### Form 990

For the 2012 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2012

Open to Public Inspection

Α	Fort	he 2012 calen	dar year, or tax year beginning , 2012, and ending	]		
В	Check	if applicable:	C Name of organization World Help		ployer Ident	ification Number
	П	ddress change	Doing Business As		•	
	N.	ame change	Number and street (or P.O. box if mail is not delivered to street addr)  Room/s.		<u>4 – 1 6 1 5</u> ephone numl	
	1	itial return	P.O. Box 501	i		
		erminated			<u>434) 5</u>	25-4657
			211 0000 14			
	$\vdash$	mended return	Forest VA 24551	<b>G</b> Gro	ss receipts	\$ 25,199,576.
	A(	optication pending	1	(a) Is this a group i		() 103
			VERNON BREWER P.O. BOX 501 FOREST VA 24551	t(b) Are all affiliates If 'No,' attach a	included?	Yes No
	Tax-	exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	ir iyo, attacii a	nst. (see ms	uuctions)
J	We	bsite: ► ww	w.worldhelp.net	I(c) Group exemption	n number 🟲	
K	Forn	of organization:	X Corporation Trust Association Other L Year of Formation			egal domicile: VA
Pa	art II	Summar	V			
transaction.	1	Briefly descri	be the organization's mission or most significant activities: World Hel	~ · ~ ~ E-	2 4 1 1 1 1 a	
a.		humanita	rian organization that exists to serve the phy	5 T2 G T G	7 711-D9	ised
Governance		spiritua	l needs of people in impoverished communities	Karcar and		
E		world.	The state of the s	"aroand ci	<u> </u>	
ş	2	Check this bo	if the organization discontinued its operations or disposed of mor		its not as	
ಹ		Number of vo	ting members of the governing body (Part VI, line 1a)		1 3 1	
~ජ	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)		4	
Activities &	5	Total number	of individuals employed in calendar year 2011 (Part V. line 2a).		5	103
Ξ	6	Total number	of volunteers (estimate if necessary)		6	14
Ą	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12		72	0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		, 7b	<u> </u>
				Prior Ye		Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)	17,180	.477.	24,992,942.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		,734.	134,722.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		,599.	-8,173.
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,368	,810.	25,119,491.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	10,358		17,761,476.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	•		
	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,237	583	3,628,153.
Se	16a		undraising fees (Part IX, column (A), line 11e)		,750.	
Expenses	h			1/3	, /50.	161,250.
丒	177					
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,305		3,576,558.
Ì	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,074	,825.	25,127,437.
- ×	19	Revenue less	expenses. Subtract line 18 from line 12		,985.	-7,946.
ts o				Beginning of Cur	rent Year	End of Year
Net Assets Fund Baland	20	Total assets (	Part X, line 16)	3,591		8,123,531.
nd/	21	Total liabilities	s (Part X, line 26)	2,270	,456.	6,741,273.
2 11	22	Net assets or	fund balances. Subtract line 21 from line 20	1,321	.195.	1,382,258.
Pa	rt II	Signature	Block		, = = = - 1	
Unde	r penalt		clare that I have examined this return, including accompanying schedules and statements, and to the er (other than officer) is based on all information of which preparer has any knowledge.	best of my knowled	ine and helie	f it is true correct, and
comp	lete. De	claration of prepar	er (other than officer) is based on all information of which preparer has any knowledge.		1	a, it is true, correct, and
			m / In	5/9	//3	
Sig	n	Signature	e of officer	Date	/ <b>-</b>	
Hei	re	▶ VERN	ON BREWER			
			print name and title.			
		Print/Type pr	eparer's name Prepar <del>or's signature</del> Date	Check	X if F	PIN
Pai	Ч	JEFFRE	Y R. ROGERS DEFREY R ROGERS 04/30/1	1		200610216
	u pare			Sentemp	noyeu [1	200618216
Use	e Onl	y Firm's addres		Einel- F	1A1 == -	1000000
J-5(	iii	Firm's addres		Firm's E		1282700
	21. 15	1	FOREST VA 24551	Phone n	o. (434	<del></del>
ıvıay	the II	KS discuss this	s return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2012) World Help	c	54-1615454 Page <b>2</b>
Part III Statement of Program Service Accomplish	nments	
Check if Schedule O contains a response to any que:	stion in this Part IIL	
1 Briefly describe the organization's mission:	A 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
World Help is a faith-based		
humanitarian organization that exists	to serve the physical and	The state and alone and state and st
See Form 990, Page 2, Part III, Line 1 (continued)	- I - I - I - I - I - I - I - I - I - I	
2 Did the organization undertake any significant program serv	ces during the year which were not listed on the	e 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 of	hanges in how it conducts, any program service	es? Yes X No
If 'Yes,' describe these changes on Schedule O.	b and the second	- Tes KI 110
4 Describe the organization's program service accomplishmen	ts for each of its three largest program services	as measured by expenses
4 Describe the organization's program service accomplishmen Section 501(c)(3) and 501(c)(4) organizations and section 4: others, the total expenses, and revenue, if any, for each pro	947(a)(1) trusts are required to report the amou	int of grants and allocations to
others, the total expenses, and revenue, if any, for each pro	gram service reported.	
4a (Code: ) (Expenses \$ 21,793,976 incl		
	uding grants of \$ 0.) (Reve	nue \$ <u>24,992,942.</u> )
World Help serves the physical and sp	<u>iritual needs of people in in</u>	mpoverished
communities around the world by:		
Church Plantings, Distribution of h	ibles, Child sponsorships,	
	er projects bring clean water	<u>^</u>
to people, and Operation baby rescu	.e	
4 b (Code:) (Expenses \$ inch	uding grants of \$) (Reve	nue \$ )
4c (Code: ) (Expenses \$ inclu	iding grants of \$) (Rever	nue \$ )
The Court of the C	) (Rever	nue \$)
		······································
4 d Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of	\$ )(Revenue \$	١
4e Total program service expenses ► 21,793,976		,

2ã	では、 Checklist of Required Schedules			
			Yes	No
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, 'complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?// 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 101f 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
	c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 c		X
	e Did the organization report an amount for other liabilities in Part X, line 257f 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)3f 'Yes,' complete Schedule D, Part X	11 f	ļ	Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year of 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 t		>
	Is the organization a school described in section 170(b)(1)(A)(ii)?// 'Yes,' complete Schedule E	13	<del> </del>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14k	,	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Σ
17	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	. 18	<u> </u>	×
19	complete Schedule G, Part III.		-	>
20	a Did the organization operate one or more hospital facilities?If 'Yes,' complete Schedule H	-		-   2
	b. If 'Vas' to line 20a, did the organization attach a copy of its audited financial statements to this return?	1 20	h i	1

# Form 990 (2012) World Help Partive Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1?If 'Yes,' complete Schedule I, Parts I and II.	21	х	**********
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 'Yes,' complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002/if 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	·····	<b></b>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
8	A current or former officer, director, trustee, or key employee?If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?f 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
	of 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36		36		Х
		<b></b>	<del> </del>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	37 38	Х	X

# Form 990 (2012) World Help Part V Statements Regarding Other IRS Filings and Tax Compliance

Check it Schedule O contains a response to any question in this Part V		,.		;
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 - 1	. (********	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0		
		0		
c Did the organization comply with backup withholding rules for reportable payments to vend (gambling) winnings to prize winners?	ors and reportable gaming	. 1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State ments, filed for the calendar year ending with or within the year covered by this return				
b If at least one is reported on line 2a, did the organization file all required federal employments	2a 10	3		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required tee-file. (see in	nt tax returns?	. 2 L	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	structions)	_		
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	ar	. 3a		X
4a At any time during the calendar year, did the organization have an interest in as a circular		. 35		<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signatur financial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	. 4a		X
<b>b</b> If 'Yes,' enter the name of the foreign country:►				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the to	ax year?	. 5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax she	Iter transaction?	. 5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?				
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible as charitable contributions?	and did the organization			
solicit any contributions that were not tax deductible as charitable contributions?		. 6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such onto tax deductible?	contributions or gifts were			
7 Organizations that may receive deductible contributions under section 170(c).	,,,,	. 6b		0/15/04/24
·				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor?	partly for goods and	. 7a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided:	, , , , , , , , , , , , , , , , , , ,	7 b	ļ	
c Did the organization sell, exchange, or otherwise dispose of tongible personal assessed as a second as a seco	defende de la companya de la company			
10/111 02:02:,.,,,		7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	_		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file -	/ 9		
3,11,1000 0		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organization£id the			
instance of any and during the year for the formatter of		8		X
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		Χ
b Did the organization make a distribution to a donor, donor advisor, or related person?	. , , , , , , , , , , , , , , , , , , ,	9 b		Х
10 Section 501(c)(7) organizations.Enter:	1			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a			
<ul><li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li><li>11 Section 501(c)(12) organizations. Enter:</li></ul>	106	-		
a Gross income from members or shareholders.	aa . l			
b Gross income from other sources (Do not net amounts due or poid to other accura-	11 a	-		
against amounts due or received from them.)	11 Ь			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12 a	14866218916	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a 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 Schedul	e O,			
<b>b</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.	721			
c Enter the amount of reserves on hand	13b	- 1		
14a Did the organization receive any payments for indoor tanning services during the tax year?	13c	14-		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	chedule O	14a 14b	-	
. , ,	······································		1	

the public during the tax year,

Form 990 (2012) World Help 54-1615454 Page 6 Part VIR Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members 20 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent ... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........ 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?.... Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8a Х b Each committee with authority to act on behalf of the governing body?.... 8 h Χ Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12 b X c Did the organization regularly and consistently monitor and enforce compliance with the policy?f 'Yes,' describe in Schedule O how this is done ...... 12 c Х 13 Did the organization have a written whistleblower policy?..... 13 Х 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15 a X 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions,) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a Χ 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

Form <b>990</b> (2012) World H	Helm	
--------------------------------	------	--

54-1615454

Page 7

### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.....

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's fivecurrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizatio	n nor any	relate	Q O	gan (C		on co	mpe	nsated any current of	ficer, director, or trust	96.
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)					2)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) F. Vernon Brewer	40.00									
President		Χ		X	Х	Х		146,560.	0.	64,827.
(2) Louanne R. Guillerman	1.00									
Director		Χ						0.	0.	0.
_(3) John A. Lloyd Director	1.00	X						0.	0.	0.
(4) Lester Taylor	1.00							<u> </u>		
Chairman		Х		Х				0.	0.	0.
(5) David Tom Thompson	40.00					*******			7.	
Director		Х		Х	Х			68,414.	0.	92,607.
(6) Noel Yeatts	40.00									32,000.
Secretary		X		Х	Х			155,387.	0.	23.
	1.00									
Director	ļ	X						0.	0.	0.
_(8)_Jane_Nelson	1.00									
Director		X						0.	0.	0.
_(9) Brian C. Mentzer	1.00									
Director		X						0.	0.	0.
(10) Harvey Saarloos	1.00									
Director	-	Х	ļ					0.	0.	0.
(11) Scott Griffin	1.00									
Director	ļ	X						0.	0,	0.
(12) Cotton Verhoeven	1.00									
Director		X	<u> </u>				ļ	0.	0.	0.
(13) David Day	40.00							and the second s		
Chief Operating Officer				Х	X		<u> </u>	152,681.	0.	6,425.
(14) Chad Mather	40.00									·—·
Treasurer	1			X	X		]	83,628.	0.	4,354.

Form 990 (2012) World Help			P**	1	······	············			54-16154	<u>54</u> Pa	ge <b>8</b>
Part VIII Section A. Officers, Directors, Trus	(B)	ney 	En	npio ))	oye C)	es, a	nc	l Highest Con	pensated Em	ployees (cor	<u>1t)</u>
(A) Name and title	Average (do not check more than one box, unless person is both an officer and a director/trustee)			(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of oil compensation	ner				
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization	}
(15) Mr. Kirk Litton Director	1.00	х					•••••				***************************************
(16) Mrs. Robin Chilton Director	1.00							0.	0		0.
(17) Mr. Johnnie Moore Director	1.00	Х						0.	0	***	0.
(18) Kristen Chambers Director	1.00	х									0.
(19) Mark Hogsed Vice President	40.00				X			0.	0		0.
(20) Kevin Foster Director	1.00	Х						104,874.	0		001.
(21) David Loveland Director	1.00	1						0.	0		_0.
(22) Matthew D. Parker Director	1.00							0.	0		0.
(23) J.J. Thomason Director	1.00	Х						0.	0		0.
(24)		Λ.					1	0.	0		0.
(25)							-				
1 b Sub-total	 A	!	,	<u></u>		<b>&gt;</b>	-	711,544.	0	. 173,2	237.
d Total (add lines 1b and 1c)						<b>&gt;</b>	.	711,544.	0	. 173,2	237.
2 Total number of individuals (including but not limite from the organization ► 4	ed to the	se li	sted	l abo	ove)	who i	rec	eived more than	\$100,000 of repor	table compens	ation
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trusti Individua	ee, k	еу є	empl	loye	e, or l	nig	hest compensate	d employee	Yes	No X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	eportable	e cor 50,00	npei 10?/f	nsat 'Ye:	ion s' co	and of	the	er compensation f Schedule J for	rom		
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes.' of	റന്നവെ	sation Sch	n fro edu	om a le J	···· ιης ι for	unrela such r	tec	d organization or i	ndividual	4 X	X
1 Complete this table for your five highest component	tad inda		11		¥						
, and a significant report compe	nsation	for t	he c	con aler	trac ndar	tors the year	nat en	received more th ding with or withir	an \$100,000 of the organization	n's tax year.	
( <b>A)</b> Name and business addres	ss							<b>(B)</b> Description o		(C) Compensation	
CMF Unlimited, Inc. 9744 NW 66th Place Pa	rklar	ıd_		F'L	3	307€	5 5	Solicits Go	v. Grants	131,2	50.
							-			·····	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	limit	ed t	o th	ose	listed	ab	pove) who receive	d more than		
BAA	1 77	== ^0	00 -	01/04	(1.2			· · · · · · · · · · · · · · · · · · ·			

# Form 990 (2012) World Help Part VIII Statement of Revenue

Total revenue	,		Check if Schedule O o	contains a respo	onse to any question	on in this Part VIII.			
Total Add lines 2-1   Total Add lines 2-2						(A)	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections
10   10   10   10   10   10   10   10	S S	1 a	Federated campaigns	1a					
10   10   10   10   10   10   10   10	38	b	Membership dues						
10   10   10   10   10   10   10   10	\$ P		-						
10   10   10   10   10   10   10   10	3 3		_						
10   10   10   10   10   10   10   10	SS	е	Government grants (contribution	ons) 1 e	8,754,541.				
10   10   10   10   10   10   10   10	三型	f	All other contributions, gifts, gi	rants, and					
10   10   10   10   10   10   10   10	불히					(80)			
10   10   10   10   10   10   10   10	S N	_		· _	12,536,221.				
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. E. 5 Royalties. 6 Ga Gross rents. 6 Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of sessets other than investory. 5 Less: cost or other basis and sales expenses c Gain or (loss). 7 Less: cost or other basis and sales expenses. 3 7, 640. 42, 445. 5 Ga Gross income from fundraising events (no including. See Part IV, line 19. 9 a Gross income from gaming activities. 5 Less: direct expenses. 5 Less: direct expenses. 6 Less: direct expenses. 7 Less: direct expenses. 8 Less: direct expenses. 9 Less: direct expenses. 9 Less: cost or flore basis and sales expenses. 9 Less: direct expenses. 9 Less: cost of goods sold. 9		h	Total. Add lines 1a-1f			24,992,942.		Haling III Andrea	
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. E. 5 Royalties. 6 Ga Gross rents. 6 Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of sessets other than investory. 5 Less: cost or other basis and sales expenses c Gain or (loss). 7 Less: cost or other basis and sales expenses. 3 7, 640. 42, 445. 5 Ga Gross income from fundraising events (no including. See Part IV, line 19. 9 a Gross income from gaming activities. 5 Less: direct expenses. 5 Less: direct expenses. 6 Less: direct expenses. 7 Less: direct expenses. 8 Less: direct expenses. 9 Less: direct expenses. 9 Less: cost or flore basis and sales expenses. 9 Less: direct expenses. 9 Less: cost of goods sold. 9	圖	ο -		-					
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. E. 5 Royalties. 6 Ga Gross rents. 6 Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of sessets other than investory. 5 Less: cost or other basis and sales expenses c Gain or (loss). 7 Less: cost or other basis and sales expenses. 3 7, 640. 42, 445. 5 Ga Gross income from fundraising events (no including. See Part IV, line 19. 9 a Gross income from gaming activities. 5 Less: direct expenses. 5 Less: direct expenses. 6 Less: direct expenses. 7 Less: direct expenses. 8 Less: direct expenses. 9 Less: direct expenses. 9 Less: cost or flore basis and sales expenses. 9 Less: direct expenses. 9 Less: cost of goods sold. 9	題	Z a	Mission Activit	ties	12	134,722.	134,722.	0.	0.
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. E. 5 Royalties. 6 Ga Gross rents. 6 Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of sessets other than investory. 5 Less: cost or other basis and sales expenses c Gain or (loss). 7 Less: cost or other basis and sales expenses. 3 7, 640. 42, 445. 5 Ga Gross income from fundraising events (no including. See Part IV, line 19. 9 a Gross income from gaming activities. 5 Less: direct expenses. 5 Less: direct expenses. 6 Less: direct expenses. 7 Less: direct expenses. 8 Less: direct expenses. 9 Less: direct expenses. 9 Less: cost or flore basis and sales expenses. 9 Less: direct expenses. 9 Less: cost of goods sold. 9	빌	מ							
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. E. 5 Royalties. 6 Ga Gross rents. 6 Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of sessets other than investory. 5 Less: cost or other basis and sales expenses c Gain or (loss). 7 Less: cost or other basis and sales expenses. 3 7, 640. 42, 445. 5 Ga Gross income from fundraising events (no including. See Part IV, line 19. 9 a Gross income from gaming activities. 5 Less: direct expenses. 5 Less: direct expenses. 6 Less: direct expenses. 7 Less: direct expenses. 8 Less: direct expenses. 9 Less: direct expenses. 9 Less: cost or flore basis and sales expenses. 9 Less: direct expenses. 9 Less: cost of goods sold. 9	<u> </u>	۲.							
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. E. 5 Royalties. 6 Ga Gross rents. 6 Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of sessets other than investory. 5 Less: cost or other basis and sales expenses c Gain or (loss). 7 Less: cost or other basis and sales expenses. 3 7, 640. 42, 445. 5 Ga Gross income from fundraising events (no including. See Part IV, line 19. 9 a Gross income from gaming activities. 5 Less: direct expenses. 5 Less: direct expenses. 6 Less: direct expenses. 7 Less: direct expenses. 8 Less: direct expenses. 9 Less: direct expenses. 9 Less: cost or flore basis and sales expenses. 9 Less: direct expenses. 9 Less: cost of goods sold. 9	善	u a	<del></del>						
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. E. 5 Royalties. 6 Ga Gross rents. 6 Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of sessets other than investory. 5 Less: cost or other basis and sales expenses c Gain or (loss). 7 Less: cost or other basis and sales expenses. 3 7, 640. 42, 445. 5 Ga Gross income from fundraising events (no including. See Part IV, line 19. 9 a Gross income from gaming activities. 5 Less: direct expenses. 5 Less: direct expenses. 6 Less: direct expenses. 7 Less: direct expenses. 8 Less: direct expenses. 9 Less: direct expenses. 9 Less: cost or flore basis and sales expenses. 9 Less: direct expenses. 9 Less: cost of goods sold. 9	緩	f	All other program service	e revenue					
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 7 5 Royalties  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Gain or (loss)  b Less: cost or other basis and sales express and sales express 37,640 42,445 c Gain or (loss)  -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,446 -20,070 d Net gain or (loss) -7,516 -27,5	쭖	a.		L	<b>*</b>	124 700			2.0.900.000
other similar amounts)  4 Income from investment of tax-exempt bond proceeds. F.  Royalties.						134,722.	DANGER CONTRACTOR CONT		BANKE PER YEAR STATE OF THE SEA
A Income from investment of lax-exempt bond proceeds, 5 Royalties  (i) Real (i) Personal  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss)  -7, 44620,070. d Net gain or (loss)  -27, 516.  9 a Gross income from fundraising events or contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19  b Less: cost of goods sold b c Net income or (loss) from gaming activities.	1	Ŭ	other similar amounts) .	·····		19,343.	0.	0.	19,343.
10   Real   (ii) Personal   (ii) Personal   (iii) Perso		4				-			
BUSINESS CORES (Part all expenses control of the income or (loss)		5	Royalties						***************************************
b Less: rental expenses c Rental income or (loss)		_	_	(i) Real	(ii) Personal				
C Rental income or (loss)  d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  37,640. 42,445.  c Gain or (loss)  -7,44620,070.  d Net gain or (loss)  -7,44620,070.  -7,516. 0, 0 -27,516.  027,516.  027,516.  10 a Gross income from fundraising events.  -7  9a Gross income from fundraising events.  -7  9a Gross income from gaming activities.  See Part IV, line 18  a b Less: direct expenses  b c Net income or (loss) from gaming activities.  -7  10 a Gross sales of inventory, less returns and allowances  a b Less: cost of goods sold  b c Net income or (loss) from sales of inventory.									the second
d Net rental income or (loss)  7 a Gross amount from sales of 30,194, 22,375, b Less; cost or other basis and sales expenses 37,640, 42,445, c Gain or (loss), -7,446, -20,070, d Net gain or (loss), -7,446, -20,070, d Net gain or (loss) from fundraising events (not including, \$0 of contributions reported on line 1c).  See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory>  Miscellaneus Revenue Business Code  11 a b c C d All other revenue e Total. Add lines 11a-11d	ĺ		· •						
Ta Gross amount from sales of assets ofter than inventory.    Description   Securities   (ii) Securities   (iii) Citier   (iiii) Citier   (iii) Citier   (iii) Citier   (iii) Citier   (iii) Citier   (iii) Citier   (iii) Cit					<u></u>				
BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB			ſ		<del></del>				
b Less: cost or other basis and sales expenses		7 a							
and sales expenses 37,640. 42,445. c Gain or (loss)7,44620,070. d Net gain or (loss)7,44620,070. d Net gain or (loss)27,516. 0. 027,516.  8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events > 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > 11 a B Business Code Business Code Business Code Business Code Business Code Business Code			- 1	30,194	. 44,3/3.				
C Gain or (loss) — 77, 446. — 20,070. d Net gain or (loss) — -27,516. 0. 0. — -27,516.  8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).  See Part IV, line 18		E		37.640	12 115	April 1			
d Net gain or (loss)		c							
Ba Gross income from fundraising events (not including. § of contributions reported on line 1c).  See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. C Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.  Miscellaneous Revenue Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	İ					-27.516	Λ	0	-27 516
(not including. \$ of contributions reported on line 1c).  See Part IV, line 18									-27,310
c Net income or (loss) from fundraising events.  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11 a  b  c d All other revenue. e Total. Add lines 11a-11d  12 Total revenue See instructions	>		(not including . \$						
c Net income or (loss) from fundraising events.  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11 a  b  c d All other revenue. e Total. Add lines 11a-11d  12 Total revenue See instructions	2								
c Net income or (loss) from fundraising events.  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11 a  b  c d All other revenue. e Total. Add lines 11a-11d  12 Total revenue See instructions	8								
c Net income or (loss) from fundraising events.  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11 a  b  c d All other revenue. e Total. Add lines 11a-11d  12 Total revenue See instructions	틍				·				
b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code Business Code a d All other revenue e Total revenue e Total revenue e Total revenue			•	_					
b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code Business Code a d All other revenue e Total revenue e Total revenue e Total revenue		9 a	Gross income from gam	ning activities.					
c Net income or (loss) from gaming activities									
10 a Gross sales of inventory, less returns and allowances			•		1				
and allowances									
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  Total revenue See instructions			and allowances	,, 1033 rotals, 13	a				
Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  Total revenue See instructions				•			ACC		2.50
11a		(							
b		77.		ue 	Business Code				
d All other revenue e Total. Add lines 11a-11d  12. Total revenue See instructions					<del></del>				<b></b>
d All other revenue  e Total. Add lines 11a-11d  72 Total revenue See instructions						<del></del>			<del> </del>
e Total. Add lines 11a-11d			d All other revenue						<del></del>
12 Total revenue See instructions			e Total. Add lines 11a-11	d					272-510-000
		12	Total revenue. See inst	ructions		25,119,491	134.722	Λ	_Ω 172

#### Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX..... (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 ..... 2,242,151 2,242,151 Grants and other assistance to individuals in the United States. See Part IV, line 22... 34,710 34,710 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 15,484,615 15,484,615 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 849,960 530,610. 250,888 68,462. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages..... 2,386,375 1,055,194 1,126,496 204,685. Pension plan accruals and contributions (include section 401(k) and section 403(b) 20,327 èmployer contributions) ...... 17,655. 3,501. 41,483. 72,372 Other employee benefits...... 147,699. 62,861 12,466. 10 Payroll taxes ...... 202,636 99,292 86,242 17,102. 11 Fees for services (non-employees): a Management ...... 0. **b** Legal ....... 37,140 34,059 3,081 c Accounting ...... 27,000 13,230 11,491 2,279. d Lobbying ..... e Professional fundraising services. See Part IV, line 17 . . . 161,250. 161,250. f Investment management fees..... g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) . . . . . . . 129,656 0. 317,760 188,104 Advertising and promotion..... 0. 28,336 0 28,336 Office expenses ..... 280,908 187.623 76,366 16,919. Information technology ...... Occupancy ...... 5,198 578. 30,087 24,311 17 35,873. 569,968 384,773 149,322 Payments of travel or entertainment expenses for any federal, state, or local public officials ..... Conferences, conventions, and meetings ... 0\_. 214.504 214,504 O 20 Interest ...... 13,649 25,222 11,573 0. 21 Payments to affiliates ..... 22 Depreciation, depletion, and amortization... <u>O.</u> 153,446 128,441 25,005 23 Insurance ..... 42,899 10,991 31,672 236 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a Ministry Projects 671,009 641,153 22,303 7,553. b Product Costs \_\_\_\_ 117,661 78,960 38,701 0. c Printing & Mailing 280,458 1,860 180,337. 98,261 d Rent Expense \_\_\_ 71,450 37,002 29,929 4,519. e All other expenses ..... 708.710 414,148 177,401 117,161. Total functional expenses, Add lines 1 through 24e . . . 127,437 793,976 2,500,540 832,921. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)...... 1,622,404 4,282,644 2,287,314 372<u>,</u>926.

alesto x com		Check if Schedule O contains a response to any question in this Part X	, , , , , , , , , , , , , , , , , , , ,		
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash non-interest-bearing	369,035.	1	462,545.
	2	Savings and temporary cash investments	32,257.	2	36,491.
	3	Pledges and grants receivable, net	659,018.	3	1,210,065.
	4	Accounts receivable, net	5,647.	4	5,082.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ą	7	Notes and loans receivable, net	62,647.	7	0.
ASSETS	8	Inventories for sale or use	861,650.	8	4,680,129.
ַד <u></u>	9	Prepaid expenses and deferred charges	39,862.	9	106,570.
,	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	914,797.	10 c	879,973.
	11	Investments publicly traded securities	646,738.	11	742,676.
	12	Investments – other securities. See Part IV, line 11		12	***************************************
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,591,651.	16	8,123,531.
	17	Accounts payable and accrued expenses	1,636,665.	17	906,826.
	18	Grants payable		18	
	19	Deferred revenue		19	5,229,506.
Ļ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B   L   T	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties	633,791.	23	604,941.
Š	24	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	
_	26	Total liabilities. Add lines 17 through 25	2,270,456.	26	6,741,273.
Ņ		Organizations that follow SFAS 117 (ASC 958), check here ► k and complete			
F	Ì	lines 27 through 29, and lines 33 and 34.			
Ş	27	Unrestricted net assets			-642,655.
AMMHS	28	Temporarily restricted net assets			1,960,613.
	29	Permanently restricted net assets	64,300	29	64,300.
OR FUZD		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
D D		Capital stock or trust principal, or current funds	<del></del>	30	
В	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ľ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	1,021,130		1,382,258.
	34	Total liabilities and net assets/fund balances	3,591,651	. 34	8,123,531.
BA	۱A				Form 990 (2012)

Pä	Reconciliation of Net Assets			-
	Check if Schedule O contains a response to any question in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	25,1	19,4	91.
2	Total expenses (must equal Part IX, column (A), line 25)	25,1	27,4	37.
3	Revenue less expenses. Subtract line 2 from line 1		-7,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,3	21,1	95.
5	Net unrealized gains (losses) on investments		69,0	
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	***************************************		
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	1,3	<u>82,2</u>	58.
Ha	Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII.		. <b>.</b>	X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain	-	Yes	No
_	in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	Separate basis Consolidated basis Both consolidated and separate basis	, marriage		
	b Were the organization's financial statements audited by an independent accountant?	2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:     X   Separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
•	if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За	х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required auc or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	lit 3b		x
BA	A .	Form	990	(2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012



Employer Identification number

	i Help								515454			
			(All organizations					See ir	nstructi	ons.		
The org			e it is: (For lines 1 thro			,						
1			ciation of churches desc		ection	170(b)(1	)(A)(i).					
2			(ii). (Attach Schedule E									
3	A hospital or a coope	erative hospital servic	e organization describe	ed in <b>secti</b>	on 170(	b)(1)(A)	(iii).					
4	A medical research of	organization operated	in conjunction with a h	ospital c	lescribe	d iisecti	on 170(	b)(1)(A)	(iii). Ente	r the hospit	al's	
-	name, city, and state											
5	<u> </u>	mplete Part II.)	f a college or university					nmental	unit des	scribed sect	ion	
6			overnmental unit descri									
7 }	<u></u> ¦ in section 170(b)(1)(/	<b>A)(vi).</b> (Complete Par				vernmer	ntal uni	t or from	the gen	neral public	descrit	oed
8 [	<del></del>		0(b)(1)(A)(vi). (Complet									
9 [	<ul> <li>related to its exempt for unrelated business tax</li> <li>(Complete Part III.)</li> </ul>	unctions — subject to c able income (less secti	re than 33-1/3% of its sup ertain exceptions, and (2 on 511 tax) from business	2) no mor ses acqui	e than 3 red by th	3-1/3% o e organiz	of its sug ation af	port fror ter June	and gross n gross ir 30, 1975.	receipts fron rvestment in See section	n activit come a 509(a)	ties and (2).
10			exclusively to test for pu									
11	An organization organ supported organization supporting organization	ins described in section	usively for the benefit of, t n 509(a)(1) or section 50 es 11e through 11h.	o perforn )9(a)(2).	nthe fun See <b>sec</b>	ctions of, tion 509	or carry ( <b>a)(3).</b> C	out the p Check the	ourposes box that	of one or mo t describes tl	republ he type	icly e of
	a Type I b	Type II c	Type III - Function	nally inte	grated	c	ı∏ -	Type III -	Non-fu	inctionally in	ntegrat	ed
e [	By checking this box other than foundation section 509(a)(2).	r, I certify that the org n managers and othe	anization is not control r than one or more pub	led direc licly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	disquali in sectio	ified person: on 509(a)(1)	s or	
f	If the organization re	eceived a written dete	rmination from the IRS	that is a	Type i	, Type II	or Typ	e III sup	porting o	organization	1	
g	Since August 17, 20	06, has the organizati	on accepted any gift o	r contrib	ution fr	om any	of the f	ollowina	persons	;?		
-		,						_	•	Γ	Yes	No
	(i) A person who below, the gov	directly or indirectly c erning body of the su	ontrols, either alone or pported organization?.	togethei	with pe	ersons d	escribe	d in (ii)	and (iii)	11 g (i)		
	(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)		
	(iii) A 35% controll	ed entity of a person	described in (i) or (ii) a	above?	<i>.</i>	. <i></i>						
h	Provide the following	g information about th	ne supported organization	on(s).						119(11)		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organiza column (i your goo docur	ation in ) listed in vernina	in column (i) of your		y (vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of suppor		etary
				Yes	No	Yes	No	Yes	No			
					1							
(A)									] ]			
<b>(D)</b>												
(B)		<u> </u>		-								
(C)												
(D)												
/Jm/												
(E)				2 220 220 2	MONSH HOLD		ara -	100000000000000000000000000000000000000	Contract of the Contract of th			
<b>T</b> _1_1												
Total	Tou Demonstrate Part 1 1						10.00					
DAA I	or Paperwork Reducti	on Act Notice, see th	e Instructions for Form	1 990 or 9	990-EZ.			Schedul	le A (For	m 990 or 99	0-EZ	2012

Randle Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	22,591,247.	10,493,632.	18,028,267	17.180 477	24 992 942	93,286,565.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			20702072071	277.5007477.	24, 332, 342.	93,200,303.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	22,591,247.	10,493,632.	18.028.267	17,180,477	24 992 942	93,286,565.
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)					27732742	33,200,303.
6	Public support. Subtract line 5 from line 4						93,286,565.
<u>Sec</u>	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	22,591,247.	10,493,632.	18,028,267.	17,180,477.	24,992,942.	93,286,565.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,010.	18,335.	23,696.	19,712.		93,096.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				10/112.	13,343.	33, 030.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						93,379,661.
12	Gross receipts from related activ	vities, etc (see ins	tructions) ,				33,0,3,002.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
	ction C. Computation of Pu	blic Support P	ercentage		**************************************		<u></u>
14	Public support percentage for 20	012 (line 6, colum	n (f) divided by lir	ne 11, column (f))	,	14	99.90%
	Public support percentage from						99.84%
16:	a 33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported o	box on line 13, ar	nd the line 14 is 3	33-1/3% or more,	check this box
i	b 33-1/3% support test — 2011. If i and stop here. The organization	he organization d qualifies as a put	id not check a bo plicly supported o	x on line 13 or 16 rganization	a, and line 15 is	33-1/3% or more,	check this box
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	s-and-circumstanc	es' test. The orga	s' test, check this anization qualifies	box an <b>stop here</b> as a publicly sup	Explain in Part I ported organizati	V how an►
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	d-circumstances	test. The organiza	s test, check this ation qualifies as	box andtop here a publicly suppor	⊾Explain in Part I ted organization	V how the ▶

Radill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part 1 or if the organization fa	ailed to qualify under Part II. If the organization fails
to qualify under the tests listed below, please complete Part II.)	

Sect	ion A. Public Support						
	lar year (or fiscal yr beginning in) 🛌	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	: Add lines 7a and 7b						
,	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	·	·				
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6						
	similar sources						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)	·					
14	organization, check this box an			ond, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
******	tion C. Computation of Pu						- <del></del>
	Public support percentage for 2		• • • • • •	•	• •		- 8
16	Public support percentage from					16	ફ
	ction D. Computation of In	· · · · · · · · · · · · · · · · · · ·	·····	<del></del>	·····		
17			• • •	-		}	- 8
18	Investment income percentage						8
	a 33-1/3% support tests — 2012, i is not more than 33-1/3%, chec b 33-1/3% support tests — 2011, i						
	b 33-1/3% support tests – 2011. line 18 is not more than 33-1/3 Private foundation. If the organ	%, check this box	andstop here. T	he organization qı	ualifies as a publi	cly supported orga	nization , , 🏲 📘
BA				3 08/09/12		······································	990 or 990-F7) 2012

Schedule A	(Form 990 or	990-EZ) 2012	World	Help			54-1615454	Page 4
PaittilVal	Supplement Part II, line (See instru	n <mark>tal Informa</mark> t e 17a or 17b	t <b>ion.</b> Com ; and Part	plete this pa III, line 12. A	rt to provide Also completo	the explanation this part for a	s required by Part II, lin ny additional informatio	ne 10; n.
					NO.		**************************************	
				PMA from anno error strike streen en	מרוע עודע 1944 ביות מחום מחום לחו	· 1114 POOT POO STOO SOOM BOOK BOOK SOOM VIN	. 1/2 1/44 1047 2047 1117 1/19 2117 1117 1118 1118 1118 1118 1118	nn — par 27 22 22 22 2
			RAAM VAAA baada sadan badan waxa			a diana dalam dalam dalam dalam jalam dalam dala		
		. <b></b>				7 <del></del>		
							···	
				. — — —				
		··· ··· ··· ··· ·· ·· ·· ··			<u></u>		<del></del>	
			· <del></del>					
			· <b></b> · <b></b> -					

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047
2012

@pento Fublic

Employer identification numb

Wor	ld Help	54-1615454
Pari	Organizations Maintaining Donor Advised Funds or Other Similar Fun	nds or Accounts. Complete if
	the organization answered 'Yes' to Form 990, Part IV, line 6.	'
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in do 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 function charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	السبا المسا
Par	Conservation Easements. Complete if the organization answered 'Yes	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Protection of natural habitat	of an historically important land area of a certified historic structure
^	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in last day of the tax year.	the form of a conservation easement on the
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
c	Number of conservation easements included in (c) acquired after 8/17/06, and not on a histo structure listed in the National Register.	ric 2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminatax year ►	ted by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha and enforcement of the conservation easements it holds?	ndling of violations,Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemer	nts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of seand section 170(h)(4)(B)(ii)?	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	d expense statement, and balance sheet, and describes the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1:	alf the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reveart, historical treasures, or other similar assets held for public exhibition, education, or resear in Part XIII, the text of the footnote to its financial statements that describes these items.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research following amounts relating to these items:	in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	
	(i) Revenues included in Form 990, Part VIII, line 1	
2	If the organization received or held works of art, historical treasures, or other similar assets amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line 1	<b>≻</b> \$
	h Assats included in Form 990. Part V	<b>~</b> ^

Partillia Organizations Maintai	ning Collections	of Art, Historic	cai ireasures, or	otner Similar Ass	ets (CO	ntinue	(I)
3 Using the organization's acquisition items (check all that apply):	on, accession, and ot	her records, check	any of the following t	hat are a significant (	ise of its	collection	na
a Public exhibition		d Loan or e	exchange programs				
<b>b</b> Scholarly research		e Other			*******************************		San Augusta and Anna
c Preservation for future genera	ations	Translation					
4 Provide a description of the organ Part XIII.	nization's collections	and explain how t	ney further the organiz	cation's exempt purpo	se in		
5 During the year, did the organizat to be sold to raise funds rather th	ian to be maintained	as part of the orga	anization's collection?		Yes		No
Parting Escrow and Custodial A reported an amount or	<b>Arrangements.</b> Cor n Form 990, Part	nplete if the org X, line 21.	anization answered	d 'Yes' to Form 990	, Part IV	, line 9	, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or oth	er intermediary fo	r contributions or othe	er assets not included	Yes	["	No
b If 'Yes,' explain the arrangement				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[]	L	7
,		<b>3</b>			Amount		***************************************
c Beginning balance				1c			
d Additions during the year							
e Distributions during the year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1e			
f Ending balance				1f	~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
2 a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explantion	on has been provided	in Part XIII	,,,,,,,,,		1
						<b></b>	٠,
Rant V. Endowment Funds. C	omplete if the org	ganization ansv	wered 'Yes' to For	m 990, Part IV, lii	ne 10.		
	(a) Current	(b) Prior year	(c) Two years	(d) Three years		our year:	S
1 a Beginning of year balance	608,653.	578,77	6. 523,352	431,162		569,	063.
<b>b</b> Contributions		81,01	8. 10,933	0	•	21,	400.
c Net investment earnings, gains,							
and losses	68,276.	-46,69	7. 48,687	96,005		-154 <u>,</u>	072.
d Grants or scholarships				0		·····	0.
e Other expenditures for facilities and programs							0.
f Administrative expenses	<u> </u>	4,44	4. 4,196			5	229.
g End of year balance			<del></del>	······································			162.
2 Provide the estimated percentag					*1	4011	102.
a Board designated or quasi-endow	•	L.00%					
b Permanent endowment ►	9.00%						
c Temporarily restricted endowmen	******	8					,
The percentages in lines 2a, 2b,	and 2c should equal	100%.					
3 a Are there endowment funds not	in the necessaries of	tha araanimatian t	sat are hold and admir	sistered for the			
organization by:	in the possession of	the organization ti	iat are neid and admi	histered for the	ſ	Yes	No
(i) unrelated organizations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3a(i)	X	
(ii) related organizations		,			. 3a(ii)		Х
b If 'Yes' to 3a(ii), are the related	organizations listed a	s required on Sch	edule R?				
4 Describe in Part XIII the intende	d uses of the organiz	ation's endowmen	t funds.				
RandVM Land, Buildings, and	Equipment. See	Form 990, Par	t X, line 10.				
Description of property	<b>(a)</b> Cos (i	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) l	Book va	alue
1 a Land			144,406.			144	,406
<b>b</b> Buildings			622,994.	212,373.			,621
c Leasehold improvements				, ,	1		
d Equipment			1,196,342.	871,396.		324	,946
e Other					1		J
Total. Add lines 1a through 1e. (Colum	nn (d) must equal For	m 990, Part X, co	lumn (B), line 10(c).).		-	879	,973
ВАА				***************************************	edule <b>D</b> (f		

Part VIII Investments - Other Securities. See	Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or
		end-of-year market value
(1) Financial derivatives	ethickely filmholisty metanlish y t Auguselon obeylandis et aliquety kyllegard et la kombel kilolis y a a a y	
(2) Closely-held equity interests	مسامعة والمساد والمسادة والمسادة والمسامعة والمسامعة والمسامعة والمسامعة والمسامعة والمسامعة والمسامعة والمسامعة	# 11 PAN POOR POOR POOR POOR POOR POOR POOR POO
and the part of th		
(A) (B)	BOOK OF THE REAL PROPERTY OF T	
(C)	\$100 PER \$10	
(D)	بد دومي مردوس و برمان بسره د فالشاهر و ويوسانان و ما ومستود مست فالقرب و ما موسط دو مستويلة	
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🛌		
ParteVIII Investments – Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		Characteristics (Characteristics)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)	· ·	
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part XX Other Assets. See Form 990, Part X,		
	scription	(b) Book value
(1)		
(2)		
(3)	*****	
(4)		
(5)		
(6) (7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (	B), line 15.)	
Rank X Other Liabilities. See Form 990, Part		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		al statements that reports the organization's liability for uncertain tax positions

Action of the control	J4 LO LO 2 J 3 J 1
Reconciliation of Revenue per Audited Financial Statements With Revenue per	
1 Total revenue, gains, and other support per audited financial statements	1 25,188,500
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	009.
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	j
3 Subtract line 2e from line 1	3 25,119,491
4 Amounts included on Form 990, Part VIII, line 12, but not on lind:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Rativalla Reconciliation of Expenses per Audited Financial Statements With Expenses	
1 Total expenses and losses per audited financial statements	1 25,127,437
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3 25,127,43
4 Amounts included on Form 990, Part IX, line 25, but not on line:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.). 4 b c Add lines 4a and 4b	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>
Raft XIII Supplemental Information	23,127,33
	25 - 4 DV 15 25 4 Ob - D 2 V
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de anv additional information.
	,
Pt_V_Line_4 THE_ENDOWMENT_FUND_WAS_ESTABLISHED_TO_PROVIDE_ASS	SURANCE
OF FUTURE ECONOMIC STABILITY.	
BAA	Schedule D (Form 990) 20

Schedule D (Form 990) 2012 World Help ParieXIII Supplemental Information (continued)	54-1615454	Page 5
RankXIII Supplemental Information (continued)		
THE PART THE PART THE REAL PART THE PAR	THE	when the sale sole work a
VALUE THE THE THE THE THE THE THE THE THE TH	AND THE BOOK TOOK TANK WORK THAT WERE AND THE TANK THE WORK WAS	
	where these free areas foully bound being bring globs props grows garde quick	
ANY NAME AND NOTE THAT ARE NOT THAT AND NOT THAT AND	tion that that the total made their their day their play and	. man and the not the .
•		
THE THE PART AND	tions are take book hard about bridg bridg group page \$1000 bridg bridg who	A harbour group history addition thanks to
V. DE SEE SEE SEE SEE SEE SEE SEE SEE SEE		
	the control of the co	· · · · · · · · · · · · · · · · · · ·
	hand amount black doubly baldy among history which covers prove prove words with re-	
	area and and and and and and and and and the properties and the	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	THE ROLL HAS BEEN MADE AND ADDRESS OFF THE THE TWO THE RANGE AND	
		· · · · · · · · · · · · · · · · · · ·
	···	
	<b></b>	
		,

TEEA3305 06/08/12

Schedule D (Form 990) 2012

BAA

#### Schedule F (Form 990)

### Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990. 
► See separate instructions.

2012

Name of the organization

Employer Identification number

World Help				54-16154	54
<b>Partille General Informatio</b> to Form 990, Part	on on Activition IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
1 For grantmakers. Does the of the grantees' eligibility for the	organization mair ne grants or assis	ntain records to s stance, and the s	ubstantiate the amount of its g election criteria used to award	rants and other assistar the grants or assistance	nce, 22 Yes No
2 For grantmakers. Describe i United States.	n Part V the orga	anization's proced	dures for monitoring the use of	its grants and other ass	sistance outside the
3 Activities per Region. (The t	following Part I, I	ine 3 table can be	e duplicated if additional space	is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)				-	
(17) 3 a Sub-total					
b Total from continuation sheets to Part I			HERCE SAME THAT AND A STATE OF THE SAME OF		

C Totals (add lines 3a and 3b)

54-1615454

Page 2

Schedule F (Form 990) 2012 World Help 54-1615454

Barania Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(f) Method of valuation (book, EMV, appraisal, other)	FMV				***************************************					 **************************************			mirror (MAP)		33	(Form 990) 2012
(h) Description of non-cash assistance	Clothing/Food/Medic FMV										1000				S, or for which	<u>الله</u>
(g) Amount of non-cash assistance	10,640,246.														x-exempt by the IRS	
(f) Manner of cash disbursement	Check/Draft	Check/Draft	Check/Draft	Check/Draft	Check/Draft	Check/Draft	Check/Draft	Check/Draft		111111111111111111111111111111111111111					recognized as ta	
(e) Amount of cash grant	1,798,630.	412,709.	187,943.	13,500.	45,200.	13,674.	676,455.	1,696,258.							e foreign country,	
(d) Purpose of grant	General support	General support	General Support	General Support	General Support	General Support	General Support	General Support							ss charities by th	
(c) Region	Central America General support	East Asia and Pacif General support	Europe	Middle East	Russia	South America	South Asia	ca							nat are recognized a livalency letter	
(b) IRS code section and EIN (if applicable)		8													ations listed above the section 501(c)(3) equ	ns or entities
(a) Name of organization	(E)		(8)	(5)	(9)	(9)					(6)	(b)		9	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<ol> <li>Enter total number of other organizations or entities.</li> <li>BAA</li> </ol>

TEEA3502 12/17/12

Page 3

54-1615454

Schedule F (Form 990) 2012 World Help

Part III can be duplicated if additional space is needed.

	(h) Dogion	(c) Number	(d) Amount of	(e) Manner of	(f) Amount of non-	(a) Description of	(h) Method of
(a) Type of graff of assistance		of recipients	cash grant	cash disbursement	cash assistance	non-cash assistance	valuation (book, FMV, appraisal, other)
11	- Anna Anna Anna Anna Anna Anna Anna Ann						
(2)							
(3)							
(4)							
(6)							
()			7				
(6)							The state of the s
							The state of the s
(11)							
(2)							
(3)			The state of the s				And the state of t
(6)	orange (marine)						
(4)							
(16)	"and the second of the second						
(17)							
(18)						The second secon	10.000
BAA			TEE 43503 12017012			Schedule F	Schedule F (Form 990) ZUIZ

Schedule <b>F</b>	(Form	990)	2012	World	Help
-------------------	-------	------	------	-------	------

54-1615454

Page 4

	WOLLD MOLECULE	54-1615454	rage 4
Pa	WIX Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year If 'Yes, organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		X No
2	Did the organization have an interest in a foreign trust during the tax year If 'Yes,' the organization management of the Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of 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)	Certain	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? Yes, to organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Foreign Corporations. (see Instructions for Form 5471)	Cartain	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a q electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Inform. Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ation	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year If 'Yes,' to organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Ford Partnerships. (see Instructions for Form 8865)	eian	<u>K</u> 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 file Form 5713, International Boycott Report (see Instruction Form 5713)	tions	X No

BAA

TEEA3505 12/17/12

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 World Help	54-1615454	Page 5
Complete this part to provide the information required by Part I, line 2 (mon column (f) (accounting method; amounts of investments vs expenditures pe (accounting method); Part III (accounting method); and Part III, column (c) recipients), as applicable. Also complete this part to provide any additional	itoring of funds); Pa r region); Part II, lir (estimated number information (see ins	art I, line 3, ne 1 of structions).
400, 100° that the case that the case that the case the c	\$500 per per 1100 tree to the time tree tree per 200 per 100 p	IN 1988 1988 1
,	board while bond many thin some room was also had a	of the spectage and area time and a
		the first gains and the same of
	THE RES AND AME AND ADVENUE AND ADDRESS.	and the group was the tree of
	Are and the best live one one one	
	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	
		,
	~	

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

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

World Help					Employer Identifica	
	3-1- 16 11				54-161545	4
Pantile Fundraising Activities.Comp Form 990-EZ filers are not re	equired to compl	nization ai lete this p	nswered 'Y art,	es' to Form 990, Part I	V, line 17.	
1 Indicate whether the organization	raised funds thr	ough any	of the foll	owing activities. Check	all that apply.	***************************************
a Mail solicitations			е			
b Internet and email solicitation	s		f	X Solicitation of gove		
c Phone solicitations			g	Special fundraising	0	
d X in-person solicitations			9	opecial lunuraising	events	
2 a Did the organization have a writte employees listed in Form 990, Pa	n or oral agreen	nent with	any individ	dual (including officers,	directors, trustees or k	еу Бъ.
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or ent	ities /fund	draisers) p	ursuant to agreements	under which the fundra	iser is to be
(i) Name and address of individual	(ii) Activity	т	lundesinse	(iv) Gross receipts	(v) Amount poid to	( A ( ) A
or entity (fundraiser)	(u) / idamiy		fundraiser ly or control ributions?		(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
CMF UNLIMITED, INC.	SOLICITS GOV. G		Х	8,754,541.	131,250.	8,623,291.
2 PHILANTHROCORP	Planned Giving		x	25,485.		
3	zzameo ozvine			20,400.	30,000.	-4,515.
4						
5						
6						
7						
8						
9						
	<u> </u>	ļ				
10						
Total						<del>.</del>
Total	zation is register	ed or lice	nsed to so	licit contributions or ba	161,250.	8,618,776.
3		04 01 1100	17500 (0.50	men contributions of 119	s been notified it is exe	mpt from registration
All 50 States						
						~
		~				

Schedule G (Form 990 or 990-EZ) 2012 World Help 54~1615454 Range Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (d) Total events (add column (a) through column (c)) (c) Other events REVENUE (event type) (event type) (total number) 1 Gross receipts ...... Gross income (line 1 minus line 2)..... Cash prizes ..... Noncash prizes ..... DIRECT Rent/facility costs ..... 7 Food and beverages..... EXPERSES Entertainment..... Other direct expenses ...... 10 Direct expense summary. Add lines 4 through 9 in column (d)...... Net income summary. Combine line 3, column (d), and line 10..... Randlin Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming EMVENUE (add column (a) through column (c)) bingo/progressive bingo Gross revenue ..... 2 Cash prizes ...... DIRECT 3 Non-cash prizes ...... 4 Rent/facility costs ..... 5 Other direct expenses ...... Yes Yes Yes 6 Volunteer labor..... No 7 Direct expense summary. Add lines 2 through 5 in column (d)...... Net gaming income summary. Combine lines 1, column (d) and line 7..... 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states?..... ÌΝο **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... b if 'Yes,' explain:

Schedule G (Form 990 or 990-EZ) 2012 World Help	54-1615454	Page 3
Schedule G (Form 990 or 990-EZ) 2012 World Help  11 Does the organization operate gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other of administer charitable gaming?	entity formed to	□No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility		F
b An outside facility	13b	8
14 Enter the name and address of the person who prepares the organization's gaming/special events be	ooks and records:	
Name *	THE POST TIME DOES NOT NOT THE SOUR THE	serve and book first briss.
Address *	of died their diese dock dock beet title and join town and all the	AND AVE FIRS SOME SE
15 a Does the organization have a contact with a third party from whom the organization receives gaming	revenue? Yes	No
b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$	and the amount	
of gaming revenue retained by the third party - \$	*	
c If 'Yes,' enter name and address of the third party:		
Name -		
		i
Address *		!
16 Gaming manager information:		
Name		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming procee state gaming license?	Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	ations or spent in the	
organization's own exempt activities during the tax year * \$  Parally Supplemental Information. Complete this part to provide the explanations re	ocuired by Dark I II.	Ol:
columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as this part to provide any additional information (see instructions).	applicable. Also com	∠n, plete
	····	
	···········	
	<del></del>	

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-9947

Employer identification number

54-1615454

**≗** 

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

World Help Badiss General Information on Grants and Assistance Name of the organization

2 Ranks and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Partnership in Academics 1152 Pedley St	04-3468302	501(c)(3)	45,746.				Relief
nal	26-1160163	501(c)(3)	18,233.				9-1 0) : : ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
	59-3735653		13,167.		44.000 H 110.00 H 110.00 M		Relief
(4) Development Assoc. Intern. - P.O. Box. 49278 Colorado Springs CO 80949 23-2838716	23-2838716	501(c)(3)	46,372.				Relief
(5) Heart of Mercy 1675_01d Antlers Way Monument CO 80132	20-0451305	501(c)(3)	8,993.				Relief
91951	95-6150002	501(c)(3)	14,335.				표 등 등 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구
(ນ) iu	75-2402759	501(c)(3)	22,398.				전 :그 :그 : 그
(8) Crosspoint of India	20-1810748		(3) 9,035.			A	Relief
ל בוופו וחומפו חו פברוחו אחולה ל	שומ המייווייייי					, , , , , , , , , , , , , , , , , , , ,	7 1

Schedule I (Form 990) (2012)

TEEA3901 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table...

Continuation Sheet for Schedule I (Form 990)

2012

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

(h) Purpose of grant or assistance ď Relief Relief Relief Relief Relieī Relief Clothing/Hygie|Relief Continuation Page Employer identification number Randin Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (g) Description of non-cash assistance 54-1615454 (f) Method of valuation (book, FMV, appraisal, other) 1,895,975. FMV (e) Amount of non-cash assistance (d) Amount of cash grant 7,200 51,896 6,883 8,200 16,581. 77,137 (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)501(c)(3)501(c)(3)501(c)(3) 26-4030862 54-1815340 23-2872124 31-1258315 62-1069504 54-2059952 26-2061324 (b) EIN (a) Name and address of organization or government 1305 Merchant St. Charlottesville VA 22905 Villages of Hope Uganda Global\_Opportunities\_for Madison Heights VA 24572 Alpha Ministries \_\_\_\_\_ 3245 W. Main St.STE\_235\_ <u>Lighthouse\_Ministries\_</u> Mustard Seed Project \_ 5100 Blue Hole Rd. Every\_Orphan's\_Hope\_ Providence RI 02908 Ambridge PA 15003 P-0- Box 4446---Hope of Life Intl P.O. Box 700126\_ Antioch TN 37013 \*\*\* Dallas TX 75370 P.O. Box 444 Frisco TX 75034 85\_Whipple\_St.\_ ---Name of the organization World Help 1111

Schedule I Cont (Form 990) 2012

TEEA4001 12/10/12

Page 2

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								to provide the information required in Part I, line 2, Part III, column (b), and any other	<u> </u>					1		
(e) Method of valuation (book, FMV, appraisal, other)								ıt I, line 2, Part III, colı	detailed_reports/updates,_which_includes_pictures	of_the_finished_projectsAdditionallyrepresentatives_of_World_Help_will					 	And the case that the case the
(d) Amount of non-cash assistance								tion required in Pa	s/updates, wh	epresentatives					   	
(c) Amount of cash grant	34,710.							rovide the informa	etailed report	dditionallyr					   	
(b) Number of recipients	2								receives_	ed projectsA	site visits.				 1 1 1 1 1 1 1 1	           
(a) Type of grant or assistance	1 Pastor Support	2	8	4	5	9	7	Part IV Supplemental Information. Complete this part additional information.	Pt_L Line_2The_Organization_	<u>of the finish</u>	make_periodic_site_visits.					

BAA

Schedule I (Form 990) (2012)

#### SCHEDULE J (Form 990)

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Employer Identification number

Schedule J (Form 990) 2012

World Help 54-1615454 Partell **Questions Regarding Compensation** No Yes 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain..... 1 h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.... Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?.... 4 a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... X c Participate in, or receive payment from, an equity-based compensation arrangement?.... Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?..... 5 a X b Any related organization?.... X If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?..... 6 a Χ **b** Any related organization?.... X If 'Yes' to line 6a or 6b, describe in Part III. 100 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III..... 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. 8 X If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012 World Help Statemers, Ney Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	1	(f) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation		benefits	columns(B)(l)-(D)	reported as deferred in prior Form 990
F. Vernon Brewer	Ξ	_146,560.	₹0	0	4,854.	59,973.	211,387.	0
1 President	€	0.	0	0.		0		
David Tom Thompson	Ξ	68,001.	413.	0.	24052.	90,555.	161,021.	0
2 Director	€			0		0	{       	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Noel Yeatts	Θ	155,387.	0	0.	0	23.	155,41	0
3 Secretary	(ii)		0.		       	10	{ { { {	. 
	Θ	152,329.	352.	0	4,580.	1,845.	159,10	0
4 Chief Operating Officer	(ii)		•	0			 	•   •           
Нодѕед	] ω	104,522.	352.	0 0	3,146.	1,855.	109,875.	0
ent	(ii)		0.			O   	 	
	(0)							the artistic
9	(E)				             	             	1 1 1 1	
	Θ							
7	(ii)	 				 	               	! ! ! ! !
	(1)							
8	€	l I	           	-	I             		             	# # # # # # # # # # # # # # # # # # #
	€							
6	(ii)						 	
	(I)							
10	€				 	 		Ann these table table throw many table table to
	Θ							
The state of the s	€							
	<u> </u>		             	1	 		             	
12	€				~~~~		//	
	€	            						
13	Ξ							
	Θ							
14	<u>(E)</u>						41-minut = 9	
	 <u>e</u>				 	1		=======================================
15	€				- 1		*** constraint of	
	<u> </u>	]		1 1 1	           		             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16	€							
ВАА			TEEA4102 12/11/12	O			Schedule J	(Form 990) 2012

### SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047 2012

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

Wor	ld Help			54-	1615454
Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art	L			
2	Art - Historical treasures				
3	Art Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		4,132,078.	Estimated Fair Value
6	Cars and other vehicles				
7	Boats and planes	f			
8	Intellectual property	******************************			
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution— Historic structures				
14	Qualified conservation contribution— Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х	2	959.701.	Estimated Fair Value
20	Drugs and medical supplies	Х	7		Estimated Fair Value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens			***************************************	
24	Archeological artifacts				
25	Other • ()			1	
26	Other • ()				
27	Other • ()		77777		
28	Other► (				
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Donor	ion during the ee Acknowle	ne tax year for contribu	tions for which the	<del></del>
	During the year, did the organization receive by a hold for at least three years from the date of the purposes for the entire holding period?	initial contri	bution, and which is no	at required to be used for	or exempt
	of 'Yes,' describe the arrangement in Part II.	line Hartur	ofunn Alan unidere e f		
31	Does the organization have a gift acceptance po				ions? 31 X
	a Does the organization hire or use third parties or noncash contributions?	related org	anizations to solicit, pro	ocess, or sell	
	b If 'Yes,' describe in Part II.				
33	If the organization did not report an amount in codescribe in Part II.	olumn (c) fo	r a type of property for	which column (a) is ch	ecked,
	esecuto no contra				

Schedule M (Form 990) 2012 World Help	54-1615454	Page 2
<b>Radial!</b> Supplemental Information. Complete this part to provide the information required by and whether the organization is reporting in Part I, column (b), the number of contreceived, or a combination of both. Also complete this part for any additional in	Part I, lines 30b, 32b, ibutions, the number of formation.	and 33, of items
Pt I Line 32b The organization uses CMF Unlimited, Inc. for re	equesting	
government grants and other large gifts in kind	shipments.	
way gring area gaing to the course of the co		
WAR THE THE TIME THE		
•		
	tion took that book deal and time layer begin 1555 ways, page 1	man man both book book b
		THE PART BOTH STEEL STEEL STEEL
	now they had been party and book book and book love late .	year front most owns to
	deed were your arms were mine any time give giving about time .	
	. <del> </del>	
	·	

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

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

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Name of the organization		Employer identification number
World Help		54-1615454
Pt VI, Line 2	Related Board Members:	
	Vernon Brewer and Noel Yeatts are father / d	aughter.
	Lester E. Taylor and Kristen Chambers are fa	ther / daughter
	Peter Nelson and Jane Nelson are husband and	wife.
Pt_VI,_Line_11b_	The tax return ( Federal form 990 ) is reviewe	d as
	part of the annual board meeting.	· · · · · · · · · · · · · · · · · · ·
Pt_VI,_Line_12c_	The board of directors review each member's an	d officer's
	possible conflicts each year	
Pt_VI,_Line_19	The organization makes its governing documents	available
	for inspection at the office address. The fi	nancial
	statements are available upon request.	
Pt_XII, Line_2c_	World Help's board of directors appoints an au	dit_committee
	which is responsible for hiring and reviewing	ng the
	work of the independent accountant.	
Pt_XII, Line 3b_	The Organization is required to have a single	audit completed for the
	year ended 12/31/2011. The due date for the	audit is
	9/15/2012 and the organization intends to ha	ave_the_audit
	completed by then.	
Pt_XI	Net unrealized gains ( losses ) on investments	S
Pt_VI, Line_15a_	The executive committee of the board of direct	tors_reviews
	the salaries of all officers of the organization	ation.
	Salaries are compared with those of other co	omparable
	organizations.	~~~
Pt VI, Line 15b	See part VI, Line 15a response.	

Schedule O (Fo	orm 990), Supplemental Information to Form 990	
•	e 2, Part III, Line 1 (continued)	
Briefly describe	the organization's mission:	
	needs of people in impoverished communities around the	
world.		
Schedule O (Fo	orm 990), Supplemental Information to Form 990	
•	e 6, Line 17 (continued)	

tomi 550, rage o, Line in (community
Alaska
Arizona
California
Colorado
Florida
Georgia
Kansas
Kentucky
Minnesota
New Hampshire
New Jersey
North Carolina
North Dakota
Pennsylvania
South Carolina
Tennessee
Virginia
Washington
West Virginia
Wisconsin

### Supporting Statement of:

Form 990 p 11/Line 23, column (A)

Description	Amount
Note Payable - StellarOne Bank Note Payable - Line - StellarOne Bank	334,290. 299,501.
Total	633,791.

### Form **4562**

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

2012

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

World Help

Attachment Sequence No. 179 Identifying number 54-1615454

3usine	ss or activity to which this form relates													
For	m 990 / Form 990E	Z	·····											
Rai	Election To Expe Note: If you have any	listed property, ر	complete Part V before	you complete Pa	rt I.	CONTRACTOR OF THE PROPERTY OF	-							
1	Maximum amount (see instr	uctions)												
2	Total cost of section 179 property placed in service (see instructions)													
3							dayan bira bara barin da dada da bara da							
4	Reduction in limitation. Sub	ction in limitation. Subtract line 3 from line 2. If zero or less, enter -0												
5	separately, see instructions	r. Subtract line 4 from line 1. If zero or less, enter -0 If married filing  bescription of property  (b)Cost (business use only)  (c)Elected cost												
6	(a)D	escription of property												
7	Listed property. Enter the a	mount from line 2	<u>29</u>		. 7	8								
8	Total elected cost of section Tentative deduction. Enter	n 179 property. Ac	dd amounts in column (i	c), lines 6 and 7.										
9	Carryover of disallowed dec													
10	Business income limitation.	suction from line	r of business income (n	ot less than zero	or line 5 (se									
11 12	Section 179 expense deduc	tion Add lines 9	ii) amooni eeameuu 10 me atna ton ob tud. Al bne	r more than line	11	12								
13	Carryover of disallowed dec	duction to 2013. A	and for but do not entended	line 12	<b>13</b>	<u> </u>								
Note	e: Do not use Part II or Part I	II below for listed	property. Instead, use	Part V.										
	RUE Special Deprecia				include lister	d property) (See in	structions.)							
(						i I								
14	tax year (see instructions)		,,,,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • •									
15	Property subject to section													
16	Other depreciation (includi	ng ACRS)	, . ,			16								
Pa	MACRS Deprec	iation (Do not in					<u> </u>							
			Section			17	127 220							
17						909400420	137,339.							
18	asset accounts, check her	any assets place	ed in service during the	tax year into one	or more gen	eral ···· ►								
	Section B	<ul> <li>Assets Placed</li> </ul>	in Service During 2012	Tax Year Using t	he General D	epreciation Syster	n							
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction							
19	a 3-year property													
	b 5-year property	ENGRADINATIVE SERVED AND AND AND AND AND AND AND AND AND AN	161,066.	5 yr	HY	S/L	16,107.							
	¢ 7-year property													
	d 10-year property													
	e 15-year property	THE RESERVE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDR												
	f 20-year property													
	g 25-year property			25 yrs		S/L								
	h Residential rental			27.5 yrs	MM	S/L								
	property			27.5 yrs	MM	S/L								
	i Nonresidential real			39 yrs	MM	S/L								
	property				MM	S/L								
	Section C	– Assets Placed i	in Service During 2012	Fax Year Using th	e Alternative	Depreciation Sys	tem							
2	0 a Class life			S/L										
b 12-year				12 yrs		S/L								
	C 40-year	<del></del>		40 yrs	MM	S/L								
Ę	ait W. Summary (See													
2						21								
2	Total. Add amounts from line 1 the appropriate lines of y	2, lines 14 through 17, our return. Partne	lines 19 and 20 in column (g), erships and S corporatio	, and line 21. Enter he ns- see instructio	re and on ons	22	153,446							
2	3 For assets shown above the portion of the basis a	and placed in ser	vice during the current y	/ear, enter	23									
_	are pertient of the busis c				010 00110110		Form 4562 (2011							

Type of property (b) Date placed in service (c) Date placed (c) Date place	orm -	<b>4562</b> (2012)	World Hel	Р										54-16			Page 2
Note: For any vehicle for which you are using the standard nileague rate or destucting focus expurser, completently 240, 240, columns (a) frequency of Section A. — Depreciation and Other Information (Caution/Sec lite instructions for limits for passenger antimobile).  4 a Do you have extended to support the business/investment use claimed; 1 yes	?art				iles, certa	iin other	vehicle	s, certa	in co	mpu	iters, ai	nd prope	aty use	ed for ent	ertainm	ent,	
4 a Do you have evidence to support the business/revestment use claimed?		Note: For	r anv vehicle fo	r which vou a	re using to all of Sec	he stand ction B,	lard mile and Sec	eage ra tion C i	te or if app	ded. olicai	ucting l ble.	lease ex <sub>i</sub>	pense,	complete	mly 24a	i, 24b,	
Designed Control of the Activation of Control of Contro		Section	A — Depreciat	ion and Other	r Informat	ion (Cat	ition:Se	e the in	struc	tion.	s for lin	nits for p	assen	ger auton	nobile)		good and a second
Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use:  Froperty used more than 50% in a qualified business use:  7 Property used more than 50% in a qualified business use:  8 Add amounts in column (th), lines 25 through 27. Enter here and on line 7, page 1	24 a l	Do you have evid	lence to support	the business/i	nvestmen	l use clai	med?	Yes		No .	24b If "	Yes,' is the	evidenc	e written?		Yes	No
5 Special depreciation aflowance for qualified listed properly placed in service during the tax year and great placed more than 50% in a qualified business use:  7 Property used more than 50% in a qualified business use:  8 Add amounts in column (th), lines 25 through 27. Enter here and on line 21, page 1  9 Section 8 — Information on Use of Vehicles  9 Add amounts in column (th), lines 25 through 27. Enter here and on line 7, page 1  9 Section 8 — Information on Use of Vehicles  9 Section 8 — Information on Use of Vehicles  9 Section 8 — Information on Use of Vehicles  9 Or Total business/investment miles driven during the year (and include commuting miles)  10 Total business/investment miles driven during the year (and include commuting miles)  11 Total ording miles driven during the year.  12 Total other personal (noncommuting) miles driven during the year (and include)  13 Total miles driven during the year. Add lines 30 through 32.  14 Was the vehicle available for personal use during off-duty hours?  15 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  16 Insensity of the personal conformatity by a more than 5% owner or related person?  17 Do you maintain a written policy statement that prohibits all personal use of Vehicles, except commuting, by your employees?  18 Section C — Questions for Employers Who Provide Vehicles, except commuting, by your employees?  19 Do you maintain a written policy statement that prohibits personal use of Vehicles, except commuting, by your employees?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles of restrictions of the vehicles of your answer to 37, 28, 39, 40, or 41 is Yes, 40 not complete Section 5 for the covered vehicles.  10 Description of costs that begins during your 2012 tax year (see instructions):  11 Description of costs that begins during your 2012 tax year (see instructions):  12 Description of costs that begins during your 2012 tax year (see i		pe of property	of property Date placed Business/		Cost	Cost or Basis for depreciation other basis (business/investment			Recovery Method/			nod/	Depreciation		Elected section 179		
6 Property used more than 50% in a qualified business use:  77 Property used 50% or less in a qualified business use:  88 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1				e for qualified			aced in	service					25			3.60	i ing in
Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28  28 Add amounts in column (h), line 26. Enter here and on line 7, page 1. 29  29 Add amounts in column (h), line 26. Enter here and on line 7, page 1. 29  Section 8 — Information on Use of Vehicles  Section 9 — Information on Use of Vehicles  Total chief, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles, ormuniting the year (do not include communiting miles)  Total commuting miles diview furing the year.  Total chief personal (noncommuning)  Total commuting miles diview during the year.  Total chief personal (noncommuning)  Total miles driven during the year. Add lines 30 through 32.  Total chief personal (noncommuning)  Total miles driven during the year.  Was the vehicle available for personal use during off-duty hours?  Section 0 — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than the policy statement that prohibits all personal use of vehicles, including commuting.  Total miles of the instructions for vehicles used by corporate clients, including commuting.  Yes No  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting.  Yes No  Note: If your answer to 3, 38, 38, 40, or 4) is Yes, 40 not complete Section B for the covered vehicles.  Particular answer to 3, 38, 38, 40, or 4) is Yes, 40 not complete Section B for the covered vehicles.  Particular answer to 3, 38, 38, 40, or 4) is Yes, 50 not complete Section B for the covered vehicles.							ions)		A-1.A-1				1 23	I	<del></del>		
28 Add amounts in column (th), lines 25 through 27. Enter here and on line 21, page 1. 28  29 Add amounts in column (), line 26. Enter here and on line 7, page 1. 29  Section B — Information on Use of Vehicles  Section F — Information on Use of Vehicles  We have been a sexpection to completing this section for those vehicles.  If value is a section for vehicle is section for Section F information on Use of Vehicles for Use by Their Employees  Information F — Information on Use of Vehicles Section F information on Use of Vehicles Section F information from Use of Vehicles Section F information F information F information in Section F information		, <u>,</u>		i i	,,,,				<u>.</u>					]			
28 Add amounts in column (th), lines 25 through 27. Enter here and on line 21, page 1. 28  29 Add amounts in column (), line 26. Enter here and on line 7, page 1. 29  Section B — Information on Use of Vehicles  Section F — Information on Use of Vehicles  We have been a sexpection to completing this section for those vehicles.  If value is a section for vehicle is section for Section F information on Use of Vehicles for Use by Their Employees  Information F — Information on Use of Vehicles Section F information on Use of Vehicles Section F information from Use of Vehicles Section F information F information F information in Section F information																	
28 Add amounts in column (th), lines 25 through 27. Enter here and on line 21, page 1. 28  29 Add amounts in column (), line 26. Enter here and on line 7, page 1. 29  Section B — Information on Use of Vehicles  Section F — Information on Use of Vehicles  We have been a sexpection to completing this section for those vehicles.  If value is a section for vehicle is section for Section F information on Use of Vehicles for Use by Their Employees  Information F — Information on Use of Vehicles Section F information on Use of Vehicles Section F information from Use of Vehicles Section F information F information F information in Section F information				1.6. 1.1		***************************************	ļ							<u> </u>			
Section B — Information on Use of Vehicles  Total business/investment miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles)  Total commuting miles driven during the year  Total omitted personal (noncommuting)  Total miles driven during the year. Add lines 30 through 32.  Yes No Ye	27	Property used 5	ou% or less in a	a qualified bus	siness use			******	············					1		2000	
Section B — Information on Use of Vehicles  Total business/investment miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles)  Total commuting miles driven during the year  Total omitted personal (noncommuting)  Total miles driven during the year. Add lines 30 through 32.  Yes No Ye				<del> </del>		,				~~~~~		<u> </u>		<u> </u>		-	
Section B — Information on Use of Vehicles  Total business/investment miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles)  Total commuting miles driven during the year  Total omitted personal (noncommuting)  Total miles driven during the year. Add lines 30 through 32.  Yes No Ye													,				
Section B – Information on Use of Vehicles  Section F – Information on Use of Vehicles  Morpilete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  Total business/investment miles driven during the year (do not include commuting miles)  Total commuting miles)  Total commuting miles of vehicle 1	28	Add amounts in	n column (h), lir	nes 25 throug	h 27. Ente	er here a	and on li	ne 21,	page	1			28		····		
omplete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicle your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  70 Total business/investment miles driven during the year (do not include commuting miles).  71 Total other personal (noncommuting) miles driven during the year.  72 Total other personal (noncommuting) miles driven during the year.  73 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32.  74 Was the vehicle evailable for personal use during off-duty hours?  75 Was the vehicle evailable for personal use during off-duty hours?  75 Was the vehicle evailable for personal use?  75 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees.  75 Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than 5% owners or related persons (see instructions).  76 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by compose as personal use?  78 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  79 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  70 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  71 Do you meet the requirements concerning qualified automobile demonstration use?  72 Amortization of costs that begins during your 2012 tax year (see instructions):  73 Do you meet the requirements concerning not provide the concerning of the personal use?  74 Amortization of costs that begins during your 2012 tax year (see instructions)	29	Add amounts in	n column (i), lin	ne 26. Enter h											. 29		
your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) Total business/investment miles driven during the year do not include commuting miles)  (b) Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehi				. 15								1	(-)1	16			
Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 6 Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 6 Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 6 Vehicle 6  Vehicle 6 Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 1 Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 1 Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6  Vehicle 5 Vehicle 6  Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 6  Vehicle 6 Vehicle 6  Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 6 Vehicle 6  Vehicle 6 Vehicle 6  Vehicle 1 Vehicle 6 Vehicle 8  Vehicle 1 Vehicle 8  Vehicle 1 Vehicle 6 Vehicle 8  Vehicle 6 Vehicle 8  Vehicle 1 Vehicle 9  Vehicle 1 Vehicle 9  Vehicle 1 Vehicle 9 Vehicle 9  Vehicle 1 Vehicle 9 Vehicle 9  Vehicle 9 Vehicle 9 No Yes	o yo	plete this sectio ur employees, f	n for vehicles u first answer the	guestions in	Section C	to see i	er, or ou If you m	eet an	re th exce	an s noitq	% own	er, or re npleting	this se	ction for	you pro those v	ehicles.	enicie
Total commuting miles driven during the year	30	during the year	during the year (do not include			(a) Vehicle 1										Vehicle 6	
Total other personal (noncommuting) miles driven  Total miles driven during the year. Add lines 30 through 32.  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than 5% owner or related persons (see instructions).  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)	31	_	*		7				<del> </del>								
Total miles driven during the year. Add lines 30 through 32.  Yes No Yes	32	Total other per											***************************************				
Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than 5% owners or related persons (see instructions).  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  8 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Ratifical Amortization  (a)  Description of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  43 Amortization of costs that began before your 2012 tax year.  44 Amortization of costs that began before your 2012 tax year.	33	Total miles driv	ven during the	year. Add													
during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than 5% owners or related persons (see instructions).  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  9 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Rantavisial Amortization  (a)  Description of costs  Date amortization  Amortization period or period or period or period or period or period or percentage  42 Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  44 Amortization of costs that began before your 2012 tax year.		•			Yes	No	Yes	No	Ye	25	No	Yes	No	Yes	No	Yes	No
Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than 5% owners or related persons (see instructions).  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  9 Do you treat all use of vehicles by employees as personal use?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  11 Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  12 Amortization  13 Description of costs that begins during your 2012 tax year (see instructions):  14 Amortization of costs that began before your 2012 tax year.  15 Description of costs that began before your 2012 tax year.  16 Description of costs that began before your 2012 tax year.  17 Description of costs that began before your 2012 tax year.	34																
Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than 6% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  42 Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  43 Amortization of costs that begins during your 2012 tax year (see instructions):  44 Amortization of costs that began before your 2012 tax year.  45 Amortization of costs that began before your 2012 tax year.  46 Amortization of costs that began before your 2012 tax year.	35	Was the vehicle than 5% owne	le used primari r or related per	ly by a more son?													
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees whare not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  42 Amortization  (a)  Description of costs  (b)  Date amortization  begins  Amortization  Amortization  period or percentage  43 Amortization of costs that began before your 2012 tax year (see instructions):  43  Amortization of costs that began before your 2012 tax year.  43	36																
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?.  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  42 Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  43 Amortization of costs that began before your 2012 tax year.	Ansı	wer these allest				•						•	•	•	vlave no	at more	than
by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Pathwis Amortization  (a)  Description of costs  Date amortization begins  Date amount  Description of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  44 Amortization of costs that began before your 2012 tax year.  45 Amortization of costs that began before your 2012 tax year.	5%	owners or relate	ed persons (see	instructions)		p 1.01, 10				- 10				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Pathwills Amortization  (a)  Description of costs  (b)  Date amortization  begins  Amortization  period or percentage  Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  43	37														,	Yes	No
Do you treat all use of vehicles by employees as personal use?	38	Do you mainta	ain a written pol	licy statement	that proh	ibits per	sonal us	se of ve	hicle	s, e	xcept c	ommutin	a, by y	our/			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Partitivities Amortization  (a)  Description of costs  (b)  Date amortization begins  Amortizable amount  Amortizable section period or percentage  42 Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  43	39	· -				-				-							1
Amortization  (a) Description of costs  (b) Date amortization begins  (c) Amortizable amount  (d) Code Amortization period or percentage  42 Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  44 Amortization of costs that began before your 2012 tax year.  45 Amortization of costs that began before your 2012 tax year.  46 Amortization of costs that began before your 2012 tax year.  47 Amortization of costs that began before your 2012 tax year.	40	Do you provide	e more than fiv	e vehicles to	your empl	ovees, c	btain in	formation	on fro	om v	our em	plovees	about	the use o	of the		<del> </del>
Amortization  (a) Description of costs  (b) Date amortization begins  Amortizable amount  (c) Amortizable amount begins  Amortization period or percentage  42 Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  44 Amortization of costs that began before your 2012 tax year.  45 Amortization of costs that began before your 2012 tax year.  46 Amortization of costs that began before your 2012 tax year.  47 Amortization of costs that began before your 2012 tax year.	41	Do you meet t Note: If your a	the requirement answer to 37, 3	ts concerning 8, 39, 40, or 4	qualified : 11 is 'Yes,	automob ' do not	ile dem	onstrati te Secti	on u on B	se?	(See in the cov	struction ered vel	ıs.) nicles,		• • • • • •		
Description of costs  Date amortization begins  Date amortization begins  Amortization section  Amortization period or percentage  42 Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year.  44 Amortization of costs that began before your 2012 tax year.  45 Amortization of costs that began before your 2012 tax year.  46 Amortization of costs that began before your 2012 tax year.  47 Amortization of costs that began before your 2012 tax year.	Rá	HW Amor	tization										,		,		
42 Amortization of costs that begins during your 2012 tax year (see instructions):  43 Amortization of costs that began before your 2012 tax year						Date amortization		Amortizable		Code		Amortization period or			Amortization		
43 Amortization of costs that began before your 2012 tax year	42	Amortization	of costs that be	egins during y	our 2012 t	ax year	(see ins	truction	15):		····	••	1 }		1		
																··	
										ļ							
															<del> </del>		