Form **990**

** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning OCT 1, 2022 and ending	SEP 30, 2023	
	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addre	world missionary press, inc.		
	Name		35-10764	0.5
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return	DO BOY 120	(574)831	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,122,090.
	Ameno return	NEW PARIS, IN 46553-0120	H(a) Is this a group re	
	Application		for subordinates	? Yes X No
_	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
_		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		list. See instructions
	Websi		H(c) Group exemptio	
	art I		Year of formation: 1961	A State of legal domicile: IN
L	and the same of	Summary	POTTE A	=13
9	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DOTE O	
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net ass	eate
Veri	3	Number of voting members of the governing body (Part VI, line 1a)		12
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		11
•ಕ ഗ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		69
itie.	6	Total number of volunteers (estimate if necessary)		700
Ę.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0 .
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	6,417,399.	6,631,444.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-499.	326,103.
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,675.	70,145.
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,479,575.	7,027,692.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,097,233.	2,475,126.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 641,122.	0.	U.
Ω.X	_ b		4,276,005.	5,108,654.
_	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,373,238.	7,583,780.
		Revenue less expenses. Subtract line 18 from line 12	106,337.	-556,088.
- S		nevertue less experises, oubtract line to from line 12	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	13,180,550	13,230,820.
ASS	21	Total liabilities (Part X, line 26)	334,532.	238,289.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	12,846,018.	12,992,531.
Pa	art II	Signature Block	WI 34 35 35 35 35 35 35 35 35 35 35 35 35 35	
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge.	
			Data.	
Sig		Signature of officer	Date	S
Her	·e	MARIE C. MACK, TREASURER Marie C. M.	ack 21	14/2024
		Type or print name and title	Date Check	PTIN
		Print/Type preparer's name Preparer's signature		1, 283
Paid		MARGENE ZINK Magen from	02/13/24 self-employ	P01222961 5-1307701
	parer	Firm's address 210 S. MICHIGAN ST. SUITE 200	Firm's EIN 3	2-T20110T
use	Only	Firm's address 210 S. MICHIGAN ST. SUITE 2000/ SOUTH BEND, IN 46601	Phone no 57	4-289-4011
1/10-	, the IT	IS discuss this return with the preparer shown above? See instructions	Tritolie ilu. 3 7	X Yes No
ivia	uie ir	o discuss this lettrill with the brehater shown above, see instructions		- OOO (2008)

Other program services (Describe on Schedule O.)

including grants of \$

Total program service expenses

6,098,104.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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? <i>If</i> "Yes," <i>complete</i>			
	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		11e	Х	1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b		170		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 ^
17		17		X
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		1
18		18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ °		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		$\Gamma \nabla$

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,
	Part V, line 1	- 1		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7.7	
Pa	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Га				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T.,	<u> </u>
	Educiba mark mark disk to 2 of Educiba (200	5	Yes	No
		<u>.5</u>		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	U		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			_		Yes	No			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-						
	filed for the calendar year ending with or within the year covered by this return	2a	69						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	37			
3a				3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		-3	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					х			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	-	1 a		Λ			
D	If "Yes," enter the name of the foreign country		— 1						
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			=_		Х			
_				5a 5b		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-			5c					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
Va	any contributions that were not tax deductible as charitable contributions?			6a		Х			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions		F	Ju					
	were not tax deductible?	-	١,	6b					
7	Organizations that may receive deductible contributions under section 170(c).		···· F						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the pa	vor?	7a		х			
b		vioco providou to tilo pe		7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		····· [
	to file Form 8282?	•	;	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X			
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•							
	sponsoring organization have excess business holdings at any time during the year?	N/.	<u>A</u>	8					
9	Sponsoring organizations maintaining donor advised funds.	77 /	_						
а		N/.	·····	9a					
b		N/	A 1	9b					
10	Section 501(c)(7) organizations. Enter:	ا ما							
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	_						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	11a							
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against	T I a							
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	1	2a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•							
а	Is the organization licensed to issue qualified health plans in more than one state?	N/.	A. 1	За					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				4a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		1	4b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		📙	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.					77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	income?	📙	16		X			
. -	If "Yes," complete Form 4720, Schedule O.	41141							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		_λ	,					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	IN / .	····	17					
	If "Yes," complete Form 6069.								

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Part VI 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	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 of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, 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 on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х					
b	Describe on 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	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedIN, HI, MO, MN, NH, SC, TN, VA, WV	,WI							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)		availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request X Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	MARIE C. MACK - 574-831-2111								
	PO BOX 120 NEW PARTS IN 46553								

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson i	inan i is both or/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) HAROLD E MACK	45.87			.,				20.000		24 660
PRESIDENT, DIRECTOR, OFFICER	25 75	Х		Х				38,082.	0.	34,669.
(2) MARIE C MACK	35.75	х		х				28,684.	0.	63.
TREASURER, OFFICER (3) SCOTT PUCKETT	0.77	^	\vdash	^		┢		20,004.	0.	03.
DIRECTOR, VICE-CHAIRMAN	0.77	Х						0.	0.	0.
(4) ROBERT PARKER	0.20	^	\vdash			┢		0.	0.	0.
DIRECTOR	0.20	x						0.	0.	0.
(5) JOHN BURNHAM	0.76	73				\vdash			•	•
DIRECTOR	0070	x						0.	0.	0.
(6) DEAN CROWDER	0.23									
DIRECTOR		Х						0.	0.	0.
(7) ROBERT RIEGSECKER	0.14									
DIRECTOR		Х						0.	0.	0.
(8) MIKE WEAVER	0.10									
DIRECTOR		Х						0.	0.	0.
(9) DAVID LEHMAN, JR.	0.38									
DIRECTOR		Х						0.	0.	0.
(10) JIM SONNTAG	0.81									
DIRECTOR		Х						0.	0.	0.
(11) STEVE CHUPP	0.52	_								
DIRECTOR		Х				_		0.	0.	0.
(12) WES CULVER	0.31	ļ								
DIRECTOR	0.06	Х				├		0.	0.	0.
(13) ISRAEL COLLADO	0.96	٠,,								0
DIRECTOR	0 77	Х				┝		0.	0.	0.
(14) SHARON SCHAUBERT SECRETARY, DIRECTOR, OFFICER	0.77	х		х				0.	0.	0.
(15) TIM YODER	0.72	^		_				0.	0.	0.
CHAIRMAN, DIRECTOR, OFFICER	0.72	х		х				0.	0.	0.
		<u></u>							3.	3.
										000

Form **990** (2022)

	90 (2022) WORLD MIS	SSIONARY	P	RE	SS	,	IN	c.		35-1	0764	405	Pa	ıge 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		do not check		sition k more than one person is both an			Reportable	Reportable			timate	
		week					s both r/trus		compensation from	compensation from related			ount o other	DΤ
		(list any	ctor						the	organization	- 1		oensat	ion
		hours for	or dire	au			ted		organization	(W-2/1099-MIS		fro	om the	•
		related organizations	ustee	truste		92	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizatio I relate	
		below	ndividual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	J.	1099-NEC)				nizatio	
		line)	Individ	Institu	Officer	Key en	Highe emplo	Former				0.94		
			-											
			-											
									66.766		_	2	. 7^	
	Subtotal								66,766.		0.	34	1,73	0.
	otal from continuation sheets to Part VII								66,766.		0.	3.4	1,73	
	otal (add lines 1b and 1c) otal number of individuals (including but no									000 of reportable		<u> </u>	= ,	
	compensation from the organization	or minica to th	030	iisto	u ac	JOVC	, , ,	010	cerved more man proo,	ooo or reportable	•			0
	<u>g</u>												Yes	No
3 [Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
li	ne 1a? If "Yes," complete Schedule J for st	uch individual										3		Х
4 F	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
	ınd related organizations greater than \$150											4	_	<u> </u>
	oid any person listed on line 1a receive or a													7.7
	endered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5		Х
	on B. Independent Contractors	mponeeted ind	lono	ndo	ot oc	ntro	noto:	n th	and received more than [©]	100 000 of com	oonoot	ion fro		
	Complete this table for your five highest con he organization. Report compensation for t										Jensai	.1011 110	111	
	(A)	ine calendar ye	Jai C	iiuii	ig w	iti C)		(B)	cai.		(C)	
	Name and business	address	NC	NE	3				Description of s	ervices	С	omper		ı
								-						
								\dashv						
2 7	otal number of independent contractors (ir	ncludina but na	ot lin	niter	d to	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					(,					

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
				(A)	(B)	(C) Unrelated	(D) Revenue excluded
				Total revenue	Related or exempt function revenue		from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
irar	b	Membership dues 1b					
S, G	С	Fundraising events 1c					
ar Jiff	d	Related organizations 1d					
imi	е	Government grants (contributions)					
rior S	f	All other contributions, gifts, grants, and					
ig i			5,631,444.	-			
a t	g	Noncash contributions included in lines 1a-1f 1g \$	38,267.				
<u>8</u>	h	Total. Add lines 1a-1f		6,631,444.			
			Business Code				
9	2 a		_				
ē <u>Š</u>	b		_				
Program Service Revenue	С	<u> </u>	_				
ran Sev	d		_				
og F	е		_				
Δ.		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, int		227 205			207 205
		other similar amounts)		327,285.			327,285.
	4	Income from investment of tax-exempt bond		1 050			1 050
	5	Royalties(i) Real		1,958.			1,958.
			(ii) Personal	-			
		Gross rents 6a 72,083		-			
		Less: rental expenses 6b 61,759 Rental income or (loss) 6c 10,324		-			
		, ,	•	10,324.			10,324.
		Net rental income or (loss) Gross amount from sales of (i) Securitie	s (ii) Other	10,324.			10,324.
	<i>i</i> a	24 455		-			
		, –	•				
a)	D	Less: cost or other basis and sales expenses 7b 31,774	865.				
ğ	_	and sales expenses 7b 31,774 Gain or (loss) 7c -317	-865.	-			
ther Revenue		Net gain or (loss) [76] 317		-1,182.			-1,182.
늆		Gross income from fundraising events (not		1,102.			1,102.
	0 a						
0		of contributions reported on line 1c). See					
		·	Ва				
	b		3b				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		* *	9a				
	b		9b				
		Net income or (loss) from gaming activities_					
		Gross sales of inventory, less returns					
		and allowances	0a				
	b		Ob				
		Net income or (loss) from sales of inventory					
"			Business Code				
ous.	11 a	SALE OF SCRAP PAPER	900099	51,051.	51,051.		
ane	b	MISCELLANEOUS REVENUE	900099	4,846.	4,846.		
Miscellaneous Revenue	С	SALE OF SCRAP METAL	900099	1,966.	1,966.		
Aisc B	d	All other revenue					
_		Total. Add lines 11a-11d		57,863.			
	12	Total revenue. See instructions		7,027,692.	57,863.	0.	338,385.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete coluiriii (A).	
	not include amounts reported on lines 6b,		(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	СХРСПОСО
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,791.	22,912.	61,967.	22,912.
6	Compensation not included above to disqualified	·	·		•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,633,318.	1,071,189.	344,235.	217,894.
8	Pension plan accruals and contributions (include	-		·	•
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	601,075.	400,168.	102,613.	98,294.
10	Payroll taxes	132,942.	83,370.	31,932.	98,294. 17,640.
11	Fees for services (nonemployees):	•	,	·	•
а	Management				
	Legal				
	Accounting	17,595.		17,595.	
	Lobbying	-			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	56,000.		56,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	12,267.	295.	10,072.	1,900.
12	Advertising and promotion	196,051.	7,117.	6,860.	1,900. 182,074.
13	Office expenses	44,288.	7,574.	34,001.	2,713.
14	Information technology	194,637.	46,235.	121,985.	26,417.
15	Royalties	1,917.	1,917.		
16	Occupancy	162,808.	136,420.	19,176.	7,212.
17	Travel	33,832.	9,592.	1,672.	7,212.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,368.	271.	1,059.	29,038.
20	Interest	833.		833.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	188,191.	163,495.	17,353.	7,343.
23	Insurance	4,219.		4,219.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PAPER AND PRINTING OF S	2,442,787.	2,442,787.		
b	SHIPPING AND DISTRIBUTI	1,247,671.	1,247,671.		
С	CONTRACT PRINTING OF SC	368,919.	368,919.		
d	EQUIPMENT MAINTENANCE/S	92,653.	83,243.	7,146.	2,264.
е	All other expenses	13,618.	4,929.	5,836.	2,853.
25	Total functional expenses. Add lines 1 through 24e	7,583,780.	6,098,104.	844,554.	641,122.
26	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 if following SOP 98-2 (ASC 958-720)				5 990 (2000)

Form 990 (2022)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			130.	1	130.
	2	Savings and temporary cash investments			1,470,559.	2	555,605.
	3	Pledges and grants receivable, net			150,000.	3	167,117.
	4	Accounts receivable, net			15,497.	4	7,477.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th	ese persor	ns		5	
	6	Loans and other receivables from other disqua	alified perso				
		under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			637,801.	8	608,018.
As	9				218,432.	9	99,960.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	5,946,633.			
	b	Less: accumulated depreciation	. 10b	3,016,479.	2,744,379.	10c	2,930,154. 8,820,901.
	11	Investments - publicly traded securities			7,875,321.	11	8,820,901.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		68,431.	15	41,458.	
	16	Total assets. Add lines 1 through 15 (must ed			13,180,550.	16	13,230,820.
	17	Accounts payable and accrued expenses			232,184.	17	158,674.
	18	Grants payable	2.252	18			
	19	Deferred revenue			2,250.	19	6,490.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	24 660	23	21 667
	24	Unsecured notes and loans payable to unrelate		Г	31,667.	24	31,667.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	-	•	60 121		/1 /FO
		of Schedule D			68,431. 334,532.		41,458.
	26			X	334,332.	26	238,289.
S		Organizations that follow FASB ASC 958, cl	neck nere				
nce	0.7	and complete lines 27, 28, 32, and 33.			7,016,722.	07	9,426,898.
ala	27	Net assets without donor restrictions			5,829,296.	27 28	3,565,633.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			3,023,230.	20	3,303,033.
Fun		and complete lines 29 through 33.	956, CHEC	K liefe			
ᅙ	29	Capital stock or trust principal, or current fund	le.			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
\ss(31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,846,018.	32	12,992,531.
Ž	33	Total liabilities and net assets/fund balances			13,180,550.	33	13,230,820.
	აა	TOTAL HADIILIES AND HEL ASSELS/TUND DAIANCES			13,100,330.	აა	13,230,020

Form **990** (2022)

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>92.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>80.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,846,01			
5	Net unrealized gains (losses) on investments	5		702	2,6	01.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	12,	992	2,5	<u>31.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	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 Consolidated basis Both consolidated and separate basis					
С	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?		L	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			Γ	orm	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WORLD MISSIONARY PRESS, INC.

Employer identification number

		WORL	D MISSIONAL	RY PRESS, INC				3	5-1076405			
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found										
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative		•		(b)(1)(A)(ii	ii).					
4		A medical research organiz						(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
		section 170(b)(1)(A)(vi). (C	-		Ü							
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org			•	ed in coniu	ınction with a	land-grant	college			
		or university or a non-land-g				-		-	-			
		university:	, ,	(**************************************		, , ,	,	3				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, an	d gross receipts from			
		activities related to its exem										
		income and unrelated busir	•	•	` '				•			
		See section 509(a)(2). (Con					, ,		,			
11		An organization organized a		vely to test for public saf	etv. See	section 50	09(a)(4).					
12		An organization organized a						rry out the	purposes of one or			
		more publicly supported or	•	•	-			•	•			
		lines 12a through 12d that	~									
а		Type I. A supporting orga	* *					-	aivina			
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-						
		organization. You must o			, 5, 5				-pp=9			
b	, [Type II. A supporting org			ion with its	s supporte	ed organization	n(s), by hav	vina .			
		control or management o	•				-		-			
		organization(s). You mus						,	55.154			
c	. [☐ Type III functionally inte			in connect	ion with.	and functional	lv integrate	ed with			
		its supported organization	-					.,	,			
d		☐ Type III non-functionally		·				ted organi:	zation(s)			
_		that is not functionally int						-				
		requirement (see instructi	-	•	-		•	an accord	. 611666			
е		Check this box if the orga	·	-				II Type III				
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p =				
f	Fnte	er the number of supported of	vaanizationa	and capperm	.9 0.94							
		vide the following information	•									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
_												
Tota	al											

Part II 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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4531076.	4396612.	5468837.	6417399.	6631444.	27445368.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	4531076.	4396612.	5468837.	6417399.	6631444.	27445368.		
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)						4188174.		
6	Public support. Subtract line 5 from line 4.						23257194.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	4531076.	4396612.	5468837.	6417399.	6631444.	27445368.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	42,793.	945,063.	1574446.	68,749.	401,326.	3032377.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					57,863.	57,863.		
11	Total support. Add lines 7 through 10						30535608.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)			
	organization, check this box and stop								
	tion C. Computation of Publi								
	Public support percentage for 2022 (li					14	76.16 %		
	Public support percentage from 2021					15	81.04 %		
16a	33 1/3% support test - 2022. If the o								
	stop here. The organization qualifies								
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	_							
	and if the organization meets the facts				=	VI how the organiz	ation		
_	meets the facts-and-circumstances te	•							
b	10% -facts-and-circumstances test	_					10% or		
	more, and if the organization meets the				-				
	organization meets the facts-and-circu				•				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	iud		
	10b		
ule	A (Forn	n 990)	2022

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees	of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2022 WORLD MISSIONARY PRESS,			35-1076405 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (<i>explain ii</i>	γ Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990) 2022

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Dai	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizatione / /	Λ	g
		(a)(b) Supporting Orga	inizations _{(continu}	ea)	0
	ion D - Distributions			_	Current Year
1_	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		_	
	organizations, in excess of income from activity		_	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3 4	
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro			5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in Part VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the	ne organization is responsive		-	
0	(provide details in Part VI). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Elife o amount arriada by line o amount	(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
<u> </u>	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

WC	PRLD MISSIONARY PRESS, INC.	35-1076405					
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) a contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo. 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, I g requirements of Schedule B (Form 990).						

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

Name of organization Employer identification number

WORLD MISSIONARY PRESS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$162,230.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$136,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$563,915.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WORLD MISSIONARY PRESS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7_		\$231,723.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8			Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$519,525. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

WORLD MISSIONARY PRESS, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** WORLD MISSIONARY PRESS, INC. 35-1076405Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WORLD MISSIONARY PRESS, INC.

Employer identification number 35-1076405

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis iliai uesc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

		SSIONARY				Oth a C		107640	
Par									nued)
3	Using the organization's acquisition, accession	, and other record	ls, check	any of the f	following that	t make sigr	ificant use of	its	
	collection items (check all that apply):		. —						
а	Public exhibition	C			hange progra				
b	Scholarly research	•	• 🔲	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	•		•	· ·	•		art XIII.	
5	During the year, did the organization solicit or r		-		•				
	to be sold to raise funds rather than to be main							Yes	No
Pai	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part	·							
1a	Is the organization an agent, trustee, custodiar		•						
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	d complete the fo	llowing to	able:					
								Amoun	t
	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
	Ending balance						1f		
2 a	Did the organization include an amount on For	m 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	?	Yes	L No
	If "Yes," explain the arrangement in Part XIII. C								
Par	00p.ioto								
	_	(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	nt year end balanc	e (line 1g	g, column (a))) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	ion of the organiza	ation that	t are held ar	nd administer	red for the		,	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on So	chedule R?				3b	
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment f	unds.					
Pai	t VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answered	'Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated	(d) Boo	k value
		basis (investi	ment)	basis	(other)	depre	eciation		
1a	Land	61,	275.	13	6,432.				7,707.
b	Buildings		749.	2,09	2,272.	1,44	12,986.	1,50	2,035.
С	Leasehold improvements								
d	Equipment	I		2,50	8,262.	1,32	26,924.	1,18	1,338.
е	Other	2,	196.		3,447.		16,569.		9,074.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022

49,074.

2,930,154.

Part VII Investments - Other Securities.	UNARY PRESS,	INC.	35-10/6405 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11b. 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	. , ,		•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	1 63
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> 15.)</u>		
Complete if the organization answered "Yes"	on Form 000 Part IV line	o 11 o or 11f Soo Form 990 Part V line	. 25
(15)	on Form 990, Fart IV, line	e TTe OF TTI. See FOITH 990, Fait A, IIIIe	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) ESTIMATED GIFT ANNUITY			
ODI TOURIST CHIRD THE			2,477.
			2,411.
			38,981.
			30,301.
(6)			
(7)			
(8) (9)			
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) line	- 05 \		41,458.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI	ctai ii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,736,051.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	<u>.</u>	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	702,601.
3	Subtract line 2e from line 1	3	7,033,450.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b	Other (Describe in Part XIII.) 4b -61,758	<u>. </u>	
С	Add lines 4a and 4b	4c	-5,758.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,027,692.
<u>5</u> Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	5 Retur	7,027,692. n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	5 Retur	n.
5 Pa 1		5 Retur	7,027,692. n. 7,589,538.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retur	n.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Retur	n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Retur	n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2a 2b Other losses	Retur	n.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a 2b	Retur	7,589,538.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2a 2b C1 FF0	Retur	7,589,538. 61,758.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	Retur	n. 7,589,538.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Retur	7,589,538. 61,758.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	Retur	7,589,538. 61,758.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Retur	61,758. 7,527,780.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	Retur	7,589,538. 61,758.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE IRS HAS DETERMINED THAT THE ORGANIZATION IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A). THE INCOME TAXES TOPIC, FASB ASC 740, CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. ASC 740 REQUIRES AN ENTITY TO DISCLOSE THE NATURE OF UNCERTAIN TAX POSITIONS TAKEN, IF ANY, WHEN FILING ITS INCOME TAX RETURN UTILIZING A TWO-STEP PROCESS TO RECOGNIZE AND MEASURE ANY UNCERTAIN TAX POSITIONS TAKEN. THE ENTITY RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. NO TAX

BENEFIT WILL BE RECORDED ON TAX POSITIONS NOT MEETING THE MORE LIKELY THAN
NOT TEST. INTEREST AND PENALTIES ACCRUED OR INCURRED, IF ANY, AS A RESULT
OF APPLYING ASC 740 WILL BE RECORDED TO INTEREST EXPENSE AND OTHER
EXPENSE, RESPECTIVELY. BASED ON ITS EVALUATION, THE ORGANIZATION HAS
CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION
IN ITS FINANCIAL STATEMENTS. THE ORGANIZATION'S EVALUATION WAS PERFORMED
FOR ALL FEDERAL AND STATE TAX PERIODS STILL SUBJECT TO EXAMINATION. THE
ORGANIZATION'S 2019 THROUGH 2021 FEDERAL AND STATE EXEMPT ORGANIZATION
RETURNS REMAIN SUBJECT TO EXAMINATION BY THE IRS AND STATE TAXING
AUTHORITIES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
RENTAL EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** WORLD MISSIONARY PRESS, 35-1076405 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 10,064. EAST ASTA AND THE 198,838. PACIFIC 0 0 PROGRAM SERVICES PRINTING OF SCRIPTURES EAST ASIA AND THE 0 0 PROGRAM SERVICES PACIFIC SHIPPING OF SCRIPTURES 10,391. MIDDLE EAST AND NORTH AFRICA 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 17,561. NORTH AMERICA 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 24,107. RUSSTA AND NEIGHBORING STATES 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 22,385. SOUTH AMERICA 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 121,115. 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 52,285. SOUTH ASIA 0 0 456,746. 3 a Subtotal **b** Total from continuation 0 0 302,129. sheets to Part I Totals (add lines 3a

758,875.

and 3b)

Part I Continuati	on of Activitie	SSIUNARI	I. (Schedule F (Form 990), Part I, line 3	35-10/640	D Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SOUTH ASIA	0	0	PROGRAM SERVICES	PRINTING OF SCRIPTURES	129,440.
			FROM BENTEED	TAINTING OF BOATT TONES	123,110.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SHIPPING OF SCRIPTURES	151,043.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL TO AND FROM REGION	21,646.
Totals	>				302,129.

-			Outside the United States. Coated if additional space is need		rganization answered	d "Yes" on Form 9	990, Part IV, line 15, for	any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the or counsel has provided a sec		Section of Latter.	>		1

3 Enter total number of other organizations or entities .

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2022 Fart IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Trea Internal Revenue Servi		Attach to Form 990 or Form 990-E∠. Open To Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						lic						
Name of the orga	anization								Em	ploye	r ident	ificati	on nu	mber
		WORLD MI									764	05		
								ction 501(c)(29) orga						
Cor	mplete if the						25b	, or Form 990-EZ, P	art V, I	ine 40	b.			
(a) Name of	disqualified	person (I	Relationship	between ond nd organiza		ified	(c	c) Description of trar	sactio	n		(d) Corrected?		
	•		person a	nd Organiza	211011						—	 Y	es	No
												+	+	
												+	\dashv	
		•	-	-		·		ng the year under		_				
section 495														
3 Enter the ar	mount of tax,	, ir any, on line	z, above, reim	ibursed by	trie org	janization				\$				
Part II Lo	ans to an	d/or From I	nterested I	Persons.										
Cor	mplete if the	organization a	nswered "Yes'	on Form 9	990-EZ,	Part V, line 38a	or F	orm 990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
rep	orted an amo	ount on Form 9		 										
(a) Nam interested		(b) Relationsh with organizat		fron	an to or	(e) Original		(f) Balance due) In ault?	by bo	proved ard or	(1) *	/ritten
interested	person	Willi Organizat	or loar	organi	zation?	principal amou	JIII					nmittee? agreemen		_
				10	From				Yes	No	Yes	No	Yes	No
											\vdash			
											—			
											₩	-		
											\vdash	\vdash	 	-
											\vdash			
											\vdash			
Total							\$							
		ssistance B	•											
	•	organization a				,								
(a) Name o	of interested	person		iship betwe I person an ganization	en d	(c) Amoun assistand		(d) Type assistan				f		
										_				
										+				
										-				

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

Schedule L (Form 990) 2022

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha		
(a) Hanto of interested person	person and the organization	transaction	transaction	organization's revenues?		
CMEDIEN MACU	CON OF DESCRIPTION 337	27 201	CMEDIEN MAC	Yes	No	
STEPHEN MACK	SON OF PRESIDENT AN	27,201.	STEPHEN MAC		Х	
Part V Supplemental Information.						
• • •	esponses to questions on Schedule L (see in	nstructions).				
COULT DADE IN DUCTABLE	TRANCA CHI ONG TARIOTATA	a	ID DEDGOMG			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	ED PERSONS:			
(A) NAME OF PERSON: STEP	HEN MACK					
/->						
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ION:			
SON OF PRESIDENT AND TREA	ASURER					
(D) DESCRIPTION OF TRANSA	ACTION: STEPHEN MACK (SON OF PRES	SIDENT AND			
TREASURER) WAS A WMP EMP	LOYEE. AMOUNT INCLUDES	GROSS WAGE	ES, GROUP HE	ALTH		
INSURANCE, AND HEALTH RE	IMBURSEMENTS FOR FISCA	L YEAR 2022	2-2023.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

35-1076405 WORLD MISSIONARY PRESS, INC. **Types of Property** Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 31,774. MARKET PRICE Securities - Publicly traded Х Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 3,060.MARKET VALUE (PAPER Х 3 25 Other (LA-Z-BOY LOVESE) 1,496.MARKET VALUE Х 1 26 Other (RAILROAD TIES Х 2 1,165. MARKET VALUE 27 Other 3 (OFFICE SUPPLIES Х 772.MARKET 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2022

LHA

describe in Part II.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

WORLD MISSIONARY PRESS, INC.

Employer identification number 35-1076405

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO CAUSE, ENCOURAGE, AND PROMOTE IN THE STATE OF INDIANA, THE UNITED
STATES OF AMERICA AND THROUGHOUT THE WORLD, THE WRITING, PUBLISHING,
PRINTING, AND DISTRIBUTION OF SCRIPTURE BOOKLETS AND LEAFLETS, GOSPEL
LITERATURE AND BIBLE STUDIES, OR MATERIALS WHICH CONVEY THE MESSAGE OF
THE GOSPEL OF JESUS CHRIST, IN VARIOUS LANGUAGES. NONE OF THE
ABOVE-MENTIONED ITEMS ARE TO BE SOLD, BUT ARE TO BE DISTRIBUTED FREE OF
CHARGE TO THE RECIPIENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO CAUSE, ENCOURAGE, AND PROMOTE IN THE STATE OF INDIANA, THE UNITED
STATES OF AMERICA AND THROUGHOUT THE WORLD, THE WRITING, PUBLISHING,
PRINTING, AND DISTRIBUTION OF SCRIPTURE BOOKLETS AND LEAFLETS, GOSPEL
LITERATURE AND BIBLE STUDIES, OR MATERIALS WHICH CONVEY THE MESSAGE OF
THE GOSPEL OF JESUS CHRIST, IN VARIOUS LANGUAGES. NONE OF THE
ABOVE-MENTIONED ITEMS ARE TO BE SOLD, BUT ARE TO BE DISTRIBUTED FREE OF
CHARGE TO THE RECIPIENTS.
FORM 990, PART VI, SECTION A, LINE 2:
HAROLD MACK, PRESIDENT, DIRECTOR AND OFFICER, AND MARIE MACK, TREASURER AND
OFFICER, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

WORLD MISSIONARY PRESS IS ORGANIZED AS A NON-PROFIT RELIGIOUS ORGANIZATION

WITH MEMBERS WHO ELECT DIRECTORS OF THE BOARD.

Schedule O (Form 990) 2022 Page **2**

Name of the organization WORLD MISSIONARY PRESS, INC. Employer identification number 35-1076405

FORM 990, PART VI, SECTION A, LINE 7A:

WORLD MISSIONARY PRESS IS ORGANIZED AS A NON-PROFIT RELIGIOUS ORGANIZATION WITH MEMBERS WHO ELECT DIRECTORS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS APPROVED BY THE FINANCE COMMITTEE CHAIR, THEN SUBMITTED TO THE
BOARD OF DIRECTORS BEFORE IT IS FILED. HOWEVER, INSTRUCTIONS FOR THIS
ANSWER REQUIRE ANSWERING "NO" BECAUSE THE COPIES PROVIDED TO THE BOARD OF
DIRECTORS BEFORE FILING WITH THE IRS DO NOT INCLUDE THE NAMES/ADDRESSES OF
DONORS REPORTED ON SCHEDULE B, WHICH ARE REDACTED FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION B, LINE 12C:

POTENTIAL CONFLICTS OF INTEREST ARE MONITORED THROUGH ANNUALLY UPDATED

QUESTIONNAIRES UNIQUELY SPECIFIC TO (1) EMPLOYEES WITH PURCHASING AUTHORITY

AND (2) BOARD DIRECTORS, SEEKING TO ASCERTAIN PERSONAL, FAMILY, OR BUSINESS

RELATIONSHIPS WITH EACH OTHER AND WITH VENDORS, OR THE RECEIPT OF GIFTS OR

SAMPLES OF MORE THAN TOKEN VALUE. THE PRESIDENT, WHO IS AN EX-OFFICIO

DIRECTOR AND WMP EMPLOYEE, ABSTAINS FROM VOTING WHEN THE BOARD APPROVES THE

HOURLY WAGE RECEIVED BY ALL EMPLOYEES. ALL POSSIBLE CONFLICTS OF INTEREST

ARE REVIEWED.

FORM 990, PART VI, SECTION B, LINE 15:

THE FINANCE COMMITTEE REVIEWS AT LEAST ANNUALLY THE HOURLY WAGE PROVIDED TO ALL EMPLOYEES FOR RECOMMENDATION TO THE BOARD. THE BOARD SEEKS TO PROVIDE A LIVING, BUT SACRIFICIAL WAGE AS INITIATED BY THE FOUNDERS IN 1961. THE SAME BENEFITS ARE PROVIDED TO ALL WHO ARE ELIGIBLE, INCLUDING MANAGEMENT.

COMPARABILITY DATA IS NOT CONSIDERED RELEVANT.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** WORLD MISSIONARY PRESS, INC. 35-1076405 FORM 990, PART VI, SECTION C, LINE 18: FORMS 1023, 990 AND FINANCIAL STATMENTS ARE AVAILABLE UPON REQUEST. CURRENT AND PAST YEARS OF FORM 990 ARE POSTED ON OUR WEBSITE AND OUR ANNUAL REPORT NEWSLETTER. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. CURRENT AND PAST YEAR FINANCIAL STATEMENTS ARE ALSO POSTED ON OUR WEBSITE AND REFERENCED IN OUR ANNUAL REPORT NEWSLETTERS.