1
	conservation contributions? If "Yes," complete Schedule M	30	11 14	X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	45 B)	X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ougho.	di bu	251
•	complete Schedule N, Part II	32	aesta6	X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	4 (10 et	11844	4
75	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	'ANY	X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	S CHIEFE	341 8	13
	or IV, and Part V, line 1	34	di tac	X
5a	bit the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	di ba	X
b	if Yes to line 35a, did the organization receive any payment from or engage in any transaction with a	C DAR	SEN	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Dept.	<u></u>
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	(BEAT)	th list.	El
7	related organization? If "Yes," complete Schedule R, Part V, line 2	36	98 10	X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	PER-EN	11 0	31
В	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	Religion .	X
•	Did the organization complete schedule of and provide explanations in Schedule O for Part VI, lines 11h and	1000	OF THE STATE OF	

19? Note: All Form 990 filers are required to complete Schedule O.

In V Statements Regarding Other IRS Filings and Tax Compliance Chark if Schodula A contains a response or make to --- !

	1 990 (2019) WORLD COTREACH MINISTRIES 91-1609811	Page 2
P	art III Statement of Program Service Accomplishments	WWW to
. 31	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	Park Washington
I	RELIGIOUS MISSIONARY SERVICES	so 2000 ere no Y
	ATTEREST BELLEVIEW CONTROL OF THE PROPERTY OF	
	CONTRACTS	
	1794061-161	• • • • • • • • • • • • • • • • • • • •
2	Did the organization undertake any significant program services during the year which were not listed on the	ed zonem nadíli.
	prior Form 990 or 990-EZ?	
		Yes X No
	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	Martin Bassan A.
	services?	Yes X No
91	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 1,045,601 including grants of \$ 991,323 ) (Revenue \$	
(	HURCH CONSTRUCTION, DEEP WELL DRILLING, ORPHAN CARE	
Ŀ	ASTORAL TRAINING, MEDICAL CARE, EDUCATION SERVICES & EVANGELIC	AL
C	RUSADES IN UGANDA, SOUTH SUDAN, RWANDA, KENYA, BURUNDI & ASIA.	
	•	
	• • • • • • • • • • • • • • • • • • • •	
	* · · · · · · · · · · · · · · · · · · ·	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	<del></del> ,
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	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	- 24
N	/A 43 1870 S81 (9) xxx xxx xxx xxx xxx xxx xxx xxx xxx x	
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