JIM ROBERTSON

352 LANDA New Braunfels, TX 78130

Phone: (830)625-6073 | Fax:

May 15, 2023

WORLD INDIGENOUS MISSIONS INC PO BOX 310627 New Braunfels, TX 78131-0627

WORLD INDIGENOUS MISSIONS INC:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for WORLD INDIGENOUS MISSIONS INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (830)625-6073.

Sincerely,

JIM ROBERTSON
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May 15, 2023

WORLD INDIGENOUS MISSIONS INC PO BOX 310627 New Braunfels, TX 78131-0627

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (830)625-6073.

Sincerely,

JIM ROBERTSON JIM ROBERTSON

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public Inspection

Form 990 (2022)

Α	A For the 2022 calendar year, or tax year beginning , 2022, and ending								. 20				
В			C Name of o		<u> </u>	OUS MISSIONS			9	D Emr	Noyer Identification number		
	Address	change	Doing busi							" [""	•		
	Name ch	-			ox if mail is not delivered	to street address)		Deerste	.n.		74-2192909		
П	Initial retu	· .		OX 310627		to street address;		Room/su	ЭНӨ	E 1910	phone number		
П	Final retu	rn/terminated			e, country, and ZIP or fore	ian postal ands		.L			(830) 629-0863		
Ħ	Amended	ľ			, TX 78131-0					G Gro	as receipts		
Ħ		<u> -</u>		address of principa		027				\$	2,485,181		
	· ipproduc	on portaining 1	IVALIIO AIIQ	address or princip	ai Oiricei,				1		n for subordinates? Yes X No		
	Tax-exem	ent ptotuc:	501(c)(3)			П			1 ''	subordinates included? Yes No			
'	Website:			501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	attach a l	ist. See instructions		
,			DIM. CO				1		H(c) Group	exemption	number		
THE STATE OF THE S	irt I	Summary	Corporation	Trust As	sociation Other		L Year of format	ion: 19	81 M	State of le	gal domicile: TX		
	1			-111									
	'				ion or most significa		NGAGED IN N	<u> </u>	NARY TR	AININ	IG, ORGANIZING		
ဥ		CHURCHES,	EVANGE	LISM AND	RELATED CHR	ISTIAN ACTIVI	TIES			<u> </u>			
Governance				<u>.</u>	<u> </u>								
ē		Ot 1 (1) (T							
Ó	2	Check this box	the Lifthe	organization	discontinued its ope	rations or disposed	of more than 25	% of its	net assets.		1		
රේ	3				erning body (Part VI					3	7		
ies	4					body (Part VI, line 1	b)			4	. 7		
Ĭ	5				n calendar year 202	2 (Part V, line 2a)				5	14		
Activities &	6	Total number of								6			
•	7a				Part VIII, column (C					7a	0		
	b	Net unrelated t	business ta	axable income	from Form 990-T, I	Part I, line 11				7b	0		
									Prior Year		Current Year		
-	8	Contributions a			•				2,313	086	2,480,206		
ĭee	9	Program service	ce revenue	(Part VIII, line	e 2g)					*****	0		
Revenue	10	Investment inc	ome (Part	VIII, column (/	A), lines 3, 4, and 7	d)				,561	4,975		
格	11	Other revenue	(Part VIII,	column (A), lir	nes 5, 6d, 8c, 9c, 10	Oc, and 11e)				7	0		
	12					l, column (A), line 1			2,316	647	2,485,181		
	13	Grants and sim	nilar amoui	nts paid (Part I	IX, column (A), lines	s 1-3)				7.0.1.	0		
	14				K, column (A), line 4						0		
to.	15					column (A), lines 5~			249	,847			
Expenses					column (A), line 11e				230	,047	286,418		
ber					umn (D), line 25)	•	27,667				0		
紐					nes 11a-11d, 11f-24	e)	2,,00,	_	1,890	Mara de la Contraction de la C	2 152 040		
					equal Part IX, colu						2,153,948		
					40.6 11 4-				2,139	403	2,440,366		
								Roci	nning of Curre		44,815		
Net Assets or	20	Total assets (Pa	art X, line	16)				Degi			End of Year		
ASS	21	Total liabilities (Part X, line	e 26)					1,232		1,274,838		
Set L	22			,	line 21 from line 20					745	66,047		
Pa	rt II	Signature							1,163	,976	1,208,791		
Unde	r penaltie	s of perjury, I declar	e that I have s	examined this retu	rn, including accompanyi	ng schedules and stateme	ents, and to the best of	of my knowl	ledge and belie	ef. it is			
True,	correct, a	nd complete. Declar	ation of prepa	rer (other than off	icer) is based on alt infon	nation of which preparer I	nas any knowledge.						
_		JOHN E	BRILES										
Sig	n	Signature of officer				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				L	ate		
Her	e	JOHN F	BRILES,	PRES						-			
		Type or print name		21440		· · · · · · · · · · · · · · · · · · ·	····						
		Print/Type prepar	er's name		Preparer's signature		Date		T	.	PTIN		
Paid	t	JIM ROBEI			L				Check	X if			
	parer		T DOM	TTM DODE	DIM ROBERTSO	TN	05-15-20		self-em	ployed	P01212578		
	Only			JIM ROBE					irm's EIN				
	- ···y	mms aguress		352 LAND		20		P	hone no.				
May	he IRC	discuss this rot	urn with th		infels TX 781 own above? See in					830-	625-6073		
For C	anomi	ork Reduction	Act Note	e preparer sn	own above? See in parate instructions	structions		* * * *	• • • • • •				
, 01	ahei M	on neuronon	WOL MORIC	e, see we sep	arate instructions	i.					Form 990 (2022)		

	A 990 (2022) WORLD INDIGENOUS MISSIONS INC	74-2192909	Page 2
ijβ	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		<u> D</u>
1	Briefly describe the organization's mission:		
	ENGAGED IN MISSIONARY TRAINING, ORGANIZING CHURCHES, EVANGELISM AND RELATED O	HRISTIAN	
	ACTIVITIES		
2	Did the exemination of the land of the second of the secon		
4	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		ш
	If "Yes," describe these new services on Schedule O.	· · · L Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?,, services?	Yes	No No
	If "Yes," describe these changes on Schedule O.	105	KI MO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers	
	the total expenses, and revenue, if any, for each program service reported.	310,	
4a	(Code:) (Expenses \$ 2,106,678 including grants of \$) (Revenue	\$)
	PREACHING AND TEACHING THE WORD OF GOD AND ESTABLISHING CHURCHES AND ASSIST A		CHURCHES
	INCLUDING 67 BRANCHES OF MISSIONARIES IN 12 COUNTRIES AND TRAIN LEADERS FOR I	OCAL CONGRE	EGATIONS
			~
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
41)	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			···-
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$,	
4e	Total program service expenses 2.106.678		

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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. Did the organization report an amount for land, buildings, and equipment in Part X. line 10? If "Yes." 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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 11d Х 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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 Х 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? 19 X 20a X **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
240	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
b	through 24d and complete Schedule K. If "No," go to line 25a	24a		X_
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
·	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
- -	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2.0a		<u> x</u>
	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		.
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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			Ì
	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,	50.11		
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			and the second second
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c		х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
~~	complete Schoolule N. Dort II	20		Ì
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	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		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Ju		 ^ -
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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			
photosom	19? Note: All Form 990 filers are required to complete Schedule O	38	x	<u> </u>
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
		The state of the s	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

	990 (2022) WORLD INDIGENOUS MISSIONS INC	74-2192909	Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	14	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		a x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3	b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a x
b	If "Yes," enter the name of the foreign country		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	ic
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6	ia <u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_ ا	.
-	gifts were not tax deductible?	6	ib di
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
b	and services provided to the payor?	_	'a X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · · · · · - ′	D
Ů	required to file Form 8282?	ļ -	c x
d	If "Yes," indicate the number of Forms 8282 filed during the year	VICE NO.	C X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	77110411	. 1 1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		'e X 'f X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required'		'g x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		h x
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?	,,,,,,,,,	8 X
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?		a x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b x
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?		3a
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		
D,	the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	4a x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u></u>	4b
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.	10000	
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.	88088	
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	338465	NAMES OF THE PROPERTY OF THE P
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	.	17
	If "Yes," complete Form 6069.		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

•	_	•	•		_		,				
response to line 8a, 8b, o	r 10b belo	w, describe the circumstances, processes	, or change	s in Sche	dule C). Se	e inst	ructio	ons.		
Check if Schedule O conf	iains a res	ponse or note to any line in this Part VI								 	

Se	ction 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			e de la companya de
	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			\$512.7
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent		100	i iliya
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 of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a	The governing body?	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Х
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
C	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	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	404	teles.	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45-		25 64
a b	Other officers or key employees of the organization	15a 15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	190	X	
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	274		
	organization's exempt status with respect to such arrangements?	16b	Birelani	46362,955
Sec	tion C. Disclosure			I
17	List the states with which a copy of this Form 990 is required to be filed			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ 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 financial 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.			
	JOHN BRILES (830)629-0863, PO BOX 310627, New Braunfels, TX 78131-0627			

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WORLD INDIGENOUS MISSIONS INC

74-2192909

⊃age 7

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

Check this box if neither the organization nor any relation	ed organizatio	on con	npen	sate	d ar	y curr	ent d	officer, director, or t	rustee.	
(A) Name and title	(B) Average hours per week	age box, unless person is both urs officer and a director/trust						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MATT MULLIN DIRECTOR	40.00	x						44,370	0	0
(2) JOHN BRILES	40.00							44,370		0
PRES		х		х				25,303	0	0
(3) RON MOUSER DIRECTOR	40.00							14,805	0	0
(4) JOSHUA ALLEN	1.00	-								
DIRECTOR		x						0	0	0
(5) JAIME JIMENEZ	1.00									
DIRECTOR		х						0	0	0
(6) GEORGE BOKORNEY VICE PRES	1.00	х		х				0	0	0
(7) MIKE MOLZ SECR TREAS	1.00	х		×		•		0	0	0
(8)									<u> </u>	0
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>							ļ			

	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	i ihan one is both an r/frustee)		(D) Reportable compensation from the	(E) Reportal compensat from relat organizations	tion ed	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Опсег	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MIS 1099-NE	sc/	from the organization and related organizations
(15)												
<u>(16)</u>												
<u>(17)</u>												-16
(18)							····					
<u>(19)</u>			 									
(20)					···-							
<u>(21)</u>												
<u>(22)</u>												PhA.
<u>(23)</u>												
(24)			 									
(25)					· · ·							
	ubtotal							•				
d To	otal (add lines 1b and 1c) otal number of individuals (including but not limite sportable compensation from the organization								84,478 re than \$100,000 or		0	0
er	id the organization list any former officer, director mployee on line 1a? <i>If "Yes," complete Schedule</i> or any individual listed on line 1a, is the sum of re	J for such in	dividue	ĺ				• •		• • • • •		Yes No
or	rganization and related organizations greater than	\$150,000?	If "Yes	,"co	mpl	ete S	Schedu	•				4 X
	id any person listed on line 1a receive or accrue or services rendered to the organization? If "Yes,"			_			-		ation or individual			5 X
	B. Independent Contractors											
	omplete this table for your five highest compense ompensation from the organization. Report comp	_							•		x year.	
	(A) Name and business addres								(B) Description of service			(C) Compensation
	otal number of independent contractors (including	=		those	e list	ed a	bove)	who)		1 12-2-1 B	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 b 1b Contributions, Giffs, Grants and Other Similar Amounts 1c 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 2,480,206 Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 2,480,206 **Business Code** 2a Program Service Revenue All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,975 4,975 Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents b Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7a Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c), See Part IV, line 18 c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . 10a 10b c Net income or (loss) from sales of inventory **Business Code** Miscellanous Total. Add lines 11a-11d 2,485,181

Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to				<u></u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			lativate to the trape of the	
_	individuals. See Part IV, line 22			gara marahan d	
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and			A CONSCIENT PROPERTY.	Ragellari Bib (Legerari
	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				
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	286,418	172,826	112,072	1,520
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				*********
а	Management				
b	Legal				
C	Accounting	4,800		4,800	
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	8,130		8,130	
12	Advertising and promotion				
13	Office expenses	12,206		12,206	
14	Information technology				
15	Royalties				
16	Occupancy	14,304		14,304	x
17	Travel	350,110	343,283		6,827
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	72,448		72,448	
20	Interest				
21 22	Payments to affiliates	10.111			
23	Depreciation, depletion, and amortization	13,464		13,464	
23 24	Other expenses. Itemize expenses not covered	8,512		8,512	
	above (List miscellaneous expenses on line 24e. If			TO DESIGN THE RES	
	line 24e amount exceeds 10% of line 25, column	tunus consentation ut			terral production
	(A), amount, list line 24e expenses on Schedule O.)				
а	DONATIONS	24 024	24 024		
b	INDEPENDENT CONTRACTOR MISSI	24,024 1,585,865	24,024 1,566,545		10 220
c	PRINT POSTAGE	8,168	1,300,345	8,168	19,320
d	DUES AND SUBS	37,770		37,770	
e	All other expenses	14,147		14,147	
25	Total functional expenses. Add lines 1 through 24e	2,440,366	2,106,678	306,021	27,667
26	Joint costs. Complete this line only if the			200,021	2.,001
	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)				

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 876,791 936,062 2 Savings and temporary cash investments 2 3 3 92,791 89,469 4 Accounts receivable, net 4,611 4 3,233 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) в 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 540,662 b 10b 10c 294,588 258,528 246,074 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 16 1,274,838 1,232,721 17 17 68,745 66,047 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 68,745 66,047 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 1,163,976 27 1,208,791 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

31

32

33

1,208,791

31

32

33

1,163,976

1,232,721

CONTROL OF THE PARTY OF THE PAR	990 (2022) WORLD INDIGENOUS MISSIONS INC	74-2192909	<u>)</u> P	age 1
Fa	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)		2,485	,181
2	Total expenses (must equal Part IX, column (A), line 25)		2,440	,366
3	Revenue less expenses. Subtract line 2 from line 1.		44	,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,163	
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
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	1,208	.791
Нa	TOXIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a x	EPREFINITION
	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			100
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			per la
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	3	Min-Market Marie (200, Co.)	12386283473
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an quelit or guidito as out forth in the	₽		188016

3a

3b

Form 990 (2022)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

ZUZZ

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number WORLD INDIGENOUS MISSIONS INC 74-2192909 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).) 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). 🗵 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.) g. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 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). 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 1. 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. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iI) EIN (v) Amount of monetary (iii) Type of organization (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2022 WORLD INDIGENOUS MISSIONS INC 74-2192909 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,852,572 2,037,187 2,033,901 2,313,086 2,480,206 10,716,952 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 852,572 2,037,187 .033.901 2,313,086 2,480,206 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) Public support. Subtract line 5 from line 4 -10,716,952 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 7 2,037,187 2,033,901 1,852,572 2,313,086 2,480,206 10,716,952 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,194 4,193 3,947 3,561 4,975 18,870 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10,735,822 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (Form 990) 2022 WORLD INDIGENOUS MISSIONS INC 74-2192909 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 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 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, 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2021 Schedule A, Part III, line 15 16 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . % 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 19a 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

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

- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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.
- 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).
- B 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 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.)

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Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	14.0 BB 18.0
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described on line 11a above?	11b
C	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	
	provide detail in Part VI.	11c
Section	on B. Type I Supporting Organizations	
		Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1946 May 1
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	see the later
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2.4
	supervised, or controlled the supporting organization.	2
Section	on C. Type II Supporting Organizations	
700th	on or type it 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	165 140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1
		100
	or management of the supporting organization was vested in the same persons that controlled or managed	illede le seu viñasi
Soction	the supported organization(s). on D. All Type III Supporting Organizations	11
Jech	on b. An Type in Supporting Organizations	Voc No
1	Did the prequirefor provide to each of its companied against the last day of the COL worth of the	Yes No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	144 666 466
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	MARKET COMPANY OF THE STREET,
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	
	a significant voice in the organization's investment policies and in directing the use of the organization's	de la partiración
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	elling light south
41	supported organizations played in this regard.	3
	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se The organization satisfied the Activities Test. Complete line 2 below.	e instructions).
a		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	1
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below.	
2		Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
1_	that these activities constituted substantially all of its activities.	_2a
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	
_	have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	Real Police Contract
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 <i>(explai</i>	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	s A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(A) FIIOI Teal	(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		
Socti	on B - Minimum Asset Amount		(A) Drian Voor	(B) Current Year
- OCC.	On B - Infinition Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		7
	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,	1		
	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III supportir	ng organization
	(see instructions)	•		- *

	Type in North unctionally integrated 505(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		,	
<u> </u>	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	3		
4_	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	~·····································	
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	n the organization is res	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022	
	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022	Name and Andrews			的现在分词 医 多子 联系列	
	(reasonable cause required - explain in Part VI). See	建设建筑 医视力学学的			NO HOUSE PROPERTY.	
	instructions.					
3	Excess distributions carryover, if any, to 2022				A Secondary Control of the	
<u>a</u>	From 2017				The second second second	
b	From 2018	Part of the second				
C	From 2019		al racine of the fire		County Service Service (Control	
d	From 2020		beng dipanena		COLUMN CONTRACTOR CONTRACTOR	
e	From 2021		and the second			
f	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years					
<u>n</u>	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		医侧侧 化临路间间 基			
4	Distributions for 2022 from				22.50	
	Section D, line 7: \$				and the second state of the	
	Applied to underdistributions of prior years			Va vanas de	Carlo carres es es esta	
	Applied to 2022 distributable amount		ACRES SERVICES			
	Remainder. Subtract lines 4a and 4b from line 4.				Seculiar Secular Secular	
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result	Sparrenge Same			ng ang Santa Santa	
6	greater than zero, explain in Part VI. See instructions.	entropia para la compa		BARRA A	and the second of the second	
U	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	NEW TOTAL PROPERTY.	ka marekana			
7			e il il desiration della			
•	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Evene from 2049	1994				
b	Evene from 2040					
C	Evenes from 2020	RELIGIOUS ESTATEMENTS	Company of the Section		Control Control Control (CS)	
d	Evene from 2034	1000	建设工业 等		225 February (1984)	
e	Fyenen (nem 2000)					
<u> </u>	Excess from 2022					

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

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ו זמראו	INDIGENOUS MISSIONS INC			E4 04 0000
Pa		Funds or Other Sir	nilar Funde or Ao	74-2192909
	Complete if the organization answered "Yes"			counts.
	Complete if the organization answered Tes			
4	Total mumb on at and aftern	(a) Donors	dvlsed 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			
_	funds are the organization's property, subject to the organiza	•		· · · · · · · · · · L Yes L No
6	Did the organization inform all grantees, donors, and donor a		•	
	only for charitable purposes and not for the benefit of the do			
	conferring Impermissible private benefit?			· · · · · · · · · · · · Yes No
Par				
	Complete if the organization answered "Yes"			
1	Purpose(s) of conservation easements held by the organization		у <u>).</u>	
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contr	ibution in the form of a	a conservation
	easement on the last day of the tax year.			Heid at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic sta	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after July 25, 2006, an	d not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	eleased, extinguished,	or terminated by the o	rganization during the
	tax year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspe	ection, handling of	
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requiren	ents of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	tion easements in its re	venue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization	l's financial statement	s that describes the
300000	organization's accounting for conservation easements.	. <u>-</u>		
Par				Other Similar Assets.
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 98			
	of art, historical treasures, or other similar assets held for pu	ıblic exhibition, educati	on, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that d	escribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its rever	nue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for publi	ic exhibition, education	, or research in further	rance of public service,
	provide the following amounts relating to these items:			
	(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 tree			
	following amounts required to be reported under FASB ASC	958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

Sehedul	e D (Form 990) 2022 WORLD INDIGENOUS	MTSSTONS TN	·c				74-219	2000	Page 2
	Organizations Maintaining Co			orical Tr	easures.	or Otl			tinued)
3	Using the organization's acquisition, accession,							100	
	collection items (check all that apply):		•	,					
a	Public exhibition		d [Loan or	exchange pi	rogram			
b									
С	Preservation for future generations		٠ .	_ ~					
4	Provide a description of the organization's collect	tions and evolain	how they t	further the	organization!	e ovom	ot nurnosea in Part		
	XIII.	und onpium			organication	o oxem,	st parpose in rait		
5	During the year, did the organization solicit or re	ceive donations of	fart histor	ical treasu	ree or other	eimilar			
_	assets to be sold to raise funds rather than to be							. Tyes	□No
Par	IV Escrow and Custodial Arrang		art or the o	gariizatioi	i a collection			· 🗀 163	NO
	Complete if the organization an		on Form	1990 Pa	art IV line	9 or r	renorted an an	nount on F	orm
	990, Part X, line 21.	5110104 100	0.11	1000,10	art IV, mio	0, 01 1	eported arrain	nount on i	Olill
1a	Is the organization an agent, trustee, custodian	or other intermedi	ant for oon	tributions o	r other enec	to not			
			-					. ∏ Yes	∏No
b	If "Yes," explain the arrangement in Part XIII and							· · les	Пио
	in 100, explain the arrangement in late All and	complete the foll	owing table	G.		Γ		t	
c	Beginning balance					1		mount	
d	Additions during the year					l	-		
e	Distributions during the year								
f	Ending balance					. 1			,
2a	Did the organization include an amount on Form								Пи
b	If "Yes," explain the arrangement in Part XIII. Ch						=	ш	∐No
	Endowment Funds.	leck here if the ex	pianationi	ias been p	rovided on P	an Am			
iki (saki) melaki	Complete if the organization an	swered "Yes"	on Form	1 990 Ps	art IV line	.10			
		(a) Current year	(b) Prio				(a) There are been		
1a	Beginning of year balance	(a) Odirent year	(6) FIIC	л уеаг	(c) Two years	Dack	(d) Three years back	(e) Foury	ears pack
b	Contributions								
C	Net investment earnings, gains, and								
•	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
·	programs								
f	Administrative expenses								
,	End of year balance								
2	Provide the estimated percentage of the current	wear and balance	/lino 1a c	olumn (a))	hold on:				
a	Board designated or quasi-endowment	year end balance	(interig, c	wunn (a))	ileiu as.				
b	Permanent endowment %	70							
C	Term endowment %								
·	The percentages on lines 2a, 2b, and 2c should	ogual 4009/							
3a	Are there endowment funds not in the possessis	•	tion that ar	امسم امامط م		معالة معالك الم			
Ja	organization by:	on or the organiza	uon mai ai	e nelu and	administere	ed for the	•	Г	V N-
								r -	Yes No
	(i) Unrelated organizations							- 3a(i)	
h	(ii) Related organizations							- 3a(ii)	$-\!\!\!\!+\!\!\!\!-$
_	If "Yes" on line 3a(ii), are the related organization							. 3b	
4 Pari	Describe in Part XIII the intended uses of the or		wment tun	as.					
ı alı	Land, Buildings, and Equipm Complete if the organization an		on Form	1 000 E	art IV line	110 9	Soo Earm 000	Dorf V III	20.40
					***	i			
	Description of property	(a) Cost or othe (investment		- 1	other basis ther)		Accumulated lepreciation	(d) Book	value
1a	Land	funconiigi		,,,			epreciation		
	Buildings	<u> </u>		ļ	65,098		196 040		55,098 76 776
							I MEN TOUTE !		/ 1/4

Schedule D (For		MISSIONS INC	3	74-2	192909	Page 3
Part VIII	Investments - Other Securities.					
	Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, lin	e 11b. See Form 9	90, Part X, li	ne 12.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation: f-year market value	
(1) Financial d	erivatives					
(2) Closely-hel	d equity interests					
(3) Other						
(A)			*			
(B)						-
(C)						•
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)					
Pert VIII	Investments - Program Related.			Blanching by Control of Control o		
	Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, lin	e 11c. See Form 9	90, Part X, lii	ne 13.
,	(a) Description of investment		(b) Book value	(c) Metho	od of valuation:	
(4)				Cost or end-or	f-year market value	
(1)						
(2)	· · · · · · · · · · · · · · · · · · ·					
(3)			 		****	
(4)						
(5)	,	10.41				
(6)			77//			
(7) (8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
1	Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, lin	e 11d. See Form 9	90, Part X, li	ne 15.
	(a) De	escription			(b) Book va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column Part X	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.					
	Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, lin	e 11e or 11f. See I	Form 990, Pa	art X,
	line 25.					
<u>1</u>	(a) Description of liability	(b) Book va	lue	and the second second		
(1) Federal in	come taxes		in et a		n property and the	- 100 100 100
(2)			140.50			
(3)						
(4)						
(5)						
(6)				Mariena de Pala		
(7)						
(8)						
(9)						14, 4

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . .

	e D (Form 990) 2022 WORLD INDIGENOUS MISSIONS INC	74-2192909	Page 4
Pert	5000 VIII VIII VIII VIII VIII VIII VIII	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ida ili	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
•	Add lines 2a through 2d	. 2e	•
3	Subtract line 2e from line 1	. 3	
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		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	- 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pant	Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per iveturii.	
1	Total expenses and losses per audited financial statements		
2		- 1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
a			
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	ilia <u>e</u> de il	
e	Add lines 2a through 2d	. 20	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c -	Add lines 4a and 4b	and the second s	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
KINN SEEK NEEK			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	F, Part X, line	
z , i an	Al, intes 2d and 4b, and 1 alt All, lines 2d and 4b. Also complete this part to provide any additional illiornation.		
		, <u>, , , , , , , , , , , , , , , , , , </u>	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

WORLD INDIGENOUS MISSIONS INC 74-2192909 Part General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in expenditures for employees. region (by type) (such as. a program service, describe specific type of the region agents, and fundralsing, program services, and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region North America (Not (1) the United States) 18 31 CHURCH PLANTING 587,449 East Asia and the (2) Pacific 7 9 LEADERSHIP DEVELOP Program services 97,183 Europe (including (3) Iceland and Greenland) 2 4 Program services CHURCH PLANTING 55,995 Russia and (4) Neighboring States 5 10 Program services CHURCH PLANTING 131,181 (5) South America 4 8 Program services CHURCH PLANTING 121,486 (6)Sub-Saharan Africa 6 10 Program services EDUCATION MERCY . 189,684 Middle East and (7)North Africa 3 90,142 3 Program services LEADERSHIP DEVELOPME (8) South Asia 2 LEADERSHIP DEVELOPME 68,853 Program services Central America and (9) the Caribbean 5 11 EDUCATION, GIRLS HOM Program services 326,846 (10)(11)(12)(13)(14)(15)(16)(17)3a Subtotal 51 88 1,668,819 b Total from continuation sheets to Part I Totals (add lines 3a and 3b) 51 8R 1,668,819

74-2192909

Page 2

WORLD INDIGENOUS MISSIONS INC

Schedule F (Form 990) 2022 WUKLLU LINULGENOUS MISSIONS INC

Part III 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 needed.

(f) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance **A** ۸ (g) Amount of noncash assistance 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 (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

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Schedule F (Form 990) 2022

74-2192909

WORLD INDIGENOUS MISSIONS INC

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

Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2022 PartIII

Schedule F (Form 990) 2022 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (10) 3 (12) (13) (45) (17) Ξ 2 (3) <u>a</u> <u>(5</u> 9 3 (6) (15) (16) (18) <u>@</u> E

	96 (Form 990) 2022 WORLD INDIGENOUS MISSIONS INC	74-2192	2909	Page 4
Par	Foreign Forms		· · · · · · · · · · · · · · · · · · ·	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"			
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign			
	Corporation (see Instructions for Form 926)		Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may			
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and			
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a			
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"			
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To			
	Certain Foreign Corporations (see Instructions for Form 5471)		Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a			
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,			
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing			
	Fund (see Instructions for Form 8621)	• • • • • •	Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"			
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain			
	Foreign Partnerships (see Instructions for Form 8865)		Yes	☐ No

☐ No

Schedule F (Form 990) 2022

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public.

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

WORLD INDIGENOUS MISSIONS INC	74-2192909
01. Form 990 governing body review (Part VI, line 11)	
THE OFFICERS AND DIRECTORS REVIEW THE 990 PRIOR TO FILING WITH IRS E	soard of Directors
reviews the completed 990 and then it is filed	
02. Conflict of interest policy compliance (Part VI, line 12c)	
POTENTIAL CONFLICE OF INTERESTS ARE REVIEWED BY BOARD AND ANY CORRECT	TIVE ACTION(IF
NECESSARY) is taken.	
03. CEO, executive director, top management comp (Part VI, line 15a)
CEO compensation statement: As a self supported missionary his salary	is dependent upon how
much he raises for himself. As with all missionaries in this organiz	ation he is self
supported. All funds are run through the organization in accordance	with the employee
agreement. At the end of the year his taxable income becomes his sal	ary.
04. Other officer or key employee compensation (Part VI, line 15b	
Director of Trainingand Recruitment is same as CEO above	
Matt Mullin is an independent contractor field missionary serving or	n the Board. All
funds are run through the organization in accordance with the statement	ent of
cooperation agreement	
	THE PROPERTY OF THE PROPERTY O
05. Governing documents, etc, available to public (Part VI, line 19)
THE ORGANIZATION MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE TO) THE
PUBLIC BY THE USE OF THIRD PARTY WEBSITES.IT IS ALSO AVAILABLE ON TH	IE WEBSITE.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer Identification number
WORLD INDIGENOUS MISSIONS INC	74-2192909
06. General explanation attachment	
FUNDS ARE SENT TO OUR CONTRACTORS AND THEY REPORT BACK	
TO WIM HOW THE FUNDS WERE USED IN THEIR ANNUAL MISSIONARY	
REPORT. FOR THE SPECIAL PROJECTS, FUNDS MUST BE ACCOUNTED	
FOR BEFORE ANOTHER DISBURSEMENT IS GIVEN. NO ACCOUNTING=	
MO PUNDA	
NO FUNDS.	
FUNDS GIVEN TO EACH REGION REPRESENT THE FUNDS DISBURSED	
The second secon	
TO OUR MISSIONNARIES, THEY USE THE FUNDS TO ACCOMPLISH	
	, , , , , , , , , , , , , , , , , , , ,
THE MISSION OF WIM.	