WORLDS 06/23/2014 9:56 AM

Form

Department of the Treasury

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013 Open to Public Inspection

For the 2013 calendar year, or tax year beginning and ending Employer identification number C Name of organization Check if applicable: World's Children Address change 20-5276353 Doing Business As Name change Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 541-230-1191 PO Box 2708 Terminated City or town, state or province, country, and ZIP or foreign postal code Corvallis 97339 565,415 Amended return G Gross receipts \$ Name and address of principal officer: Application pending X No H(a) Is this a group return for subordinates? David Purviance PO Box 2708 H(b) Are all subordinates included? If "No," attach a list. (see instructions) Corvallis OR 97339 **X** 501(c)(3)) (insert no.) 501(c) (www.worldschildren.org Website: H(c) Group exemption number ▶ L Year of formation: 2007 X Corporation Trust Form of organization: M State of legal domicile: Summarv 1 Briefly describe the organization's mission or most significant activities: To provide humanitarian aid and assistance to people and communities living Activities & Governance in poverty around the world, and especially to those living in the most underdeveloped areas of the poorest third world countries. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 551,577 630,487 8 Contributions and grants (Part VIII, line 1h) Revenue 0 Program service revenue (Part VIII, line 2g) 14,130 13,838 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 644,617 565,415 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 486,306 452,435 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 93,155 92.897 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,267 46,613 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 629,470 592,203 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 52,414 -64,05519 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 495,591 557,813 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 4,291 3,796 553,522 491,795 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 1) ans Sign Signature of officer Executive Director Here David Purviance Type or print name and title Print/Type preparer's name Check Paid 06/23/14 self-employed Anne H. White Preparer White CPA LLC Anne H. Firm's EIN ▶ Firm's name Use Only 760 SW Madison Ave Ste #109 541-207-8170 Corvallis, OR 97333 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2013) For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2013) World's Children	20-52	70333	Page 2
Pa	rt III Statement of Program Serv	•		
		s a response or note to any line in this Par	<u>t III</u>	<u>X</u>
1	Briefly describe the organization's mission:	-:	-1	
i	n poverty around the wo	aid and assistance to peoperly, and especially to the the poorest third world contact.	ose living in t	
u	inderdeveroped areas or	che poorest chiri world c	ounce rep.	
2	Did the organization undertake any significant p	rogram services during the year which were not listed	on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sched			
3	non iona?	e significant changes in how it conducts, any program		Yes X No
	If "Yes," describe these changes on Schedule C			
4		complishments for each of its three largest program s		
	the total expenses, and revenue, if any, for eac	nizations are required to report the amount of grants h program service reported.	and allocations to others,	
		571,963 including grants of \$ 480		
G 1 c i	uatemala, Ethiopia, and iving in the orphanages	dren in 43 orphanages in Mexico. This support ensume support receive nutrition good education and a safe	res that at-ricious food, cle and loving en	isk children ean and warm nvironment
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571,963

4e Total program service expenses ${f u}$

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Х 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 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 Х 8 Did the organization maintain collections of works of art. historical treasures, or other similar assets? If "Yes." X 8 complete Schedule D, Part III 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 Х debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 Х 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a **b** 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 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 Х 15 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 X 16 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) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

_ 1 6	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		163	110
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defense any tay exempt hands?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a discussification are adminest the complete (March 2) and the Laboratoria Laboratoria Laboratoria	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Vee " complete Schodule I. Dort I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	255		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	dispusition assessed to a secondate Cabadida I. Bort II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	and the configuration manners of any of these paragraphs ("Vee" complete Cabadylla I. Dort III	27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			l
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200	х	
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Λ	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa	art V				
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2a			_			
	Statements, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	5		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret			2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction by the presented by property of \$1,000 or more during the years).	ons)		20		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	• •		26		_^
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other					
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other	-				
	account()			4a		x
b	If (Var 2) and a share the form of the form of					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financi					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans					X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Eo.		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	gifts were not tay deductible?			6b		
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 fo	r goods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	was				
	required to file Form 8282?					X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con					X
g	If the organization received a contribution of qualified intellectual property, did the organization file F					X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?			X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	_				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	ng				
•	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0.5		
a	Did the organization make any taxable distributions under section 4966?					
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:	[100				
 а	Gross income from members or shareholders	11a	1			
b						
_	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		•	12a		
b			T			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	le the experiencial isomeod to issue qualified health plane in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	420				
14a	Did the appropriation receive any neumants for indeed temping continue during the toy year?			14a		Х
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu					

Form 990 (2013) World's Children 20-5276353 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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	1a	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.		-			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			_	37	
_	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					37
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	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					v
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7.		х
	stockholders, or persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	y the ic	ollowing:		х	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		х
<u>Sac</u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Intern					
<u> </u>	tion b. Folicies (This Section b requests information about policies not required by the inten	iai ixt	venue Co	Jue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		
	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 filling the			11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			116		
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			12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ${f u}$ OR					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	oolicy, a	and			
	financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					

organization: **u** Martha Jean Purviance 3210 NW McKinley Drive OR 97330 Corvallis

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe nd a o	rson i	than on s both a or/trustee	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.1000 1.100)	organization and related organizations
(1) Martha Jean Purv										
	30.00								_	
Secretary	0.00	X		Х				22,667	0	0
(2) Patrick Spiger	2.00									
President	0.00	x		x				0	0	0
(3) Grenda David	0.00	A		^					<u> </u>	<u> </u>
Director	1.00	x						0	0	0
(4) Roslyn Moore	0.00									<u> </u>
(1,1102-211 1100-0	2.00									
Director	0.00	Х						0	0	0
(5) Richard David										
Director	1.00	x						o	0	0
(6) Bruce Moore										
Treasurer	2.00 0.00	х		х				0	0	0
(7) Loretta Worthing	1									
	1.00								_	
Director	0.00	X						0	0	0
(8) Richard Schoenbr										
Director	1.00	х						0	0	0
(9) David E. Purviar										
Harantina Dinastan	40.00			x				27,667	0	0
Executive Director (10)	0.00			^				27,007	0	0
(10)										
(11)										
										000

	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe	rson i	than c s both or/trusto	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoun othe compens from	ted t of r ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 root mice)		organiza and rel organiza	ation ated	
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(40)														
(19)														
1b	Sub-total							u	50,334					
c d	Total from continuation shee Total (add lines 1b and 1c)							u	50,334					
2	Total number of individuals (increportable compensation from		nited	to th			d abo	ve)		00,000 in	I			
3	Did the organization list any fo				ıstor	ko	v em	nlov	ee or highest compensator	1			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organi	complete Scheduta	ule J of rep	for s ortal	uch ole c	indiv omp	idual ensa	tion	and other compensation from			3		Х
_	individual											4		Х
5	Did any person listed on line 1 for services rendered to the organization											5		Х
Secti 1	ion B. Independent Contracto Complete this table for your five		neate	ad in	dene	nder	nt cou	ntrac	tors that received more tha	n \$100 000 of				
	compensation from the organiz	ation. Report con							year ending with or within	the organization's tax year.		I	(C)	
	Name and	(A) business address							Descrip	(B) tion of services		Co	(C) mpensat	ion
2	Total number of independent c received more than \$100,000 c								listed above) who	0				

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

	rt V	Statement of Reversible Check if Schedule (tains a r	response or	note to any line i	n this Part VIII	<u></u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1a	Federated campaigns	1a		8,569				
irar oun	b	Membership dues	1b						
A, a	С	Fundraising events	1c						
a it	d	Related organizations	1d						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e						
i ion	f	All other contributions, gifts, grants,							
₹ E		and similar amounts not included above	1f		543,008				
d E	g	Noncash contributions included in lines 1a-	1f: \$	\$	1,928				
<u>ನ ಕ</u>	h	Total. Add lines 1a-1f			u	551,577			
Program Service Revenue					Busn. Code				
ever	2a								
a)	b	• • • • • • • • • • • • • • • • • • • •							
Σ̈́	С								
Se	d								
ram	е								
rog		All other program service rever			\sqcup				
<u> </u>		Total. Add lines 2a–2f							
	3	Investment income (including of		-		12.020			12.020
	_	and other similar amounts)				13,838			13,838
	4	Income from investment of tax-	•	•					
	5	Royalties	<u> </u>						
		(i) Real		(II) F	Personal				
	6a	Gross rents			-				
	b	Less: rental exps.			-				
	C	Rental inc. or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (i) Securities							
		sales of assets (i) Securities		(11)	Other				
		other than inventory			-				
	b	Less: cost or other							
	_	basis & sales exps.							
		Gain or (loss)							
		Net gain or (loss)			u				
ne	oa								
ven		(not including \$ of contributions reported on line 1c)							
æ		See Part IV, line 18							
Other Revenue	h	Less: direct expenses	" 						
ŏ		Net income or (loss) from fund		events	- 11				
		Gross income from gaming activitie		0.0000					
	- 54	See Part IV, line 19							
	b	Less: direct expenses	b						
		Net income or (loss) from gam		vities	u				
		Gross sales of inventory, less]						
		returns and allowances	a						
	b	Less: cost of goods sold	р						
		Net income or (loss) from sales	of inve	entory	u				
		Miscellaneous Revenue		<u>,</u>	Busn. Code				
	11a								
	b								
	С								
	d	All other revenue							
	е	Total Add Bass 44s 44d			u				
	12	Total revenue. See instruction				565,415	0	0	13,838

	rt IX Statement of Functional Expe				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			e column (A).	
	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)		(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1			expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2					
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	486,306	486,306		
4	Benefits paid to or for members	•			
5	Compensation of current officers, directors,				
	trustees, and key employees	50,333	29,840	7,480	13,013
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	34,161	27,208	6,350	603
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,403	6,645	1,338	420
11	Fees for services (non-employees):				
а	Management				
b	Legal	150		150	
С	Accounting	1,628		1,628	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	2,044	2,044		
12					
13	Office expenses	3,586	645	1,901	1,040
14	Information technology	2,209	506	1,114	589
15	Royalties	2.1.50	4.054	1 255	
16	Occupancy	9,168	6,876	1,375	917
17	Travel	6,953	3,714	1,659	1,580
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100			106
19	Conferences, conventions, and meetings	196			196
20	Interest				
21	Payments to affiliates	710		710	
22	Depreciation, depletion, and amortization	2,294	350	1,922	22
23	Insurance Other expenses Itemize expenses not expensed	2,231	330	1,322	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
9	Printing & Postage	15,787	3,903	2,195	9,689
a b	Bank/Wire fees, Licenses	4,687	3,646	1,041	2,009
C	Other Supplies	594	19	37	538
d	Volunteer Expenses	261	261	5,	330
e	All other expenses	201	201		
25	Total functional expenses. Add lines 1 through 24e	629,470	571,963	28,900	28,607
26	Joint costs. Complete this line only if the	,	. ,	- ,	-,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here u if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 176,366 121,444 Cash—non-interest bearing 241,754 Savings and temporary cash investments 232,152 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 6,190 other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 4,915 1,301 1,275 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 140,720 138,392 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34).... 557,813 495,591 16 16 4,291 Accounts payable and accrued expenses 3,796 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 3,796 4,291 26 Total liabilities. Add lines 17 through 25... Organizations that follow SFAS 117 (ASC 958), check here u **Balances** complete lines 27 through 29, and lines 33 and 34. 81,980 Unrestricted net assets 52,612 27 247,767 213,080 Temporarily restricted net assets 28 Net Assets or Fund 29 Permanently restricted net assets 223,775 226,103 Organizations that do not follow SFAS 117 (ASC 958), check here u and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 553,522 491,795 33 Total net assets or fund balances 495,591 Total liabilities and net assets/fund balances 557,813

Form **990** (2013)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	65,	415
2	Total expenses (must equal Part IX, column (A), line 25)	2	6.	29 , '	<u>470</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-	64,	055
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5.	53,	522
5	Net unrealized gains (losses) on investments	5		2,	328
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	91,	795
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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 in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

2013

Department of the Treasury Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

vame	or the	organization	World'	s Chil	dren						9er identii -5276	11 Cation number 1	er		
P	art I	Reas			Status (All organizations	must co	mplete	this pa	rt.) Se						
The	orgar				it is: (For lines 1 through 11, che				,						
1	\bigcap	A church, cor	nvention of chur	ches, or asso	ciation of churches described in	section '	170(b)(1)(A)(i).							
2	П	A school des	cribed in sectio	n 170(b)(1)(A	A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative h	ospital service	e organization described in sect	ion 170(b)(1)(A)(iii)).							
4	П	A medical res	search organizat	ion operated	in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii).	Enter th	he hospi	ital's name	,		
	_	city, and state	e:												
5		An organizati	on operated for	the benefit of	a college or university owned o	r operated	by a gove	ernmenta	al unit de	scribed	in				
	_	section 170	(b)(1)(A)(iv). (Co	omplete Part	II.)										
6	Ш	A federal, sta	ite, or local gove	ernment or go	vernmental unit described in se	ction 170	(b)(1)(A)(v	v).							
7	X	An organizati	on that normally	receives a si	ubstantial part of its support from	n a govern	mental un	it or fron	n the ge	neral pu	ıblic				
	_	described in	section 170(b)	(1)(A)(vi). (Co	omplete Part II.)										
8	Ш	A community	trust described	in section 1	70(b)(1)(A)(vi). (Complete Part I	l.)									
9	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 exemp	ot functions—subject to certain e	xceptions,	and (2) n	o more t	han 33 ′	1/3% of	its				
		support from	gross investmer	nt income and	d unrelated business taxable inco	ome (less	section 5	11 tax) fi	rom busi	nesses					
			-		, 1975. See section 509(a)(2).		,								
10	Н	An organization	on organized an	d operated ex	xclusively to test for public safety	/. See sec	tion 509	(a)(4).							
11	Ш	Ū	ŭ	•	clusively for the benefit of, to pe				•						
				,	d organizations described in sec	•	, , ,		. , . ,		tion				
		— — ·		7	ne type of supporting organization			1	—ĭ						
		a Type		Type II	c Type III–Function	, ,		d				onally integ	jrate	t	
е	Ш	, ,		Ū	inization is not controlled directly				•	•					
				ers and otner	than one or more publicly supp	orted orga	nizations	aescribe	a in sect	ion 509	(a)(1)				
		or section 50	. , . ,	itton dotoru	mination from the IDC that it is a	Time I Ti	mall ar T	Evene III e		~					
f		•	check this box	written deterr	mination from the IRS that it is a	Type I, Ty	pe II, or	rype iii s	supportin	g					
_		•		ho organizatio	on accepted any gift or contributi	on from or									Ш
g				ne organizani	on accepted any gift of contributi	on nom a	ly of the								
		following per		indirectly cor	atrole oither alone or tegether w	ith parcane	docariba	d in (ii) a	and				Γ	Yes	No
		., .	-	-	ntrols, either alone or together w supported organization?	•		, ,				110		165	140
		. ,	member of a pe	-	nd in (i) above?							11/	g(ii)	\neg	
		`,	•		escribed in (i) or (ii) above?							· · · · · · · · · · · · · · · · · · ·	g(iii)		
h				•	e supported organization(s).								<u> </u>		
	i) Nam	e of supported	(ii) E		(iii) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	(vi)	Is the	(vii) Amo	unt of	moneta	arv
`		anization			(described on lines 1–9	in col. (i) li	sted in your	the organ	nization in	organizati	on in col.		suppor		,
					above or IRC section (see instructions))	governing	document?	COI. (I)	of your oort?	(i) organi U.:	zed in the S.?				
					(see instructions))	Yes	No	Yes	No	Yes	No				
(A)															
B)															
C)															
D)															
(E)															
Γota	ıl														

Schedule A (Form 990 or 990-EZ) 2013 World's Children

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	, ,		, · ·	•	,						
Caler	ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	537,661	600,911	622,417	630,487	55:	1,577	2,943,053				
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 5	Total. Add lines 1 through 3 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	537,661	600,911	622,417	630,487	553	1,577	2,943,053				
	shown on line 11, column (f)							133,660				
6	Public support. Subtract line 5 from line 4.							2,809,393				
	tion B. Total Support	,										
Caler	ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total				
7	Amounts from line 4	537,661	600,911	622,417	630,487	552	1,577	2,943,053				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,478	3,795	9,722	14,130	1:	3,838	44,963				
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 IV.)											
11	Total support. Add lines 7 through 10							2,988,016				
12	Gross receipts from related activities, etc. ((see instructions)					12					
13	First five years. If the Form 990 is for the											
	organization, check this box and stop here											
Sec	tion C. Computation of Public Su											
14	Public support percentage for 2013 (line 6,	column (f) divided b	y line 11, column (f))			14	94.02%				
15	Public support percentage from 2012 Sched	dule A, Part II, line	14				15	91.67%				
16a	33 1/3% support test—2013. If the organia	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more, chec	k this						
	box and stop here. The organization qualif	ies as a publicly su	pported organizatio	n				► X				
b	33 1/3% support test—2012. If the organic check this box and stop here. The organiz							▶ □				
17a	10%-facts-and-circumstances test—201											
	10% or more, and if the organization meets	s the "facts-and-circ	umstances" test, ch	eck this box and s	top here. Explain i	n						
	Part IV how the organization meets the "factorganization"			•				▶ □				
b	10%-facts-and-circumstances test—201											
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.											
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly											
					•	•		▶ □				
18	Private foundation. If the organization did											
	instructions							▶ □				
								· · · · · · · · · · · · · · · · · · ·				

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	900000		ус.ст, р.сасс с.		-,	
	ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual					(7)	()
2	grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		1	1		1	
Caler	ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2012 Sched					16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2013 (lin			column (f))			<u>%</u>
18	Investment income percentage from 2012 S						%
19a	33 1/3% support tests—2013. If the organ			•	•		
	17 is not more than 33 1/3%, check this box	-					
b	33 1/3% support tests—2012. If the organ			•			. □
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did		_		-		····· [-

Schedule A (Fo	rm 990 or 990-EZ) 2	2013 World's	Children	20-5276353	Page 4
Part IV	Supplemental	Information. Prov	vide the explanations requi	ired by Part II, line 10; Part II, line 17a or 17b;	and
	Part III line 12	Also complete thi	s part for any additional in	nformation. (See instructions).	G. 1 G
-	T dit iii, iiiic 12.	. Also complete till	s part for any additional in	normation. (Occ instructions).	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

World's Childr	ren	20-5276353
Organization type (check one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	эе
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money of contributor. Complete Parts I and II.	or
Special Rules		
under sections 509(a)(organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	
during the year, total of	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ontributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literals, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, contrib not total to more than year for an exclusively applies to this organiza	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, butions for use exclusively for religious, charitable, etc., purposes, but these contributions di \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the General Relation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or	id le ule
Caution. An organization that it 990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990).	-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
World's Children

Employer identification number 20-5276353

MOT T	a b ciirrareii	20	3270333
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 15,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 17,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 12,290	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d) Type of contribution
	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rumo, dunoss, and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

u Attach to Form 990. u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

IVAILLE	of the organization		imployer identification number
W	orld's Children		20-5276353
	art I Organizations Maintaining Donor Advised Fu	•	
	Complete if the organization answered "Yes" to I		
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exclu-	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	Irt II Conservation Easements.	Farma 000 Bart IV Bar 7	
	Complete if the organization answered "Yes" to I		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically importa	
	Protection of natural habitat	Preservation of a certified historic str	ructure
_	Preservation of open space	and in a contribution in the forms of a consequent	
2	Complete lines 2a through 2d if the organization held a qualified conser easement on the last day of the tax year.	vation contribution in the form of a conservation	
	•		Held at the End of the Tax Year
a L	Total number of conservation easements		2a 2b
b	Total acreage restricted by conservation easements	uded in (a)	2c 2c
d	Number of conservation easements included in (c) acquired after 8/17/0		20
u	historia atmostore listed in the National Desister		2d
3	Number of conservation easements modified, transferred, released, exti	inquished or terminated by the organization du	
Ŭ	tax year u	inguistica, or terminated by the erganization ad	ing the
4	Number of states where property subject to conservation easement is le	ocated u	
5	Does the organization have a written policy regarding the periodic moni	***************************************	
•	violations, and enforcement of the conservation easements it holds?	• •	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforc		
	u	<i>5</i> ,	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	onservation easements during the year	
	u \$		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that describe	es the
_	organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art,		nilar Assets.
	Complete if the organization answered "Yes" to I	·	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	•	
	works of art, historical treasures, or other similar assets held for public		Of
L	public service, provide, in Part XIII, the text of the footnote to its financia		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	•	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	OI
	public service, provide the following amounts relating to these items:		¢
	(i) Revenues included in Form 990, Part VIII, line 1		u \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, provide th	
~	following amounts required to be reported under SFAS 116 (ASC 958)	•	10
а	Revenues included in Form 990, Part VIII, line 1	•	u \$
b			

Pa	rt III Organizations Maintaining	Collections of	Art, Historical Tre	asures, or Other	Similar As	sets (continue	d)	
3	Using the organization's acquisition, accession	n, and other records, o	heck any of the following	ng that are a significant	use of its				
	collection items (check all that apply):	_							
а	Public exhibition	d 🔲 I	oan or exchange prog	rams					
b	Scholarly research	е 🗌 (Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain he	ow they further the orga	anization's exempt purp	ose in Part				
	XIII.								
5	During the year, did the organization solicit of	r receive donations of	art, historical treasures,	or other similar					
	assets to be sold to raise funds rather than t	o be maintained as par	t of the organization's c	ollection?			Yes		No
Pa	rt IV Escrow and Custodial A	rangements.	-						
	Complete if the organization	n answered "Yes"	to Form 990, Part	IV, line 9, or report	rted an amo	ount on	Form		
	990, Part X, line 21.			•					
1a	Is the organization an agent, trustee, custodi	an or other intermediar	y for contributions or otl	her assets not					
	included on Form 990, Part X?						Yes	Г	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:						•
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	l?				Yes		No
	If "Yes," explain the arrangement in Part XIII.								1
	ert V Endowment Funds.	·	·						•
	Complete if the organization	n answered "Yes"	to Form 990, Part	IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back	(e) Four	ears b	ack
1a	Beginning of year balance	223,775	237,083	236,383	22:	1,383			
b	Contributions					5,000	2	31,	283
С	Net investment earnings, gains, and								
	losses	2,328	-13,308	700				-9,	900
d	Grants or scholarships	-	-						
	programs								
f	Administrative expenses								
a	End of year balance	226,103	223,775	237,083	23	6,383	2	21,	383
2	Provide the estimated percentage of the curr								
а	Board designated or quasi-endowment u		3, 111 (17)						
	Permanent endowment u %								
	Temporarily restricted endowment u	%							
	The percentages in lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse		n that are held and adr	ministered for the					
	organization by:						[·	res	No
	(i)						3a(i)		Х
	(ii) related organizations						3a(ii)		Х
b		s listed as required on	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							•	
Pa	ırt VI Land, Buildings, and Equ								
	Complete if the organization	-	to Form 990. Part	IV. line 11a. See I	Form 990. F	⊃art X.	line 10.		
	Description of property	(a) Cost or other b			Accumulated	T	(d) Book v	alue	
		(investment)	(other	, ,	epreciation				
	Land								
b									
	Leasehold improvements					1			
d				6,190	4,91	5		1,2	275
	Other				-,- -	1			
	I. Add lines 1a through 1e. (Column (d) must e		, column (B), line 10(c).)	1	u		1,2	275

Schedule D (Fo	· · · · · · · · · · · · · · · · · · ·		20-52/6353	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to	Form 990 Part IV line	11b See Form 990 Pa	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial c	derivatives			
	d equity interests			
	FII Investment	110,000	Market	
(A) In]	land Western Retail Real Estate	30,720	Market	
(B)				
(C)				
(D)				
	(b) must equal Form 990, Part X, col. (B) line 12.) u	140,720		
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" to	Form 000 Port IV line	11a Saa Farm 000 Da	art V line 12
	(a) Description of investment	(b) Book value	(c) Method o	
	(a) Description of investment	(b) Book value	Cost or end-of-ye	
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ${f u}$			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f. See Form 9	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must small Form 600 Po () (a) (D) () (27)			
ı otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ${f u}$	1		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Га	Reconciliation of Revenue per Audited Financial	m 000 Part IV line 12a	-	
1	Complete if the organization answered "Yes" to Formatter 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:		·····	
		2a		
a	• • • • • • • • • • • • • • • • • • • •			
b				
C		2c		
d	Other (Describe in Part XIII.)	2d	20	
e	3		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
a	, , , , , , , , , , , , , , , , , , , ,			
b	A 11 P 4 1 4b		40	
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1		4c 5	
	art XII Reconciliation of Expenses per Audited Financia			
1 4	Complete if the organization answered "Yes" to For		ises per iteturii.	
1	T. 1		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	
a	Donated services and use of facilities	2a		
b				
C				
d				
e	Other (Describe in Part XIII.)		2e	
3				
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b				
C	A LLP A LAb		4c	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
ວ	Total expenses. Add lines 3 and 40. This must edual form 990. Fait i, line	18.)	5	
Pa		18.)	5	
Pa	art XIII Supplemental Information			
Pa Provi	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Part \	, line 4; Part X, line	
Pa Provi	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part \text{\text{0}} o provide any additional information	, line 4; Part X, line n.	
Pa Provi	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Part \text{\text{0}} o provide any additional information	, line 4; Part X, line n.	
Pa Provi	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part \text{\text{0}} o provide any additional information	, line 4; Part X, line n.	
Pa Provi	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part \text{\text{0}} o provide any additional information	, line 4; Part X, line n.	
Pa Provid 2; Pa	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	
Pa Provid 2; Pa	Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; Part Vo	, line 4; Part X, line n.	

Schedule D (Fo	orm 990) 2013 🛛 🗸	World's	Children	20-5276353	Page 5
Part XIII	orm 990) 2013 V Supplemental	Information	(continued)		
1 0.10 7 1.11			1 (00.14.10.04)		
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• • • • • • • • • • • • • • • • • • • •					
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

u Attach to Form 990. u See separate instructions. u Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

World's Children

Employer identification number 20-5276353

	eneral Information orm 990, Part IV, line		tside the	Uni	ted States. Cor	mplete if t	the organization answ	ered "Yes" on
1 For grantma assistance, th	akers. Does the organizate grantees' eligibility for sistance?	ation maintain records to the grants or assistance	ce, and the s	selecti	ion criteria used to	award the		X Yes No
2 For grantma	akers. Describe in Part \undersubstantial utside the United States.	the organization's pro-						
3 Activities per	Region. (The following F	Part I, line 3 table can b	e duplicated	l if ad	ditional space is ne	eded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	reg fundrais gr	ion (by sing, pro invest ants to	conducted in type) (e.g., ogram services, ments, recipients the region)	de	If activity listed in (d) is a program service, secribe specific type of service(s) in region	(f) Total expenditures for and investments in region
South Asia	ı	1	Grants	to	recipients	Child	sponsorship	447,059
Central Am	merica and the						Sponsorship	7,758
	and the Pacifi	С					Sponsorship	20,374
North Amer	rica						Sponsorship	3,610
Sub-Sahara (5)	n Africa						Sponsorship	7,276
(6)								
_(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17) 3a Sub-total		1						486,077
b Total from continuation	n	_						223,377
sheets to Part I c Totals (add lines 3a and 3b)		1						486,077

Part II			_	vations or Entities Outside the ved more than \$5,000. Part II ca		•	•	rered "Yes" on Fo	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				Sponsor, Projects	7,832	wire trans	sfer		
(1)			South Asi						
(2)			South Asia	Sponsor, Project	29,638	wire trans	sfer		
(3)			South Asi	Sponsor, Projects	11,281	wire trans	sfer		
(4)			South Asi	Child Sponsorships	15,270	Wire trans	sfer		
(4)				Child sponsorship	5,037	wire trans	sfer		
(5)			Sub-Sahara		7,75				
(6)			East Asia	Sponsor, Disa.Relief & Pacific	20,374	wire trans	sfer		
			South Asi	Sponsorships	12,843	wire trans	sfer		
(7)			BOUCH ASI	Sponsor, Projects	20,116	wire trans	efer		
(8)			South Asia		20,110	wire crain	3161		
(9)			South Asi	Sponsor, Projects	21,199	wire trans	sfer		
(10)			South Asi	Sponsor, Projects	13,540	wire trans	sfer		
(11)			South Asi	Sponsor, Projects	104,681	wire trans	sfer		
			South Asia	Child Sponsorship	12,569	wire trans	sfer		
(12)			SOUCH ASI	Child sponsorship	7,758	wire trans	efer		
(13)			Central A	merica & the Caribbean	7,730	wire crain	J G		
(13)			00110101	Sponsor, Projects	34,038	wire trans	sfer		
(14)			South Asia		31,333				
` '				Sponsor, Projects	6,748	wire trans	sfer		
(15)			South Asi						
(16)			South Asi	Sponsor, Projects	71,374	wire trans	sfer		
by t	he IRS, or for which t	the grantee or couns	el has provided a s	e recognized as charities by the foreign c ection 501(c)(3) equivalency letter				u	
3 Ente	er total number of oth	er organizations or e	entities					u	

Part I				cations or Entities Outside the ved more than \$5,000. Part II o				vered "Yes" on Fo	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				Sponsorships	18,231	wire tran	sfer		
(1)			South Asia		6 216		L.E		
(2)			South Asia	Child Sponsorships	6,316	wire tran	sier		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
				e recognized as charities by the foreign ection 501(c)(3) equivalency letter				u	
3 Ent	er total number of oth	ner organizations or e	entities	ection 50 f(c)(5) equivalency letter				u u	
		-							F (Form 990) 2013

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 Part III can be duplicated if additional space is needed. (h) Method of (e) Manner of (f) Amount of valuation (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of cash non-cash (g) Description (book, FMV, recipients cash grant assistance of non-cash assistance disbursement appraisal, other) South Asia 116 48,005 (1) Scholarships wire transfer (3) (7) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

<u>Schedule F (Form 990) 2013</u> **World's Children 20-5276353** Page **4**

Pa	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	. Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	. Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	. Yes	X No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
For all our project partners, we require the following:

- A yearly audit report by a chartered accountant
- Periodic reports and photos
- Forms such as case histories, child left home report, progress report and applications for college scholarships

We have regular monthly contact by phone, email and post. The home or its parent organization must have state sanctioned charitable status and be allowed to receive foreign funds, such as FCRA status in India.

Beginning in 2010 World's Children contracted the services of a nonprofit in India called the Spandana Society to help us monitor, evaluate and communicate more effectively with the orphanages and hostels we support in India.

The 43 orphanages assisted by World's Children help WC publicize the availability of the scholarships. Another significant contributor to the scholarship process is a Nursing School, the E.T.C.M. Hospital School of Nursing in Kolar, India. This school offers recipients of scholarships through WC an additional discount of 50% off of their tuition. If a student has remaining fees, they can work off the fees at the E.T.C.M. hospital upon graduation. In 2013, World's Children also began supporting the Sacred Heart College of Nursing in Dindigul, India. They also advertise the scholarship program.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 3 - Activities per Region

Region	Exp	enditures	Investments		
South Asia	\$	447,059	\$	0	
Central America and the Caribbean	\$	7,758	\$	0	
East Asia and the Pacific	\$	20,374	\$	0	
North America	\$	3,610	\$	0	
Sub-Saharan Africa	\$	7,276	\$	0	

Part V - Additional Information

Part II, Column (d):

Grants to all organizations included grants for child sponsorship to provide nutritious food, clothing, school uniforms and books, medical care, personal items and other necessities.

In addition to caring for children through our child sponsorship program in the amount of \$298,999, World's Children also performed special projects to improve the infrastructure for the children in the amount of \$123,258.

These projects included: the Lucile Colony Girls' Hostel Dormitory serving

100 impoverished girls costing \$25,133, a van costing \$15,500 for the

Balavikasita orphanage that serves 50 orphans, a compound wall (costing

\$11,600) to protect the JMJ Swadhar Home that serves 100 at-risk girls,

roof repairs costing \$10,754 for Little Flower Home for Children serving

154 impoverished children.

Other projects: well and cow for Nambikkai Illam Orphanage (\$8,800),

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

generators for Bethel Orphanage (102 children) and Mangalakara Orphanage
(179 children), library books for two orphanages, repairs for three
orphanages, solar power systems for three orphanages, one underground water
storage tank, one motor scooter, garden supplies for four orphanages,
chickens and coop for one orphanage, lab supplies, a cow, chickens and a
chicken coop for The Sacred Heart College of Nursing that educates
impoverished girls (\$4,560) where World's Children supports 25 of these
impoverished young women nursing students. World's Children also supplies
scholarship funds to students at two colleges: ETCM School of Nursing
(\$15,050) and Sacred Heart College of Nursing (\$6,250) in India.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

U Attach to Form 990 or Form 990-EZ.

u See separate instructions.

OMB No. 1545-0047

Open To Public

Name of the organization

UInformation about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

	World's Children						20-5	2763	53				
Part I	Excess Benefit Transaction	ns (section 501)	c)(3) and sectio	n 50	1(c)	(4) organizations	only).						
	Complete if the organization answere	ed "Yes" on Form	990, Part IV, lir	ne 2	5а о	r 25b, or Form 99	0-EZ, Part V, line	40b.					
4		(b) Relation	(b) Relationship between disqualified person and			on and	1				(d)	Correc	ted?
1	(a) Name of disqualified person		organization				(c) Description of tra	ansaction	1		Yes	- 1	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
	e amount of tax incurred by the organiz	-											
under s	ection 4958												
3 Enter th	e amount of tax, if any, on line 2, above	e, reimbursed by	the organization	١				u \$	' —				
Part II	Loans to and/or From Inter												
	Complete if the organization answere				388	a or Form 990, Pa	art IV, line 26; or i	f the					
	organization reported an amount on (a) Name of interested person	Form 990, Part >		2. (d) Lo	nan to	(e) Original	(f) Balance due	(a) In	dofault?	T (b) Ar	nroved	G) \A	/ritton
	(a) Name of interested person	with organization	loan	or fro	m the		(i) Balance due	by bo comr		board or agreem		(i) Written greement?	
					g.? I					committe			Τ
				10	From			Yes	No	Yes	No	Yes	No
(1)													
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Total	Oneste en Ancietane Dese	fiting laters	-1I D	<u></u>		u\$							
Part III	Grants or Assistance Bene	_			7								
	Complete if the organization answere						/ N =						
	(a) Name of interested person	1	ship between interes and the organization	ted	(C) A	mount of assistance	(d) Type of assistance		(e)	Purpose	e of ass	sistance	
(1)		perceri	and the enganization					+					
(2)								+					
(3)													
(4)					\vdash			+					
(5)								\top					
(6)								\top					
(7)								\top					
(7) (8)								\top					
(9)													

Ochedule E (Form 550 of 550-EZ) 2015				- ' '	age 2
Part IV Business Transactions Involvin Complete if the organization answered "Ye	_	28h or 28c			
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction		Sharing org. nues?
	organization	transaction		Yes	No
(1) David Purviance	Executive Dir.		Home office expense	s	x
(2) Jean Purviance	Secretary		same as above		х
(3)					
_(4)					
(5)					₩
<u>(6)</u>				-	\vdash
<u>(7)</u> <u>(8)</u>			+		\vdash
(9)					T
(10)					\top
Part V Supplemental Information Provide additional information for response	es to questions on Schedule L (se	ee instructions).			
Schedule L, Part V - Addit:	ional Information	n			
World's Children pays a 40%	portion of the	home office	e rent and utilit	ies	
directly to the companies i	involved (Elite D	Prop, Pac Po	ower NW Nat, Comc	ast	
and Allied Waste. The Purvi	iances personally	y pay 60% of	rent and		
utilities directly to the	companies involve	ed.			
World's Children also reimb	ourses the Purvia	ances for m	ileage driven on		
behalf of the organization.	A mileage log	is kept of	all trips to the	pos	₃t
office, etc.					

SCHEDULE O (Form 990 or 990-EZ)

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 **2013**

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

World's Children

Employer identification number 20-5276353

Form 990, Part III, Line 4a - First Accomplishment

(approximately 4,000) than our sponsored children (1,000) because we only
sponsor the neediest children in an orphanage or institution, not all of
them. These projects benefit all the children in the institution.

In 2013 we sent \$123,258 to fund special projects. The largest project funded was the Lucile Colony Girls' Hostel Dormitory serving 100 impoverished girls costing \$25,133. The second largest project was a van costing \$15,500 for the Balavikasita orphanage that serves 50 orphans. This home takes care of the most at-risk orphans, mostly brought to them by the police when they are found wandering the streets. Other large projects: a compound wall (costing \$11,600) to protect the JMJ Swadhar Home that serves approximately 100 at-risk girls. WC also completed roof repairs costing \$10,754 for Little Flower Home for Children serving 154 impoverished children. Other projects: well and cow for Nambikkai Illam Orphanage (\$8,800), generators for Bethel Orphanage (102 children) and Mangalakara Orphanage (179 children), repairs for three orphanages, solar power systems for three orphanages, one underground water storage tank, one motor scooter, library books for two orphanages, garden supplies for four orphanages, chickens and coop for one orphanage, lab supplies, a cow, chickens and a chicken coop for The Sacred Heart College of Nursing that educates impoverished girls (\$4,560). World's Children supports 25 impoverished young women to obtain nursing degrees at this college.

Scholarship Program 2013: 116 students participated in the World's Children

Name of the organization

World's Children

Employer identification number
20-5276353

scholarship program in 2013. 22 students graduated. World's Children contributed \$48,005 for scholarships. The scholarship award is generally \$500/year per student. Graduates have the opportunity to pursue a viable career. Students are pursuing degrees in areas such as: Nursing, Engineering, Biotechnology, Economics, Finance, Commerce, Accounting, Computers, Teaching, Mathematics, and Social Work. We have a very high success rate. This year only one student dropped her course to get married, but all our other students are working diligently to complete their degrees.

Other program services not included above are:

Typhoon Haiyan disaster relief in the amount of \$15,865. Christian Growth

Ministries-Philippines (CGM), is a nonprofit non-denominational

organization that runs the Home of Joy Orphanage in the Philippines

supported by World's Children Sponsorship Program for over 13 years. CGM

asked World's Children to seek donations to aid their relief efforts for

the victims of the typhoon and earthquake that hit the region in the fall

of 2013. Millions of people were displaced and in need of food, water,

medicine, clothes, blankets, etc. CGM has an extensive network on the

ground in the devastated areas. We created an online disaster relief

campaign to send 100% of donations (\$15,865) to CGM to provide direct

relief. On November 23th 2013 in Manila, a 10-foot container was filled

with 600 sets consisting of a mosquito net, blanket, tarp and sleeping mat,

These relief supplies were distributed in Bohol in November to about 600 families or approximately 3,000 people (adults and children). In addition

ten 200+ pounds of boxes of food and used clothes were shipped to Bohol.

Concadic & (1 cm) 336 of 336 EZ) (2016)	i ugo I			
Name of the organization	Employer identification number			
World's Children	20-5276353			

to the supplies given out in Bohol, supplies were distributed to 300 families from the towns of Estancia, Carles, Battad, Lemery, Balasan, San Dionisio, Conception, Ajoy and Sara in Northern Iloilo in December.

Supplies distributed to these towns included: a bucket with a dipper, food, bath soap, toothbrushes, toothpaste, new t-shirts and flashlights with batteries. The remainder of funds will be used to provide school supplies and uniforms to 300 children in Bohol, Northern Iloilo, and some parts of Eastern Samar in the beginning of 2014.

The Twofold Project for Orphan Prevention primarily supports widows and grandmothers who are left to care for children who might otherwise be sent to an orphanage. Through this program WC provides impoverished families with two benefits for the price of one. One cow can provide a family of malnourished children with the protein their bodies desperately need and it also gives the family a source of income when the excess milk is sold. In 2013 we provided two cows for two families (\$500/each cow).

David Purviance	Jean Purviance
Exec.Dir.	Secretary
Family relationship	
Bruce Moore	Roslyn Moore
Treasurer	Director
Family relationship	

Richard David

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Grenda David

<u> </u>	1		. <u>~g</u> ~ <u>—</u>
Name of the organization		Employer identification number	
World's	Children	20-5276353	

Director Director

Family relationship

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A draft is emailed to the board members and comments are solicited and reviewed before the document is finalized. The executive committee is responsible to review every line item in detail.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The organization demands written disclosure of conflict of interest as a situation arises. Once the disclosure is made, the interested party leaves the discussion while the determination of a conflict of interest is discussed and voted on by the remaining board members. The chairperson of the governing board shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction. If no alternative arrangements are found to be possible, the governing board shall determine by majority vote of disinterested directors whether the arrangement involving the conflict of interest is in the best interests of the organization. If the governing board determines a member has failed to disclose a conflict of interest, the offender is given the opportunity to explain. The governing board has the authority to take appropriate disciplinary action if the member has indeed failed to disclose a conflict of interest. All such procedings are recorded.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The bylaws call for an annual review to determine, among other things,

whether compensation arrangements and benefits are reasonable, based on

Name of the organization

Employer identification number

World's Children	20-5276353
competent survey information and the result of arm's leng	th bargaining. In
addition, comparability data is reviewed when determining	compensation.
Form 990, Part VI, Line 15b - Compensation Process for Of	ficers
Same as for Executive Director	
Form 990, Part VI, Line 19 - Governing Documents Disclosu	re Explanation
We publish our 990 forms and Annual Reports on-line. If a	nyone wants
further documents, they can request by email, mail or pho	ne and we will
provide them.	

Form **4562**

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

179

Department of the Treasury Internal Revenue Service

(99)

u See separate instructions.

u Attach to your tax return.

Identifying number

	World's	Children					20-	527	6353
	ss or activity to which this form relates								
	ndirect Depreciati art I Election To Expens		orty Under Section	170					
Г	Note: If you have a	-			omole	te Part	ı		
1			•					1	500,000
2	Maximum amount (see instructions) Total cost of section 179 property p	/	instructions)					2	300,000
3	Threshold cost of section 179 proper							3	2,000,000
4	Reduction in limitation. Subtract line	3 from line 2. If zero	or less. enter -0-					4	
5	Dollar limitation for tax year. Subtract line							5	
6	(a) Description			Cost (business use			Elected cost		
7	Listed property. Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pro	operty. Add amounts	in column (c), lines 6 and	17				8	
9	Tentative deduction. Enter the sma	Iler of line 5 or line 8						9	
10	Carryover of disallowed deduction fr	om line 13 of your 20	012 Form 4562					10	
11	Business income limitation. Enter th					structions)		11	
12	Section 179 expense deduction. Add				<u></u>			12	
13	Carryover of disallowed deduction to			<u></u>	13				
	: Do not use Part II or Part III below				4	1 12 4			<u> </u>
	art II Special Depreciation					uae iiste	ea prope	rty.) (8	see instructions.)
14	Special depreciation allowance for o							ا بد ا	
4 E	during the tax year (see instructions	S)						14	
15 16	Property subject to section 168(f)(1)) election						15 16	710
16 D :	Other depreciation (including ACRS art III MACRS Depreciation							10	7 ± 0
1 (iii iii iiiAONO Depreciati	on (Do not more	Section A	(See Instruc	Juona). <i>)</i>			
17	MACRS deductions for assets place	ed in service in tax ve	ears beginning before 201	3				17	C
18	If you are electing to group any assets placed in								
			rvice During 2013 Tax					ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) (Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			25 yrs.			S/L		
h	Residential rental			27.5 yrs.		MM	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property Section C. Ac	anta Dianad in Cam	ing Duning 2042 Tay Va		A 14 a	MM	S/L		
		sets Placed in Serv	rice During 2013 Tax Ye	ear Using the	Aitern	ative Dep]
	Class life			10.00			S/L		
	12-year			12 yrs.		N 4 N 4	S/L		
	40-year Summary (See ins	tructions \	l	40 yrs.	<u> </u>	MM	S/L	-	
<u> </u>	Listed property. Enter amount from	line 28						21	
21 22	Total. Add amounts from line 12, lin		es 19 and 20 in column (here		-	
	and on the appropriate lines of you	-						22	710
23	For assets shown above and placed				· · · · · ·				7 = 0
	portion of the basis attributable to s	_			23				