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 black lung benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

Intern	al Reve	nue Service	The organization may have t	to use a copy of this return to s	satisfy state	reporting re	equirements.	Inspection			
A F	or the	2012 cal	endar year, or tax year beginning	TUL 1, 2012 and	dending J	UN 30, 2	013				
B c	heck if	e:	e of organization			D Emple	oyer identific	cation number			
	Addre:		ld Concern Development Organi	zation							
	Name chang	e Doin	g Business As WCDO				91-1155	5150			
	Initial return		ber and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telepl	none number				
Ļ	Termir ated	193	03 Fremont Avenue N				206-289				
Ļ	Ameno	City,	town, or post office, state, and ZIP coo	de		G Gross receipts \$ 3,991					
	Application pendir	sea	ttle, WA 98133-3800			_	nis a group re				
		F Nam same	ne and address of principal officer:Davi as C above	d Eller		for affiliates? H(b) Are all affiliates included? Yes No					
			0: (-)(-)) ◀ (insert no.) ☐ 4947(a)(1)	or 527 (If "N	lo," attach a	list. (see instructions)			
		te: Non					up exemptior				
				Association Other >	L Year	of formation	1: 1981 M	State of legal domicile: WA			
Pa	rt I	Summa									
Governance			cribe the organization's mission or mos	st significant activities: Overse	eas disast	ter respo	onse and				
ern			s box 🕨 📖 if the organization disc	·				sets.			
Š			f voting members of the governing body					6			
۵			findependent voting members of the g					5			
Activities &			ber of individuals employed in calendar					1			
Ĭ			ber of volunteers (estimate if necessary					5			
Aci			ated business revenue from Part VIII, c					0.			
	b	Net unrela	ted business taxable income from Forn	n 990-T, line 34				0.			
		ند. دهانده می	one and average (Deat VIII line 11)		-	Prior `	year ,991,349.	Current Year 3,991,261.			
Revenue			ons and grants (Part VIII, line 1h)				0.	3,331,201.			
			ervice revenue (Part VIII, line 2g)				107.	38.			
æ			t income (Part VIII, column (A), lines 3, enue (Part VIII, column (A), lines 5, 6d, 8			0.	0.				
			nue - add lines 8 through 11 (must equa		7	,991,456.	3,991,299.				
			d similar amounts paid (Part IX, column				720,385.	531,296.			
			aid to or for members (Part IX, column (0.	0.			
ý			ther compensation, employee benefits			2	,122,417.	1,732,599.			
Expenses			nal fundraising fees (Part IX, column (A),				0.	0.			
ф			raising expenses (Part IX, column (D), li								
Ш			enses (Part IX, column (A), lines 11a-11			5	,118,411.	2,237,060.			
			nses. Add lines 13-17 (must equal Part			7	,961,213.	4,500,955.			
	19	Revenue l	ess expenses. Subtract line 18 from line	e 12			30,243.	-509,656.			
Net Assets or Fund Balances					Ве		Current Year	End of Year			
sset	20	Total asse	ts (Part X, line 16)				,593,821.	598,293.			
at As	21					1	,552,889.	1,067,017.			
	22		or fund balances. Subtract line 21 from	m line 20			40,932.	-468,724.			
	rt II		ure Block					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			ury, I declare that I have examined this return				-	knowledge and belief, it is			
true,	correc	i, and comp	lete. Declaration of preparer (other than office	cer) is based on all illiorniation of v	vilicii preparei	lias ally kill	owieage.				
٥:	_	Sign	ature of officer			<u> </u>	ate				
Sign		'	an Kirkpatrick, CFO								
Her	е		or print name and title								
		7	preparer's name	Preparer's signature		Date	Check	PTIN			
Paid		Jane M.	• •	Jane M. Searing		2/25/14	if self-employe				
	arer	Firm's nan			<u> </u>		irm's EIN ▶	u			
	Only		ress 10900 NE 4th Street, Su	ite 1700		- 	• = 111				
	,	5 444	Bellevue, WA 98004				hone no. 42	5-454-4919			
May	the IF	SS discuss	this return with the preparer shown ab	nove? (see instructions)		<u> </u>		X Ves No			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	WCDO exists for the purpose of seeking, receiving, implementing and
	administering funds from individual donors, foundations and
	governments for international relief and development programs.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,148,560. including grants of \$531,296.) (Revenue \$)
	Haiti CHAMP: WCDO and its implementing partners are facilitating
	family, church and community efforts to provide support to people
	living with HIV and AIDS. Some of the activities include promotion of
	voluntary testing for HIV, education on nutrition and hygiene, and
	distribution of water-purified products and mosquito bed nets for
	pregnant HIV positive women and children under 5 years of age.
4b	(Code:) (Expenses \$
	Sustainable Agricultural and Economic Recovery in South Sudan (SEAR):
	This program is helping returnees, IDPs and their host communities in
	Warrap State, South Sudan by promoting activities that will foster
	self-sufficiency and enhancement of livelihoods. The focus is on three
	value chains: 1) agricultural products, 2) fisheries, and 3) dairy.
	These activities involve the provision of required inputs, access to
	appropriate technology, credit and vocational training.
4c	(Code:) (Expenses \$ 565,597. including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$) (Revenue \$) (Revenue \$) Community Initiatives in Disaster Risk Reduction (Haiti CIDRR): This
	program uses participatory engagement methodologies to support the
	development of disaster risk reduction plans for marginalized informal
	communities in North West, Haiti. Building on the participatory mapping
	and prioritization of hazards and vulnerabilities, community
	infrastructure, including schools and churches, will be retrofitted for
	hurricane and earthquake resistance, and local builders will be trained
	on government standards. Public health promotion campaigns and hygiene
	education will lead to selection of community construction projects to
	improve water and sanitation services. Natural hazards are mitigated
	through the repair of flood control canals and sewers. These activities
	are being led by communities and implemented using community resources.
44	Other program services (Describe in Schedule O.)
Tu	(Expenses \$\frac{1}{1}, \frac{119}{156}. including grants of \$\frac{1}{1}\$ (Revenue \$\frac{1}{1}\$)
40	Total program service expenses 3.461.308.

Form 990 (2012) World Concern Development IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza		12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_		_

Form 990 (2012) World Concern Development C Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	.		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	.		
	and former officers, directors, trustees, key employees, and highest compensated employees? 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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لہ	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	- ,	24 0		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 2</u> Ja		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	.		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	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, Part II, III, or IV, and			
	Part V, line 1	34	х	
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 controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	.		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	

Form **990** (2012)

Form 990 (2012) World Concern Development Organization Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1006. Enter 4- if not applicable Inc.		Check if Schedule O contains a response to any question in this Part V							
be Enter the number of Forms W-26 included in line 1a. Enter 0-If not applicable C Did the organization comply with backup withfulding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1 b If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? 2b If a least one is reported on line 2 a, did the organization file all required federal employment tax returns? 2c If the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Leave the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If Yes, "end the name of the foreign country." 5c West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax eductible? 5c Unit where the transaction solicit any contributions that were not tax eductible a charitable contributions? 5c If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions? 5c If Yes, "or one should be a financial foreign the such solicitation solicit any contribution than twen and tax adequated				Yes	No				
be Enter the number of Forms W-26 included in line 1a. Enter 0-If not applicable C Did the organization comply with backup withfulding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1 b If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? 2b If a least one is reported on line 2 a, did the organization file all required federal employment tax returns? 2c If the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Leave the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If Yes, "end the name of the foreign country." 5c West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax eductible? 5c Unit where the transaction solicit any contributions that were not tax eductible a charitable contributions? 5c If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions? 5c If Yes, "or one should be a financial foreign the such solicitation solicit any contribution than twen and tax adequated	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
4 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? b if the organization have unrelated business gross income of \$1,000 or more during the year? 5 If If Yes, 1 is if flied a form 900 To fire liye year If "No, *provide an explanation in Schedule O 5 If Yes, 1 enter the name of the foreign country. ■ 5 If Yes, 2 enter the name of the foreign country. ■ 5 If Yes, 3 enter the name of the foreign country. ■ 5 If Yes, 4 is one short year, and a bank account, securities account, or other financial accounts. 5 If Yes, 2 enter the name of the foreign country. ■ 5 If Yes, 3 is one short year, and 3 is a bank account, securities account, or other financial accounts. 5 If Yes, 4 is one short year, and 3 is a bank account, securities account, or other financial accounts. 5 If Yes, 5 is one short year, and 5 is a party to a prohibited tax whether transaction? 5 If Yes, 6 is one 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes, 6 is one 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If Yes, 8 is one 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If Yes, 9 if one 5a or 5b, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible accharable contributions? 6 If Yes, 8 if the organization that may receive deductible contributions under section 170(c). 7 If Yes, 9 if the organization that may receive deductible contributi	b								
28 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to 6-file (see instructions) 30 Ib the organization have unresided business gross income of \$1,000 or more during the year? 31 If Yes, * has it filed a Form 9901 for this year? If *No. * provide an explanation in Schedule O 32 A tan yttime during the calendary are, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)? 32 A tan yttime the name of the foreign country. 33 B Yes See instructions for liling requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 34 B Yes the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 35 B Yes the organization party to the prohibited tax shelter transaction at any time during the tax year? 36 D Less the organization party to the organization file Form 8886-17 36 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that it was or is a party to a prohibited tax shelter transaction? 37 B Yes Yes, * to life organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 38 Private of the organization sell, exchangle, or otherwise dispose of tangible personal property for which it was required to the organization sell, exchangle, or otherwise dispose of tangible personal property for which it was required to the organization sell, exchangle, or otherwise dispose of tangible personal property for which it was required to the organization received an cont	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
filed for the calendar year ending with or within the year covered by this return. 2a		(gambling) winnings to prize winners?	1c						
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b IVes, "has it filed a Form 900-Tfor this year? If "No," provide an explanation in Schedule O 3c A at any time during the cellendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c IVes, "to lift or the foreign country." ▶ 5c Ives, "to lift or the foreign country." ▶ 5c Ives, "to lift or the organization have that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Ives, "to lift or organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Ives, "to lift organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Ives, "to lift organization that it was or is a party to a prohibited tax shelter transaction? 5d Does the organization aparty to a prohibited tax shelter transaction? 5d Does the organization are not tax deductible as charitable contributions? 6d If "ves," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductibles? 6d If "ves," did the organization notity the donor of the value of the goods or services provided? 7d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d Ives," indicate the number of Forms 8282 field during the year 6d If "ves," indicate the number of Forms 8282 field during the year 6d Ives," indicate the number of Forms 8282 field during the year 7d Did the organization received a contribution of qualified intellectual property, did the organization free year and year that year year yeremitumes on a personal benefit contract? 7d Did	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Mith enganization have unrelated business gross nome of \$1,000 or more during the year? 3b If 'Yes,' has it filed a form 990 F1 for this year? If 'Wo,' provide an explanation in Schedule 0 3b If 'Yes,' and it filed a form 990 F1 for this year? If 'Wo,' provide an explanation in Schedule 0 3b If 'Yes,' enter the name of the foreign country; ▶ 5e instructions for filing requirements for Form 1D F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5a Xa Sa Was the organization than 10 for provided tax shetter transaction at any time during the tax year? 5a Xa Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible as charitable contributions? 6a X Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7c Variation of the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Elied during the year Yel William of the organization receive a pary termiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X Variation of the organization received a contribution of qualified intellectual property, did the organization in the property of the organization in received a contribution of qualified intellectual property, did the organization make a distribution to alonor, donor advised funds and section 509(a)(3) supporting org		filed for the calendar year ending with or within the year covered by this return							
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122	7	122						
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X			IZa						
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X									
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 c Enter the amount of reserves on hand 13c 14a X			13a						
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	u		.54						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	· · · · · · · · · · · · · · · · · · ·							
c Enter the amount of reserves on hand									
14a Did the organization receive any payments for indoor tanning services during the tax year?	С								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		Х				
			14b						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Charle if Cahadula O contains a vacanament a convenient in this Day VII

Sect	Check if Schedule O contains a response to any question in this Part VI			X					
	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	6							
	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	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		Х						
	Did the organization become aware during the year of a significant diversion of the organization's assets?			X					
	Did the organization have members or stockholders?			Х					
	more members of the governing body?	7a		Х					
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	х						
	Each committee with authority to act on behalf of the governing body?		Х						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. , ,							
0000	HOTE D. 1 Choics (This decitor is requests information about policies not required by the internal nevenue code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
	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 form?								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21						
	to Oake at the Oake at the second are	40-	х						
			X						
	Did the organization have a written whistleblower policy?		X						
	Did the organization have a written document retention and destruction policy?	14	Λ						
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?			Х					
	T	1 4- 1							
	The organization's CEO, Executive Director, or top management official								
b	Other officers or key employees of the organization	15a 15b		X					
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b		Х					
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?								
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15b		Х					
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	15b 16a		Х					
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	15b		Х					
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ition C. Disclosure	15b 16a		Х					
b 16a b Sect	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed None	15b 16a 16b		Х					
b 16a b Sect 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	15b 16a 16b	le	Х					
b 16a b Sect 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.	15b 16a 16b	le	Х					
b 16a b Sect	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed Pone Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)	15b 16a 16b		Х					
b 16a b Sect 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and some conflict of interest policy, and conflict of interest policy, and conflict of interest policy, and conflict of interest policy.	15b 16a 16b		Х					
b 16a b Sect 17 18	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed Pone Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)	16a 16b and finar	ncial	Х					

19303 Fremont Avenue N, Seattle, WA

98133

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

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

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

- 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		orga T	aniza			mpe	nsat			(=)	
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)	
Name and Title	Average hours per	(do not cl		heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of other	
	week	offi	officer and a dire		lirecto	or/trus	tee)	from	from related		
	(list any	ctor						the	organizations	compensation	
	hours for	rdire				ted		organization	(W-2/1099-MISC)	from the	
	related	stee o	rustee			ensal		(W-2/1099-MISC)		organization	
	organizations	al trus	onal tr		loyee	comp				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) Warren Van Genderen	2.00	드	=	0	3	工品	교				
Board Chairman	2.00	х		х				0.	0.	0.	
(2) Robert Lonac	2.00										
Board Vice Chairman	40.00	х		х				0.	186,497.	75,148.	
(3) Roger Winter	2,00										
Secretary/Treasurer	0.00	х	L	х	L	L	L	0.	0.	0.	
(4) Kurt Campbell	2.00										
Board Member	0.00	Х						0.	0.	0.	
(5) Craig Campbell	2.00										
Board Member	2.00	Х						0.	0.	0.	
(6) Kevin Gabelein	2.00]									
Board Member	3.00	Х						0.	0.	0,	
(7) David Eller	12.00]									
Executive Director	28.00			Х				0.	139,268.	11,665.	
(8) Brian Kirkpatrick	2.00	1									
CFO	40.00			Х				0.	193,243.	13,222.	
		ł									
		1									
		1									
		1									
		1									
			-								
		-									
		1				1		I			

232007 12-10-12 Form **990** (2012)

Part VII Section A. Officers, Directors, Tru (A)	(B)	, , , , , , , , , , , , , , , , , , ,		, <u>u.i.</u>		J		(D)	(E)			(F)	
Name and title	Average			Pos		1		Reportable	Reportable	E	timate	24	
Name and title	hours per		not c	heck	more	than is bot		compensation	compensation			nount	
	week					or/trus		from	from related			other	01
	(list any	ctor						the	organization			pensa	ation
	hours for	or director				ь		organization	(W-2/1099-MIS	SC)	fr	om th	е
	related	stee o	nstee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations	Individual trustee	Institutional trustee		employee	Highest compensated employee						d relat	
	below	ividu	fitutio	Officer	emp	hest	Former				orga	anizati	ons
	line)	밀	lus	#0	Key	en Eig	윤						
		_											
	1												
1b Sub-total								0.	519,			100	
c Total from continuation sheets to Part \								0.	F10	0.		100	0 2 5
d Total (add lines 1b and 1c)									519,			100	,035
 Total number of individuals (including but compensation from the organization 	not limited to tr	iose	IISTE	ea ai	DOV	e) wr	no re	eceived more than \$100	,,000 от герогтар	ie			
compensation from the organization												Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee.	, or	highest compensated e	mployee on	Ī			
line 1a? If "Yes," complete Schedule J for											3		х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or s	uch ,	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest c the organization. Report compensation for										npens	ation f	rom	
(A)	trie caleridar y	cai	criui	ng v	VILII	OI W	161111	(B)	year.		(0	:)	
Name and busines	s address	NO	NE					Description of s	ervices	С	ompe		n
							_						
2 Total number of independent contractors \$100,000 of compensation from the organ	`	ot lii	mite 	d to	tho	se lis 0_	stec	d above) who received n	nore than				

91-1155150

<u>. u</u>	1 L V			to any question in	n this Part VIII			
		Check if Schedule O conta			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	1b					
is, (c Fundraising events	1c					
ᅙ		d Related organizations	1d	326,648.				
JS,		e Government grants (contribution	ons) 1e	3,664,613.				
를 하 S		f All other contributions, gifts, grants						
혈美		similar amounts not included above	e 1f					
g		g Noncash contributions included in lines	1a-1f: \$					
<u>8 0</u>		h Total. Add lines 1a-1f			3,991,261.			
				Business Code				
Ce	2	a						
e Ki		b						
en Se		c						
e S		d						
Program Service Revenue		е						
Δ.		f All other program service rever	nue					
		g Total. Add lines 2a-2f						
	3	Investment income (including o	dividends, intere	est, and				
		other similar amounts)			38.			38
	4							
	5	Royalties		>				
			(i) Real	(ii) Personal				
		a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		, >				
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
		b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)		L				
		d Net gain or (loss)						
ne	8	a Gross income from fundraising	· ·					
/en		including \$						
Other Revenu		contributions reported on line	•					
ЭE		Part IV, line 18		1				
Ö		b Less: direct expenses						
		c Net income or (loss) from funda		P				
	9	a Gross income from gaming act						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gamin		······ P				
	10	a Gross sales of inventory, less r						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales						
	11	Miscellaneous Revenue	;	Business Code				
		b						
		d All other revenue						
		d All other revenue						
	40	e Total Add lines 11a-11d		····· [}	3 991 299	0	0	38

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se to any question in thi (A)	s Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	531,296.	531,296.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	61,731.		61,731.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,444,202.	1,063,509.	380,693.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,091.		7,091.	
9	Other employee benefits	175,699.	163,716.	11,983.	
10	Payroll taxes	43,876.	34,714.	9,162.	
11	Fees for services (non-employees):				
а	Management				
b	<u> </u>				
С	5 ·····	9,015.		9,015.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		45 760	20.040	14 014	
	column (A) amount, list line 11g expenses on Sch O.)	45,762.	30,948.	14,814.	
12	Advertising and promotion	213,477.	105 620	17 040	
13	Office expenses		195,628.	17,849.	
14	Information technology	15,731.	6,323.	9,408.	
15	Royalties	107,259.	91,456.	15,803.	
16	Occupancy	376,141.	331,563.	44,578.	
17	Travel	370,141.	331,303.	44,570.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	38,932.	25,722.	13,210.	
19 20	· .	20,302.	20,,22.		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,825.	1,610.	10,215.	
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 0.)				
9	Field Project Supplies	966,058,	966,058.		
a b	Purchased Services	403,495.	11,772.	391,723.	
c	Dues and Fees	49,365.	6,993.	42,372.	
d		, ,	,	, - 1	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,500,955.	3,461,308.	1,039,647.	0
26	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Part X Balance Sheet

		Check if Schedule O contains a response to any	guestion in this Part X			
			, 4400.000	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		24.	2	961.
	3	Pledges and grants receivable, net		1,547,648.	3	528,832.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L	L		5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		46,149.	15	68,500.
	16	Total assets. Add lines 1 through 15 (must equ		1,593,821.	16	598,293.
	17	Accounts payable and accrued expenses	75,960.	17	0.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Se	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Loans and other payables to current and former	r officers, directors, trustees,			
iab		key employees, highest compensated employee				
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
				1,476,929.	25	1,067,017.
	26	Total liabilities. Add lines 17 through 25		1,552,889.	26	1,067,017.
		Organizations that follow SFAS 117 (ASC 958				
ses		complete lines 27 through 29, and lines 33 an				
anc	27	Unrestricted net assets		14,612.	27	-505,142.
Bal	28	Temporarily restricted net assets		26,320.	28	36,418.
pu	29				29	
교		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶└─			
Net Assets or Fund Balances		and complete lines 30 through 34.	Į.			
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
let	32	Retained earnings, endowment, accumulated in	[32	
_	33	Total net assets or fund balances		40,932.	33	-468,724.
	34	Total liabilities and net assets/fund balances		1,593,821.	34	598,293 .

Pa	rt XI Reconciliation of Net Assets				.,	
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,991,	299.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,500,	955.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-509,	656.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,	932.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) 10					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.		Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,				
	consolidated basis, or both: Separate basis Separate basis Separate 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					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit				
	Act and OMB Circular A-133?		. 3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schedule Q and describe any steps taken to undergo such audits.		3b	х		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

World Concern Development Organization

Employer identification number 91-1155150

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox.)					
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌			tal service organization			170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter 1	the hospita	l's nan	ne,
	city, and stat				•				•	•		,
5	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
	-	(b)(1)(A)(iv). (Comple	-	,		,	J					
6			ent or governmental unit	t describe	d in sectio	n 170(h)(·	1\/\&\/\ _V \)					
7 X	•		eives a substantial part					or from the	neneral	nublic desc	rihed	in
,	-	b)(1)(A)(vi). (Comple	·	or its supp	ort nom a	governin	intal dilit c	or morn tine	general	public desc	, I IDCU I	
8 🗌			section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🔲			eives: (1) more than 33 1			rom contri	butions n	nomborchi	n foos a	nd gross ro	cointe	from
9	•	•	nctions - subject to certa		• •		•		•	•		
		•	•	•	,	•				•		
			axable income (less sect	liononia	ix) iroiti bu	1511165565	acquired b	y trie orga	lilization	arter Jurie	30, 19 <i>1</i>	<i>7</i> 3.
10		509(a)(2). (Complete	•	at far audi	io oofoty (Coo costi o	- F00/a\/	4)				
10	-	-	perated exclusively to te	•	•			-			- f	
11 📖	•		perated exclusively for the						•			or
			ations described in section		•		2). See se	ction 509(a)(3). One	eck the box	. tnat	
			organization and comple				_		- III - NI	- 6 1 ! 1	U !	
	a ☐ Type I	•		ype III - Fu 						n-functional	•	_
e 📖		•	at the organization is not		-	-	-		-	· -		
_			han one or more publicly						9(a)(1) or	section 509	ð(а)(2).	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										. L
g			organization accepted ar									
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons of	described	in (ii) and (iii) below		Yes	No
	•	• ,									—	
			n described in (i) above?									
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Typo of organization	(iv) Is the c			u notify the	(vi) ls organizațio	s the on in col	(vii) Amoun	t of mo	netary
orga	anization		\	in col. (i) lis	sted in your document?		ion in col. r support?	I (i) organiz	ed in the I	sup	port	
			above or IRC section (see instructions))	<u> </u>			Support:	U.S	.?			
			(occ men cenency)	Yes	No	Yes	No	Yes	No			
				<u> </u>	<u> </u>	<u> </u>		<u> </u>				
_											_	_
Takal												

 $\mbox{\sc LHA}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,122,609.	7,281,474.	9,083,465.	7,980,353.	3,991,261.	36,459,162.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,122,609.	7,281,474.	9,083,465.	7,980,353.	3,991,261.	36,459,162.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						36,459,162.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	8,122,609.	7,281,474.	9,083,465.	7,980,353.	3,991,261.	36,459,162.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	173.	127.	76.	107.	38.	521.
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						36,459,683.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop	-			•		• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	100.00 %
	Public support percentage from 2011		•			15	100.00 %
	33 1/3% support test - 2012. If the c					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	_	
b	10% -facts-and-circumstances tes	~	-	• • •			
	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organizatio						s >

Part III | 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

Se	qualify under the tests listed be ction A. Public Support	elow, please com	piete Part II.)				
_	endar year (or fiscal year beginning in)	(a) 2002	(b) 2000	(a) 2010	(4) 2011	(a) 2012	(f) Total
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2012 (li	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 20	12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2		18	%			
	33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2012

World Concern Development Organization 91-1155150 Organization type (check one): Filers of Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2012)

Name of organization

Employer identification number

91-1155150

World Co	ncern Development Organization	93	L-1155150
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization Employer identification number

World Concern Development Organization

91-1155150

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

Name of organization Employer identification number 91-1155150 World Concern Development Organization Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

World Concern Development Organization

Employer identification number

91-1155150

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	-	<u> </u>
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	22, 2, 22		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l I
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >	, 3 ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	·	,
	conservation easements.		3
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а			> \$
	Assets included in Form 990, Part X		

	34410 B (1 31111 333) E3 1E	ern Development						91-11551			age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	at are a si	ignificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	C	ı 🖳	Loan or exc	hange progra	ams					
b	Scholarly research	e	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizati	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_		,
	to be sold to raise funds rather than to be m								Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								7	_	,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing '	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pa	rt V Endowment Funds. Complete	T T									
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three :	years back	(e) Four	years	back
1a	Beginning of year balance										
b											
С	Net investment earnings, gains, and losses										
d	1										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	• • • • • • • • • • • • • • • • • • • •										
2	Provide the estimated percentage of the cur	•	•	g, column (a	a)) held as:						
а	3 1		_%								
b	· ———	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c short										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	ne organi	zation	ı		
	by:								- "	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
<u>4</u>	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipn	<u> </u>						.			
	Description of property	(a) Cost or o			or other		ccumulat		(d) Boo	k value	Э
		basis (investi	nent)	basis	(other)	aep	oreciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
е	Other			1							

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

Schedule D (Form 990) 2012

0.

Part Will Investments - Other Securities. See Form 990, Part X, Ine 12. (e) Method of valuation: Cost or end of year market value	Schedule D (Form 990) 2012 World Concern Deve				9	1-1155150	Page 3
(1) Financial derivatives (2) Closely held equity interests (3) Other (4) (6) (7) (8) (9) (9) (10) (10) (11) (12) (13) (14) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19							
20 Closey-held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or e	end-of-year mark	et value
(8) Other	- · · · · · · · · · · · · · · · · · · ·						
(6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10							
(B) (C) (C) (D) (E) (E) (F) (G) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D							
(C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F							
(E) (F) (G) (G) (H) (D) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (B) Fart Will, Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) (d) (e) (f) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h							
(E) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (B) (B) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B							
(C)							
(G) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D							
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Total. (Ob. (b) must equal Form 990, Part X, col. (B) line 12.) Part Viii Investments - Program Related. See Form 990, Part X, line 13.							
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) (10) (
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) (10) Total, (Col. (b) must equal Form 990, Part X, col. (β) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) OTHER ASSETS (a) Description (b) Book value (c) Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Other Assets. See Form 990, Part X, col. (β) line 15.) (d) (e) (f) (f) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h							
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (f) OTHER ASSETS (a) Description (b) Book value (c) (d) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		e Form 990, Part X, lir	ne 13.				
C	(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or e	end-of-year mark	et value
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(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	- · ·						
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							1 112atiOi 1 5

25,976,045.

Schedule D (Form 990) 2012

Part XII, Line 2d - Other Adjustments:

Expenses of consolidated organization

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization **Employer identification number**

World Concern Developm	ent Organizat	cion			91-1155150	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "Y	'es"
to Form 990, Pai	t IV, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes No
	-			_		
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
United States.		_	-	_		
	he following Parl	I. line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	· ·	vity listed in (d)	(f) Total
(, 3	offices	`émployees,	(by type) (e.g., fundraising, program		gram service,	expenditures
	in the region	employees, agents, and independent	services, investments, grants to	describe	specific type	for and investments
		contractors in region	recipients located in the region)	of service	ce(s) in region	in region
		irregion				
Central America and			Program Services and			
the Caribbean	0	0	Grant Making	See Part V		1,715,830.
						2,720,000.
Sub-Saharan Africa	0	0	Program Services	See Part V		1,452,878.
						2,102,070
	+					
	_	_				2 162 702
3 a Sub-total	0	0				3,168,708.
b Total from continuation	_	_				_
sheets to Part I	0	0				0.
c Totals (add lines 3a	_	_				2 462
and 3b)	0	0				3,168,708.

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

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)		
		Central America								
		and the Caribbean	See Part V	244 767.	Wire Transfer	0.				
		Central America								
		and the Caribbean	See Part V	148,686.	Wire Transfer	0.				
		Central America								
		and the Caribbean	See Part V	137,843.	Wire Transfer	0.				
_										
			recognized as charities by the					າ		
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities									

World Concern Development Organization

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Schedule F (Form 990) 2012 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) 2012

Part V **Supplemental Information**

Complete this part to 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. Schedule F, Part I, Line 2: WCDO does not have its own field offices. The field offices belong to CRISTA Ministries, which is a related organization. The organization that is receiving the assistance must submit periodic reports to the field office locations of the The field office locations must then submit monthly reports to the organization's headquarters office. This financial information is then put into the organization's financial system and reports are generated for management review. Management reviews expenses against budgets, against funds received for the programs and asks

questions as needed for clarification. Periodic field visits are made by

the organization's staff to be sure funds are being spent as shown, the

work is being completed and records are complete.

Part I, Line 3, Column (e):

Region: Central America & the Caribbean

Specific Types of Services in Region: HIV/AIDS prevention and disaster

risk management.

Region: Sub-Saharan Africa

Livelihoods, vocational training, agriculture, clean water, sanitation

and hygiene, cash for work, micro-enterprise and supplemental

nutrition.

Part II, lines 1-3, column (d):

Region: Central America & the Caribbean

Purpose of grant: Provide aid to orphans and vulnerable children and

those affected by HIV/AIDS.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees
Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

World Concern Development Organization

Employer identification number 91-1155150

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			.,
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	ı 9	1	I

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

World Concern Development Organization

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	in prior Form 990
(1) Robert Lonac	(i)	0.	0.	0.	0.	0.	0.	0.
Board Vice Chairman	(ii)	181,527.	0.	4,970.	7,350.	67,798.	261,645.	0.
(2) David Eller	(i)	0.	0.	0.	0.	0.	0.	0.
Executive Director	(ii)	128,763.	0.	10,505.	4,041.	7,624.	150,933.	0.
(3) Brian Kirkpatrick	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	191,935.	0.	1,308.	4,581.	8,641.	206,465.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
All employees are employed by a related organization,
CRISTA Ministries, and charged through to WCDO based on time sheets.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization **Employer identification number** World Concern Development Organization 91-1155150 Form 990, Part I, Line 6: Volunteers of the organization include uncompensated board members. Form 990, Part III, Line 4d, Other Program Services: The Assistance to Returnees in Sila (ARIS) Chad is a program designed to address basic issues affecting returnees who are resettling in their village of origin or relocating into villages where they feel safer than in their former villages. It is comprised of two sectors: Agriculture/Food Security and Economic Recovery & Market Systems. ARIS targets 3,000 households representing 21,425 people with seed distribution, tools, equipment, traction animals, and agricultural building through trainings for both dry and rainy season agriculture. It covers 30 selected villages based on the needs they present. In addition to agricultural activities, the program introduces basic savings and loan instructions to women who have a desire to do small income generation activities. Through both sectors, a focus on disaster risk reduction (DRR) will be highlighted, and a participatory process for risk assessment introduced through farmer associations and women's groups, working towards the development and realization of community-managed risk reduction strategies. Somalia Livelihoods Support Program (SOLIS): Northeastern Somalia (Somaliland) has been severely affected by poor and delayed rain over several seasons. Lack of water supply has affected livelihoods nutrition and health throughout the population. WCDO is rehabilitating and improving community water sources, upgrading water catchment

Name of the organization World Concern Development Organization	Employer identification number 91-1155150
	J1 1133130
systems at schools, and initiating trial gardens among women's groups.	
Promotion of hygiene, nutrition and sanitation messages are conducted	
along with distributions of soap.	
Strengthening Lives in Chad (SLIC III): Returnees and host communities	
in Chad are being provided with improved seeds using fairs to allow	
beneficiary choice. Agricultural inputs and draft animals are being	
distributed to beneficiaries using a proven, effective rent-to-own	
method to build ownership and self-sufficiency. The project is also	
helping women's savings groups with training and resources. These	
interventions are helping to increase food security and economic	
stability during a period of transition and will encourage	
peace-building during the reintegration process.	
South Sudan Nutritional Aid for Preschoolers (SSNAP): Families in South	
Sudan have been struggling to put enough food on the table, due to the	
huge influx of returnees, high food prices, and low supply of food	
commodities in the market. Through the SSNAP program, WCDO has	
distributed Nutributter, a highly nutritious snack rich in vitamins,	
minerals and essential fatty acids, to children between the ages of 6	
and 24 months at risk of malnutrition. During each distribution,	
caregivers and parents were trained on how to use Nutributter	
appropriately and on child nutrition. Providing this ready-to-eat snack	
during this crucial time of development fortifies the child's health	
against future episodes of malnutrition, prevents stunted growth and	
protects mental development.	

World Concern Development Organization	91-1155150
addresses the severe water shortage of communities in Eastern	
Somaliland who suffer recurrent droughts. It builds on an ongoing	
twenty-five month OFDA-funded project. The lessons learned in the last	
grant show that sustained efforts in increasing capacity for water	
harvesting need to be accompanied by a deeper understanding of the	
underlying causes of the water scarcity and the link between that and	
food insecurity. WCDO is rehabilitating water points such as shallow	
wells, roof catchments for institutions, and sub-surface tanks to	
increase their capacity for harvesting and storing water. Training	
water user committees and hygiene and sanitations committees to manage	
the water sources within the community and enhance positive behavior	
change for better health is an essential accompaniment. A disaster risk	
reduction component uses the Participatory Assessment of Disaster Risk	
tool to help communities identify drought-related vulnerabilities and	
then design action plans ot mitigate the same. At the same time, the	
water user committees mobilize villagers to engage in rehabilitation of	
the environment as a way of protecting the water catchments.	
Expenses \$ 1,119,156. including grants of \$ 0. Revenue \$ 0.	
Form 990, Part VI, Section A, line 2: Kurt Campbell and Craig Campbell	
have a family relationship.	
Form 990, Part VI, Section A, line 4: WCDO amended both their Articles of	
Incorporation and Bylaws, making them a fully owned subsidiary of CRISTA	
Ministries, a Washington non-profit organization. This action was voted on	
by both the Board of Directors of CRISTA Ministries as well as the Board of	
Directors of WCDO. The amended Articles of Incorporation were filed with	

Name of the organization World Concern Development Organization	91-1155150
Form 990, Part VI, Section B, line 11: The organization's tax returns are	
prepared and reviewed by staff in the accounting department. Upon the	
completion of the tax return it will be sent to our professional tax	
accountant for review. At the same time it will be sent to a designated	
board member for review. Once all reviews are completed, the tax return	
will be sent via email to all board members for their review. The return	
will then be filed with the IRS and posted to a related organization's	
website.	
Form 990, Part VI, Section B, Line 12c: Key personnel within the	
organization monitor new employees and accounts payable transactions to	
ensure that the organization and its employees are in compliance with the	
conflict of interest policy. Also, board members complete a conflict of	
interest questionnaire each year disclosing any areas of conflict. During	
board meetings, if an issue arises where a board member has a conflict of	
interest, he or she leaves the room during the discussion and decision.	
Form 990, Part VI, Section B, Line 15: All compensation is determined by	
the parent organization which has all policies in place to ensure	
compensation is reasonable.	
Form 990, Part VI, Section C, Line 19: The organization makes its	
governing documents and conflict of interest policy available to the public	
upon request. The organization's financial statements are available upon	
request and are also posted to a related organization's website.	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization World Concern Development Organization	Employer identification number 91-1155150
Fundraising expenses are recorded under a related organization.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990. ► See separate instructions.

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Employer identification number Name of the organization 91-1155150 World Concern Development Organization

Part I Identification of Disregarded Entities (Com	nplete if the organization answered "Ye	es" to Form 990, Part IV, line 3	3.)				
(a) (b)		(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	eme End-of-year		controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	unizations (Complete if the organization	n answered "Yes" to Form 990), Part IV, line 34 b	ecause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled tity?
CRISTA Ministries - 91-6012289				301(0)(3))		Yes	No
19303 Fremont Ave North	Health Care, education,						
Seattle, WA 98133	broadcasting and relief	Washington	501(c)(3)	7	N/A		х

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

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related
	organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related unrelated	Share of total income	Share of end-of-year		portion-	Code V-UBI	Genera manac	al or F	Percentage ownership
or related organization		(state or foreign	eritity	(related, unrelated, excluded from tax under	liicome	assets	ate allo		L 20 of Schedule	Partition	51 : T	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1											
]											
	1											
	1											
	1											
	7											
	7											
Identification of Polated O	raanizatione Tavablo	os a Corne	oration or Trust (Co	mploto if the organizat	ion answored "Ver	s" to Form 900 Pr	rt I\/ I	ino 34	hocause it had o	20 Or	more	o rolated

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or foreign		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	tion (b)(13) rolled tity?
		country)		,				Yes	No
	_								

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

1a

Х

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Giπ, grant, or capital contribution from related organization(s)				10	Λ				
d Loans or loan guarantees to or for related organization(s)				1d		Х			
e Loans or loan guarantees by related organization(s)									
(Divides to force related association (c)				46		X			
f Dividends from related organization(s)				1f 1g		X			
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)									
Exchange of assets with related organization(s)				1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Α			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
l Performance of services or membership or fundraising solicitations for related org	anization(s)			11	Х				
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)				10	Х				
3 1 1 7 3 17									
p Reimbursement paid to related organization(s) for expenses				1p		Х			
q Reimbursement paid by related organization(s) for expenses				1q		Х			
r Other transfer of cash or property to related organization(s)				1r	Х				
s Other transfer of cash or property from related organization(s)				1s	Х				
2 If the answer to any of the above is "Yes," see the instructions for information on									
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
1)									
2)									
3)									
-1									
4)									
_,									
5)									
6)									
32163 12-10-12	•	•	Schedule F	R (Forn	990)	2012			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	(k) Percentage ownership