KRUGGEL, LAWTON & COMPANY, LLC 210 S. MICHIGAN ST. SUITE 200 SOUTH BEND, IN 46601

WORLD MISSIONARY PRESS, INC. PO BOX 120 NEW PARIS, IN 46553-0120

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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

Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning OCT 2023 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change WORLD MISSIONARY PRESS, INC. Name change 35-1076405 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (574)831-2111PO BOX 120 10,411,277. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 46553-0120 NEW PARIS, IN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DARRYL E. RAMEY for subordinates? Yes X No SAME AS C ABOVE _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.WMPRESS.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 1961 M State of legal domicile: IN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 69 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 600 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 6,631,444. 8,319,856. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 326,103. 263,546. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 70,145. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 78,324. 11 7,027,692. 8,661,726. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,475,126. 2,885,761. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 5,108,654. 5,963,601. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,583,780. 8,849,362. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -556,088. -187,636. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 13,230,820. 14,785,948. Total assets (Part X, line 16) 238,289. 295,298. 21 Total liabilities (Part X, line 26) 三年 992,531 490,650 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign NOVELLA I. HOMAN, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 02/10/25 self-employed P01222961 MARGENE ZINK MARGENE ZINK Paid KRUGGEL, LAWTON & COMPANY, LLC Firm's EIN 35-1307701 Preparer Firm's name SUITE Firm's address 210 S. MICHIGAN ST. Use Only Phone no. 574-289-4011 SOUTH BEND, IN 46601 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

4d	Other program	services	(Describe on	Schedule O	.)
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) (Revenue \$ (Expenses \$ including grants of \$

Total program service expenses

7,074,739.

Form 990 (2023) WORLD MISSIONARY PRESS, INC. 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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, VIII, 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		, v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱.,.		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
O	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	21	
13	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	"		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u></u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Da	rt IV Checklist of Required Schedules (continued)	7403	<u></u>	age -
Га	Checklist of nequired Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
	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? <i>If</i> "Yes," <i>complete</i>			
	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		
	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		
	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			
	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2023) WORLD MISSIONARY PRESS, INC.

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		77						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x					
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCFN Form 114. Penert of Foreign Bank and Financial Associate (FRAR)								
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30							
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		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 contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
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 by the								
	sponsoring organization have excess business holdings at any time during the year? N/A	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders N/A 11a								
O	Gross income from other sources. (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a							
-	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17							
	If "Yes," complete Form 6069.								

Page 6 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 12									
	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 11									
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	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
Ū	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?	_ _		X						
6										
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	X							
7a		7-	Х							
	more members of the governing body?	7a	-21							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		x						
_	persons other than the governing body?	7b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v							
a	The governing body?	<u>8a</u>	X							
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			٠,,						
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	·						
40		40	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
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		Х						
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	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	Х							
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	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
	The organization's CEO, Executive Director, or top management official	15a	X							
b	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		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filedIN , HI , MD , MN , NH , SC , TN , VA , WA	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)s	only)	availal	ole						
	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	financ	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									
	NOVELLA I. HOMAN - 574-831-2111									
	PO BOX 120, NEW PARIS, 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.

	г	osit	i) tion			(D)	(E)	(F)
Name and title Average hours per week Name and title	ot che nless	eck m	nore t son is	both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
(list any hours for related organizations below line)	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HAROLD E MACK 39.29	Ι,	.,				25 720	0.	00 F1F
PRESIDENT, DIRECTOR, OFFIC X (2) MARIE C MACK 37.36	+	X	\dashv			35,730.	0.	28,515.
TREASURER, OFFICER	,	x				34,128.	0.	67.
(3) DARRYL E. RAMEY 40.00	╁		\dashv			34,120.	•	07.
PRESIDENT, DIRECTOR, OFFIC X		x				0.	0.	0.
(4) STEVE CHUPP 1.00		Ť						<u> </u>
DIRECTOR, VICE-CHAIRMAN X						0.	0.	0.
(5) ROBERT PARKER 0.19								
DIRECTOR						0.	0.	0.
(6) JOHN BURNHAM 0.88								
DIRECTOR						0.	0.	0.
(7) ROBERT RIEGSECKER 0.15						_	_	_
DIRECTOR		_	_			0.	0.	0.
(8) DAVID LEHMAN, JR. 0.29								
DIRECTOR X	4	4	_			0.	0.	0.
(9) JIM SONNTAG 0.54							_	•
DIRECTOR X	+	\dashv	\dashv			0.	0.	0.
(10) WES CULVER 0.31							0	•
DIRECTOR X (11) ISRAEL COLLADO 0.31	+	+	\dashv			0.	0.	0.
(11) ISRAEL COLLADO DIRECTOR X						0.	0.	0.
(12) GLENN STUTZMAN 0.35	+	-	\dashv			0.	0.	0.
DIRECTOR X						0.	0.	0.
(13) CLEOPAS CHITAPA 0.12	+	\dashv	\dashv				•	•
DIRECTOR						0.	0.	0.
(14) SHARON SCHAUBERT 1.44	\top	\dashv	\neg				•	
SECRETARY, DIRECTOR, OFFICER X		х				0.	0.	0.
(15) TIM YODER 0.73								
CHAIRMAN, DIRECTOR, OFFICER X		X				0.	0.	0.
	\top	\dashv	\dashv					
								000

332007 12-21-23 Form **990** (2023)

Form 990 (2023) WORLD MIS	SSIONARY	. P	RE	SS	,	IN	c.		35-10	0764	405	Pa	ge 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average		not c		more '	than c		Reportable	Reportable	- 1		imated	
	hours per week					s both r/trust		compensation from	compensation from related	- 1	amount of other		ıτ
	(list any	ctor						the	organization	- 1		pensati	ion
	hours for	or dire	au			ted		organization	(W-2/1099-MIS		fro	m the	
	related organizations	ustee	truste		96	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatio relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	-	1099-NEC)				nizatio	
	line)	Individ	Institu	Officer	Key en	Highe emplo	Former				o. ga		
										-			
								60 050			2.0) F0	2
1b Subtotal								69,858.		0.			0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								69,858.		0.	2.8	3,58	
2 Total number of individuals (including but no									000 of reportable			,,50	
compensation from the organization	or miniou to th	000		u uo	.0.0	,	0.0	, and the trial of	ood of reportable				0
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for so	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a													37
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	perso	on .					5		Х
Complete this table for your five highest core	mponeated ind	lono	ndor	at cc	ntro	octor	c th	ast received more than ¢	:100 000 of com	oncat	ion fro		
the organization. Report compensation for t										Jei isat	1011 110	111	
(A)	no odionadi ye	Jui U	- ruii	.g ***		<u> </u>		(B)	our.		(C)	
Name and business	address	NC	NE	C				Description of s	ervices	С	ompen		
							\dashv						
							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					0			•					

35-1076405

		Check if Schedule O contains a	response (or note to any line	e in this Part VIII			
		Officer if Geriedale O contains a	тезропзе (or riote to arry link	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	1a					
Gra		Membership dues	1b					
ts, An		Fundraising events	1c					
ia i		Related organizations	1d					
ıs,		Government grants (contributions)	1e					
i di	f	All other contributions, gifts, grants, and						
ig #		similar amounts not included above	1f	8,319,856.				
dit	g	Noncash contributions included in lines 1a-1f	1g \$	1,714,496.				
<u>8</u>	h	Total. Add lines 1a-1f			8,319,856.			
				Business Code				
ě	2 a	ı						
ξ	b	•						
Se	С							
am	d							
Program Service Revenue	е	,						
Prc	f	All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including divide						
	•	other similar amounts)			378,091.			378,091.
	4			, -			, -	
	5	Royalties		ı	1,271.			1,271.
	3		(i) Real	(ii) Personal	=,=			=,=,=.
	6 -		75,747.	(ii) i ciociiai				
		Gross rents 6a	64,645.					
		Less: rental expenses 6b						
		Rental income or (loss) 6c	11,102.		11 100			11 100
		Net rental income or (loss)		(::) Oth -::	11,102.			11,102.
	7 a		Securities	(ii) Other				
		assets other than inventory 7a	84,934.	1485427.				
	b	Less: cost or other basis						
en		and sales expenses 7b	84,906.	1600000.				
Revenue		Gain or (loss) 7c	28.	-114,573.				
		Net gain or (loss)			-114,545.			-114,545.
her	8 a	Gross income from fundraising events (not					
ŏ		including \$	_ of					
		contributions reported on line 1c). S	See					
		Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraisin	g events					
	9 a	Gross income from gaming activitie	s. See					
		Part IV, line 19	9a					
	b	Less: direct expenses	۱					
	С	Net income or (loss) from gaming a	ctivities					
		Gross sales of inventory, less return						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of in		·				
		(Business Code				
Sn	11 a	SALE OF SCRAP PAPER		900099	62,176.	62,176.		
Jeo Tue	ıı a b			900099	2,426.	2,426.		
Miscellaneous Revenue		SALE OF SCRAP METAL		900099	1,349.	1,349.		
Sce				300033	-,0-10-	1,313.		
Ξ		All other revenue			65,951.			
	12	Total Add lines 11a-11d			8 661 726.	65 951.	0.	275 919.

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).

	Check if Schedule O contains a respon	se or note to any line in t	his Part IX	P	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,550.	38,265.	51,020.	38,265.
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	2,092,445.	1,281,504.	491,796.	319,145.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	496,229.	349,377.	69,005.	77,847. 27,260.
10	Payroll taxes	169,537.	102,028.	40,249.	27,260.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	54,102.		54,102.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	58,331.		58,331.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	9,466.	689.	6,473. 8,841.	2,304. 206,251.
12	Advertising and promotion	230,055.	14,963.		
13	Office expenses	49,520.	10,273.	34,559.	4,688.
14	Information technology	170,334.	52,085.	85,770.	32,479.
15	Royalties	2,576.	2,576.	11 212	
16	Occupancy	157,038.	136,000.	14,310.	6,728.
17	Travel	30,251.	22.	1,363.	28,866.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	60.400	40.5	1 100	C1 005
19	Conferences, conventions, and meetings	63,183.	496.	1,482.	61,205.
20	Interest	833.		833.	
21	Payments to affiliates	000 500	100 045	15 000	0 004
22	Depreciation, depletion, and amortization	209,589.	183,245.	17,020.	9,324.
23	Insurance	4,297.		4,297.	
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.)	2 061 057	2 0 6 1 0 5 7		
a	PAPER AND PRINTING OF S	2,861,957.	2,861,957.		
b	SHIPPING AND DISTRIBUTI	1,141,312.	1,141,312.		
С	CONTRACT PRINTING OF SC	776,029.	776,029.	F 004	1 001
d	EQUIPMENT MAINTENANCE/S	127,332.	120,507.	5,024.	1,801.
	All other expenses	17,396.	3,411.	7,179.	6,806.
25	Total functional expenses. Add lines 1 through 24e	8,849,362.	7,074,739.	951,654.	822,969.
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)				Form 990 (2023)
000010	1 12-21-23				Lorm 7711 (0000)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e 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			555,605.	2	1,264,253.
	3	Pledges and grants receivable, net			167,117.	3	0.
	4	Accounts receivable, net			7,477.	4	11,332.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		608,018.	8	488,920.	
¥	9				99,960.	9	139,837.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,128,792.			
	b	Less: accumulated depreciation	10b	3,235,164.	2,930,154.	10c	2,893,628.
	11	Investments - publicly traded securities		8,820,901.	11	9,948,866.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		41,458.	15	38,982.	
	16	Total assets. Add lines 1 through 15 (must equa			13,230,820.	16	14,785,948.
	17	Accounts payable and accrued expenses			158,674.	17	223,380.
	18	Grants payable	C 400	18	6 260		
	19	Deferred revenue			6,490.	19	6,269.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	-	: F		22	
_	23	Secured mortgages and notes payable to unrela		' F	31,667.	23 24	26,667.
	24	Unsecured notes and loans payable to unrelated	-		31,007.	24	20,007.
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		·	,	·	41,458.	25	38,982.
	26	of Schedule D Total liabilities. Add lines 17 through 25			238,289.	25 26	295,298.
	20	Organizations that follow FASB ASC 958, chee	ck here	X	230,203.	20	23372301
S O		and complete lines 27, 28, 32, and 33.	ok nore	, <u></u>			
ğ	27	• • • •			9,426,898.	27	12,818,328.
3ali	28	Net assets with donor restrictions	3,565,633.	28	1,672,322.		
둳		Organizations that do not follow FASB ASC 98					
ᆵ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				12,992,531.	32	14,490,650.
	33				13,230,820.	33	14,785,948.
		-					200

Form **990** (2023)

Form **990** (2023)

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,66				
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	3,84	9,3	62.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-18				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5								
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,							
	column (B)) 10 14							
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					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?			2a		Х		
	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?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	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?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
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?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		it					
	available explain why an Cabadula O and describe any stone taken to undergo such audite			26		1		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

WORLD MISSIONARY PRESS, 35-1076405 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	4396612.	5468837.	6417399.	6631444.	8319856.	31234148.				
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	4396612.	5468837.	6417399.	6631444.	8319856.	31234148.				
	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)						5869685.				
6	Public support. Subtract line 5 from line 4.						25364463.				
	etion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 4	4396612.	5468837.	6417399.	6631444.	8319856.	31234148.				
	Gross income from interest,	1030011	31000071	011,000	0001111	0023000	522512101				
Ü	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	945,063.	1574446.	68,749.	401,326.	455,109.	3444693.				
9	Net income from unrelated business	343,003.	1371110.	00,745.	401,320.	433,103.	3111033.				
9											
	activities, whether or not the										
40	business is regularly carried on										
IU	Other income. Do not include gain										
	or loss from the sale of capital				57,863.	65 051	123,814.				
	assets (Explain in Part VI.)				31,003.	05,951.	34802655.				
	Total support. Add lines 7 through 10					1	D4002033•				
	Gross receipts from related activities,					12					
13	First 5 years. If the Form 990 is for the	-									
Sec	organization, check this box and stop etion C. Computation of Publi										
	Public support percentage for 2023 (I			olumn (fl)		14	72.88 %				
	Public support percentage from 2022					15	76.16 %				
	33 1/3% support test - 2023. If the o										
10a	stop here. The organization qualifies						77				
h			•		lino 15 io 22 1/20/						
b	33 1/3% support test - 2022. If the condition and standard The experience and										
47-	and stop here. The organization qual				10 10 10						
1/a	10% -facts-and-circumstances test										
	and if the organization meets the fact			=	•	_					
	meets the facts-and-circumstances te	~				7					
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	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	3L				

Schedule A (Form 990) 2023 WORLD MISSIONARY PRESS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and						
, , , , , , , , , , , , , , , , , , , ,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
membership fees received. (Do not include any "unusual grants.")						,
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(6) 2023	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is requirely certified on.						
11 Net income from unrelated business activities not included on line 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 						
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 		rst, second, third,	fourth, or fifth tax y	year as a section s	501(c)(3) organizatio	on,
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here 	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	(/ (/)	<i>'</i> —
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here 	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	(/ (/)	<i>'</i>
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 	the organization's file Support Per (line 8, column (f), column (f	centage livided by line 13, o	(0)	•	15	%
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 	the organization's file Support Per (line 8, column (f), column (f	rcentage ivided by line 13, o	(0)			%
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inverse 	lic Support Per (line 8, column (f), co 2 Schedule A, Part stment Income	rcentage livided by line 13, of lll, line 15 Percentage	column (f))		15 16	%
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Investment income percentage for 202 	the organization's fine Support Per (line 8, column (f), column (f), column the state of the sta	rcentage livided by line 13, of lill, line 15 Percentage mn (f), divided by li	column (f)) ne 13, column (f))		15 16	% %
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 	the organization's fine Support Per (line 8, column (f), column (f	rcentage livided by line 13, of lll, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the 	the organization's file Support Per (line 8, column (f), column (f	rcentage livided by line 13, of the line 15 Percentage mn (f), divided by li Part III, line 17 not check the box of	ne 13, column (f))	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % %
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box and 1/3%. 	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, of the line 15 Percentage mn (f), divided by line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % % % % % % % % % % % % % % % % % %
 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the 	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, or lill, line 15 Percentage mn (f), divided by line 17 not check the box or organization qualitation check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	15 16 17 18 33 1/3%, and line 17 ation 20 21 21 23, and 17 ation 20 21 21 21 22 22 22 22 22 22 22 22 22 22	% % % % % % % not

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		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations	110		
				Yes	No
4	D:4 +b	as according body, manchage of the according body officers esting in their official conseit, or manchage in the		162	INO
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization'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			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 WORLD MISSIONARY PRESS			35-1076405 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
_	Income toy impressed in prior year			

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

Schedule A (Form 990) 2023

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 /	/\	
		(a)(o) Supporting Orga	inizations (continu	ea)	Orania mt Valan
	ion D - Distributions	mot numacca		4	Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	or purposes or supported		2	
	organizations, in excess of income from activity	on of aumorted organizations		3	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations	5	4	
 -	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Dart VI)		5	
 6	Other distributions (describe in Part VI). See instructions.	Ovide details III Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ū	(provide details in Part VI). See instructions.	to organization to responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a arrest arrange by mile a arrest a	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	s	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization

WORLD MISSIONARY PRESS, INC.

35-1076405

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)(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.		
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules				
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.		
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively expect, 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 (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).		

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

WORLD MISSIONARY PRESS, INC.

35-1076405

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000.	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
2		\$1,600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 351,010.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,376,331</u> .	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		\$5,472.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WORLD MISSIONARY PRESS, INC.

35-1076405

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	REAL ESTATE		
2			
		\$ 700,000.	01/10/24
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	REAL ESTATE		
2			
		\$\$	02/13/24
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	REAL ESTATE		
2			
		\$615,000.	07/24/24
(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
		\$	
000450 40.00	<u> </u>	Ψ	Cabadula D (Farm 000) (0000)

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 (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 (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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds 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	writing that the assets hel	d 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 ad	dvisors in writing that gra	nt funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose co	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" 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, recreat	tion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ı	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the o	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statemer	nts that describes the
Da	organization's accounting for conservation easements.	Art Historical Tree	ourse or Oth	ou Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	-	isures, or Oth	ier Similar Assets.
			nuo etetement en	d balance about works
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			•
L	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of public service,
	provide the following amounts relating to these items.			Ф
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS	-		
	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 000 Part V			u·

2,641,335.

324,543.

2,196.

Schedule D (Form 990) 2023

1,196,440.

2,893,628.

68,616.

1,444,895.

258,123.

e Other

d Equipment

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

	Investments - Other Securities			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financi	al 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, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1) Fed	deral income taxes			
(2) ES	TIMATED GIFT ANNUITY OBL	IGATION		38,982.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 25, col.	(B))		38,982.
	. ,			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

	dule D (Form 990) 2023 WORLD MISSIONARY PRESS, I				1076405 _{Page} 4
Par	TXI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 1		n Kevenue per Ke	eturn	
1				1	10,353,795.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,685,755.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	1,685,755.
3	Subtract line 2e from line 1			3	8,668,040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,331.		
b	Other (Describe in Part XIII.)		-64,645.		
С	Add lines 4a and 4b		-	4c	-6,314.
5				5	
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State	ments Wi	th Expenses per l	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	8,855,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	1 1	64,645.		
е	Add lines 2a through 2d			2e	64,645.
3	Subtract line 2e from line 1			3	8,791,031.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	58,331.		
С	Add lines 4a and 4b			4c	58,331.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	8,849,362.
Provi	t XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			l; Part	X, line 2; Part XI,
PAF	T X, LINE 2:				
THE	ORGANIZATION IS A NOT-FOR-PROFIT ORGANI	ZATION	THAT IS EXE	MPT	FROM
INC	COME TAXES UNDER SECTION 501(C)(3) OF THE	INTERI	NAL REVENUE	COD	E. THE
IRS	HAS DETERMINED THAT THE ORGANIZATION IS	NOT A	PRIVATE FOU	INDA	TION

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

Fart All Supplemental Information (continued)
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 2020 THROUGH 2022
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.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total 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 21,460. EAST ASTA AND THE PACIFIC 0 0 PROGRAM SERVICES PRINTING OF SCRIPTURES 256,484. EAST ASIA AND THE 0 0 PACIFIC PROGRAM SERVICES SHIPPING OF SCRIPTURES 6,546. 0 EUROPE 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 5,357. MIDDLE EAST AND NORTH AFRICA 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 36,892. NORTH AMERICA 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 13,223. SOUTH AMERICA 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES 89,979. 0 0 PROGRAM SERVICES SHIPPING OF SCRIPTURES SOUTH ASIA 16,216. 0 0 446,157. 3 a Subtotal **b** Total from continuation 0 404,604. 0 sheets to Part I Totals (add lines 3a

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

Schedule F (Form 990) 2023

850,761.

and 3b)

Schedule F (Form 990)	MOKTD WI	SSIONARY	PRESS, INC.	35-107640	15 Page 1
Part I Continuation	n of Activitie	s per Regior	• (Schedule F (Form 990), Part I, line 3	3)	
(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	334,070.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SHIPPING OF SCRIPTURES	70,534.
SOD SAILAKAN AFKICA			FROGRAM SERVICES	SHIFFING OF SCRIFFORES	70,334.
Totals					404,604.

Part II

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

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)
2 Forten tested mounts on of								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

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.								
(a) ¹	Part III can be duplicated if a	dditional space is needd (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

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 the 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 the 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 the 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 the 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 the 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? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection

Name of the organization 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 noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 84,906.MARKET PRICE Securities - Publicly traded Х Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 1,600,000. MARKET PRICE Real estate - Residential Х 3 15 Real estate - Commercial 16 Real estate - Other 17 28,536.MARKET PRICE Х 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 958. MARKET VALUE (OFFICE SUPPLIES) Х 16 25 Other 96.MARKET VALUE (COMPACT DRILL K) X 1 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 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 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,

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

Schedule M (Form 990) 2023

describe in Part II.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD MISSIONARY PRESS, INC.

Employer identification number 35-1076405

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

OFFICER HAVE A FAMILY RELATIONSHIP.

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

WITH MEMBERS WHO ELECT DIRECTORS OF THE BOARD.

Schedule O (Form 990) 2023 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 FOR APPROVAL. THE SAME
BENEFITS ARE PROVIDED TO ALL WHO ARE ELIGIBLE, INCLUDING MANAGEMENT.
COMPARABILITY DATA IS NOT CONSIDERED RELEVANT.

Schedule O (Form 990) 2023 Page **2**

Name of the organization WORLD MISSIONARY PRESS, INC.	Employer identification number 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 O	UR ANNUAL REPORT
NEWSLETTER.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	CIAL STATEMENTS
ARE MADE AVAILABLE UPON REQUEST. CURRENT AND PAST YEAR FIN	ANCIAL STATEMENTS
ARE ALSO POSTED ON OUR WEBSITE AND REFERENCED IN OUR ANNUA	L REPORT
NEWSLETTERS.	