SCANNED DEC 1 & 2013

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

A	For the	2012 cale	ndar year, or tax year beginning		2012, and en	ding	December		, 20 12	
В	Check if	applicable:	C Name of organization WORLD WI	DE VILLAGE INCORPORAT	TED		DE	mploy	er identification nu	mber
П	Address	1	Doing Business As						41-2014011	
Ħ	Name ch	- 1	Number and street (or P.O. box if ma	ul is not delivered to street addre	ess) Roon	n/suite	E Te	elephor	ne number	
H		-	616 Sims Avenue		1.00		-"	рс.		
	Initial reti				L				651-777-6908	
H	Terminate Amended	1	City, town or post office, state, and z St. Paul, MN 55130	IP code			9.6	rogg re	eceipts \$	737,324
Η		1	F Name and address of principal office	r: Randy Mortensen		1,10				<u>_</u>
ш	Application	on pending	1	•					for affiliates? Yes	
			616 Sims Avenue, St. Paul, MN 5						ncluded? Yes	
<u>L</u>	Tax-exer	npt status:	✓ 501(c)(3)) ◀ (insert no) ☐ 4947(a	a)(1) or 527				list, (see instruction	13)
J	Website	: > ₩₩	w.worldwidevillage.org			H(c)	Group exe	mption	number 🕨	
K	Form of a	rganization:	Corporation Trust Associate	tion ☐ Other ►	L Year of for	mation.	2001 M	State	of legal domicile	MN
P	art I	Summ	ary							
	1		escribe the organization's missi	on or most significant act	tivities:					
	l -	•	development and community en	_						
8										
Activities & Governance				•						
E										
Š	i .		is box $ ightharpoonup \square$ if the organization $lpha$	•	•	ed of more	than 25	% of	its net assets.	
G	3	Number (of voting members of the gover	rning body (Part VI, line 1:	a)		[3		10
ē.	4	Number	of independent voting member	s of the governing body (Part VI, line	1b)	[4		9
₽	5		nber of individuals employed in					5		14
ફ	6		mber of volunteers (estimate if r		, 20,		·	6		415
¥			•				· ·			
			related business revenue from F					7a		-27,684
	<u> </u>	Net unrel	lated business taxable income	from Form 990-1, line 34	<u> </u>		<u> </u>	7b		-27,684
	1					Р	rior Year		Current Ye	ar
•	8	Contribut	tions and grants (Part VIII, line '		2,190	0,662		724,399		
Revenue	9	Program	service revenue (Part VIII, line	34	4,413		12,925			
8	10	•	ent income (Part VIII, column (A)		0					
æ	11		venue (Part VIII, column (A), line	•	11e)		3/	5,596		
	12		enue—add lines 8 through 11 (m				2,260			727 224
					11 (/5), 11110 12)					737,324
			nd similar amounts paid (Part-I)				1,623	3,308		363,611
										0
g	15	Salaries,	other compensation, employee b	363,555			164,783			
Expenses	16a	Profession	onal fundraising fees (Partily, co	oiumn (A) line 17 e) (A).				0		0
夏			draising expenses (Part IX, colu		43,926	,				
ă			penses (Part IX, column (A), line			·	711	1,903		213,974
	18	Total ave	penses. Add lines 13-17 (must	Sound Boot Wassers	line 25)					<u> </u>
	1	•		• • • • • • • • • • • • • • • • • • • •	iiiie 25) .			8,766		742,368
		Revenue	less expenses. Subtract line 1	8 from line 12	· · · ·			B,185		-5,044
5 g						Beginnin	g of Current	Year	End of Yes	<u> </u>
Net Assets of Fund Balance	20	Total ass	sets (Part X, line 16)			L	173	3,227		146,114
Σ.P.	21	Total liab	pilities (Part X, line 26)				120	0,886		56,897
₹.5	22	Net asse	ts or fund balances. Subtract li	ne 21 from line 20				2,341		89,217
	art II		ture Block					 1	·····	
				atum includes accessors						haliak ska
			ry, I declare that I have examined this national triplete. Declaration of preparer (other than						ny knowledge and	Deliet, it is
		1	O into				101111111111111111111111111111111111111	·		
		4	andy Walling	<u> </u>				///	4/2013	,
Siç	gn	Systh	nature of officer			,	Date 7			
He	re		Kandy //perk	wan the	SAE	11				
		Туре	e or print name and title	many the same						
_		Print/Ty	pe preparer's name	Preparer's signature		Date			PTIN	
Pa			-			1		heck (elf-emp	r ;	
	epare			<u> </u>		Ь				
Us	e Onl	y Firm's n	name •				Firm's E	N ►		
_		Firm's a	address ►	,			Phone n	0.		
Ma	y the IF	RS discus	s this return with the preparer s	snown above? (see instru	ctions)	· · ·		<u> </u>	🗌 Yes	
For	Paperv	vork Redu	iction Act Notice, see the separat	te instructions.	C	at. No. 11282	2Y		Form 9	90 (2012)

Form 99	3 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	. <u> </u>
1	Briefly describe the organization's mission:	
	Transforming lives and empowering communities through Christian education, safe housing, nutrition, and sustainable agricultu	ıre.
2	Did the organization undertake any significant program services during the year which were not listed on the	
		No
	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?] No
	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 measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	tners,
	the total expenses, and foreitae, it any, for each program service reported.	
4a	(Code:) (Expenses \$65,113 including grants of \$) (Revenue \$)	
	EDUCATION:	
	Supported Christian primary schools in Dumont, Luly and Williamson, Halti, by paying teachers and staff and providing daily	
	meals, healthcare, and supplies. Provided books and teachering materials. Facilitated teacher trainings for supported schools	
	as well as community schools. There are currently over 750 children attending and 60 teachers and staff employed in	
	the three schools.	

4b	(Code:) (Expenses \$434,182 including grants of \$) (Revenue \$)	
	COMMUNITY DEVELOPMENT AND NUTRITION:	
	Facilitated community gard project - training and employing 26 women in enhanced agricultural practices to supplement nutrition	
	and income. Deployed water purification systems to provide safe drining water to community residents. Facilitated pastors train	ning
	for over 50 Haitian pastors and church disciples. Provided mobile medical clinics in focus communities to assess and treat	
	general health conditions. Provided supplies for partner organizations to treat and administer over 300 severly mainourished	
	children.	
4c	(Code:) (Expenses \$113,123 including grants of \$) (Revenue \$)	
	RESIDENTIAL/COMMERCIAL CONSTRUCTION PROGRAM:	
	Construction of residential and commerical building capable of withstanding most common natural disasters. Included rain	
	water catchment systems consisting of roof gutters and water reservoirs household water use. Included in each house a private)
	latrine with a flush tollet. Trained Haltian construction crews to build using best practices.	
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 612 418	

Form 99				Page (
Part	V Checklist of Required Schedules		T 32	·
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	-
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		,
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		,
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		~
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		v
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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			,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		~
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
b	complete Schedule D, Part VI	11a	~	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	~	
b	Schedule D, Parts XI and XII	12a		-
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	<u> </u>
		14b		,
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.			
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	15		-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	·	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		-
00	If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	L	l

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Part	V Checklist of Required Schedules (continued)			
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	Yes	No
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		v
23	Did the organization answer "Yes" to Part VII, Section A, Ilne 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		~
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		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	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		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
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		v
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		,
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		~
	Schedule L, Part IV	28b		~
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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
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		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Ť
	or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
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		v

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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	10 (2012)			Page €
Part				_
	Check if Schedule O contains a response to any question in this Part V	<u>····</u>		, ,
10	Fatantha numban mandria Ban 0 of Familiano 6000 Fatan 0 Mantanatianhia		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 5 Constitution 1	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Ť	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~-	~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	~	ļ
b	If "Yes," enter the name of the foreign country: ▶ HAIT!			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		~
b b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring]		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		!	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
- b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-	'	
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
Б	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		 	$\vdash \vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		ĺ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	ions.		
Secti	on A. Governing Body and Management		_	· <u> </u>		
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	,			
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		~		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1		
6	Did the organization have members or stockholders?	6		~		
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a		~		
ь	Each committee with authority to act on behalf of the governing body?	8b		~		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
			Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b		<u> </u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	ļ		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		~		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c				
13	Did the organization have a written whistleblower policy?	13		~		
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14		~		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,		
а	The organization's CEO, Executive Director, or top management official	15a	_	~ '		
-	Other officers or key employees of the organization	15b		<u></u>		
16a	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?	16a		•		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		1		
Secti	on C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed ► MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)		
19	☐ 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 and financial statements available to the public during the tax year.		•	oolicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: • 616 Sims Avenue St. Peul MN 55130	of the	•			

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

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 no		d ora	aniz	atio	n c	ompe	nsa	ated any curren	t officer, director	r. or trustee.
(C)									,	
(A) Name and Title	(B) Average hours per	(do not check r box, unless per officer and a di		Position theck more than one ess person is both an and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Richard Reynertson	1									
Board Chairman	†	1	ł			}		0	o	0
(2) Randy Mortensen	70		Г							
President and Board Member	1	1	ļ	~		[8,000	0	o
(3) Patricia Mortensen	60									
Administrative Director				~	İ.	l		15,800		
(4) Valerie Brass	1									
Board Member		~	<u> </u>		<u> </u>			0	o	0
(5) Pastor Licovick Pierre	1						I -			
Board Member		~						0	0	0
(6) Harold Charles	1									
Board Member		~					L	0	0	0
(7) Jean-Paul Bonnet	1		ł							
Board Member		1				<u> </u>	<u> </u>	0	0	
(8) Brady Forseth	11	1								-
Board Member		~	L					0	0	
(9) Gary Borgendale	1									
Board Member		~						0	0	0
(10) Curt Christensen	1		}							
Board Member		~						0	O	0
(11)Claude Jeudy	1									-
Board Member		"					L.	0	o	0
(12)									- -	
(13)					-		 			
(14)										
	<u> </u>				<u> </u>	L	L		l	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/668	s, ar	nd H	lighe	st C	ompensated E	mployees (co	ntinue	d)	
	(A) Name and title	(B) Average hours per week (list any	box,	unies	(C) Position t check more than o nless person is both and a director/truste				(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated n amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp from organ and	ensation in the nization related izations
(15)													
(16)											7		*
(17)													
(18)							_						
(19)													
(20)													
(21)													
(22)						ļ					1		
(23)													
(24)													
(25)													
1b c	Sub-total			•	· ·		•	>	23,800		0		0
d	Total (add lines 1b and 1c)	not limited	to th				above	<u>►</u>	ho received m	·	,000 d	of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc	tor, c					emp	oloyee, or high	est compens	ated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	٧
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indiv		5	V
Section	on B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·	<u> </u>		
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation
NONE													
													
2	Total number of independent contractor received more than \$100,000 of compens) th	ose listed abo	ove) who			

Part	VIII	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII									
-	-	Check if Schedule O contains a respo	nse to any ques	tion in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
के क	1a	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					: 1				
و ق	C	Fundraising events 1c					r L				
# F	d	Related organizations 1d					1				
2 =	e	Government grants (contributions) 1e									
양병	f	All other contributions, gifts, grants,									
节星	•	and similar amounts not included above	724,399				,				
불통	_	Noncash contributions included in lines 1a-1f: \$	53,884								
o E	9	· ·	55,664	724 200			ì				
	h	Total. Add lines 1a-1f	Business Code	724,399							
ž		04									
eve	2a	Conferences	611710	12,925	12,925						
ec e	b										
Zic	C										
Se	đ										
Ja Ja	е										
Program Service Revenue	f	All other program service revenue .					,				
<u> </u>	9	Total. Add lines 2a-2f		12,925	·····						
	3	Investment income (including divide and other similar amounts)									
	_										
	4	Income from investment of tax-exempt bo									
	5	Royalties					,				
	_	(i) Real	(ii) Personal	1			ļ				
	6a	Gross rents					1				
	b	Less: rental expenses					(
	С	Rental income or (loss)				-	J				
	d	Net rental income or (loss)									
	7a	Gross amount from sales of (i) Securities	(ii) Other								
	_	assets other than inventory									
	b	Less: cost or other basis			j						
		and sales expenses .									
	С	Gain or (loss)									
	d	Net gain or (loss)	<u> ▶</u>								
une	8a	Gross income from fundraising			;						
Other Reven		events (not including \$ of contributions reported on line 1c).									
Ē		See Part IV, line 18 a				'	<u> </u>				
ಕ		Less: direct expenses b					1				
		Net income or (loss) from fundraising	events . ►								
	ya	Gross income from gaming activities.					Į.				
		See Part IV, line 19 a									
		Less: direct expenses b					,				
		Net income or (loss) from gaming acti	vities ▶								
	10a	Gross sales of inventory, less returns and allowances a									
	b	Less: cost of goods sold b									
	<u> </u>	Net income or (loss) from sales of inve					<u> </u>				
		Miscellaneous Revenue	Business Code								
	11a	Other Revenue	900099			-27,884					
	b										
	С										
	d	All other revenue									
	е	Total. Add lines 11a-11d									
	12	Total revenue. See instructions	▶	737,324	12,925	-27,884	0				

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	363,611	363,611		
4 5	Benefits paid to or for members	24,012	24,012		
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	114,188	71,065	22,679	20,444
9	Other employee benefits	10,756		5,778	4,978
10	Payroll taxes	15,827	9,006	3,998	2,823
11	Fees for services (non-employees):				
а	Management	4,860	4,860		
b	Legal				
C	Accounting	10,924		10,924	
d	Lobbying				
e	Professional fundralsing services. See Part IV, line 17				
f g	Investment management fees	15.7			
40	• • • • • • • • • • • • • • • • • • • •				
12	Advertising and promotion	0.040		4 457	0.450
13	Office expenses	3,610	40.004	1,457	2,153
14	Information technology	17,621	12,221		5,400
15	Royalties	40.761	20 500	20.175	
16 17	Occupancy	42,761 75,305	20,586 71. 94 7	22,175 1.973	4 205
18	Payments of travel or entertainment expenses	75,305	71.847	1.973	1,385
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,171		1,330	841
20	Interest	645		645	
21	Payments to affiliates		<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
22 23	Depreciation, depletion, and amortization .	4,280	2,420	1,860	
	Insurance	4,280	2,420	1,660	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	15,588	8,414	3,785	3,389
b	TELEPHONE/INTERNET	19,044	13,219	5,825	
С	BANK/CREDIT CARD CHARGES	13,176	11,056	2,119	
d					
e	All other expenses MISC	3,989		1,476	2,513
25_	Total functional expenses. Add lines 1 through 24e	742,368	612,418	86,024	43,926
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)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	<u> </u>		
			(A) Beginning of year		(B) End of year
	1	Cash-non-Interest-bearing	28,485	1	42,025
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,069	4	200
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			!
		Complete Part II of Schedule L		5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use	47,080	8	12,164
	9	Prepaid expenses and deferred charges	11,600	9	23,500
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 149,295	· · ·		,
	b	Less: accumulated depreciation 10b 87,070	80,993	10c	68,225
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	·	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	173,227		146,114
	17	Accounts payable and accrued expenses	120,886		56,897
	18	Grants payable	120,000	18	
	19	Deferred revenue		19	
	20				
	21	Tax-exempt bond liabilities		20	
		Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
i		disqualified persons. Complete Part II of Schedule L			ا ساما
ia	~~	· · · · · · · · · · · · · · · · · · ·		22	·
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	120,885	26	56,897
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	52,341	27	89,217
Ва	28	Temporarily restricted net assets		28	
פַ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		-	
8	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds .	-	32	
ब्	33	Total net assets or fund balances	52,341	$\overline{}$	89,217
_	34	Total liabilities and net assets/fund balances	173,227		146,114
					Form 990 (2012)

Page	1	2

					, ,	.g
Parl						
	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			73	7,324
2	Total expenses (must equal Part IX, column (A), line 25)	2			74	2,368
3	Revenue less expenses. Subtract line 2 from line 1	3			•	5,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6	2,341
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			4	7,297
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n			!
	Schedule O.		1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled c	or 🗀			
	reviewed on a separate basis, consolidated basis, or both:					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L			
b	Were the organization's financial statements audited by an independent accountant?			2b_	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а [
	separate basis, consolidated basis, or both:					1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis]
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		~
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n 🗀			1
	Schedule O.			_		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n [
	the Single Audit Act and OMB Circular A-133?			3a		>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		е Г			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	;	3b		
				Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection **Employer identification number** Name of the organization **WORLD WIDE VILLAGE INCORPORATED** 41-2014011

Par	Reason f	or Public Cha	rity Status (All orga	ınization	s must c	omplete	this pa	rt.) See i	nstruction	ons.		
	organization is not A church, cont A school desc A hospital or a A medical rese	a private founda vention of churc ribed in section cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attao spital service organiza on operated in conjun	or lines 1 churched ch Sched ation des	through 1 s describe ule E.) cribed in :	1, checked in sec	only one tion 170(box.) (b)(1)(A)(i (A)(iii).).		er the	
5 6 7	section 170(b) A federal, state An organization)(1)(A)(iv). (Come, or local gover on that normally	the benefit of a collect plete Part II.) nment or government receives a substantia (A)(vi). (Complete Pal	al unit de al part of	scribed in	n section	170(b)(1)(A)(v).				
8 9	☐ A community t ☐ An organizatio receipts from support from acquired by th	rust described in that normally activities related gross investment organization a	n section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unre fiter June 30, 1975. So I operated exclusively)(vi). (Cor an 33¹/₃% ions—su lated bus ee sectio	6 of its subject to desiness table. n 509(a)(upport fro certain ex xable inc 2). (Comp	ceptions come (les plete Part	s, and (2) ss section t III.)	no mor n 511 ta	e than 3	31/3%	of its
11 e f	purposes of o 509(a)(3). Che a Type I By checking the other than four or section 509 If the organization, organization, organization, or 509 By the organization, organiza	ne or more pubck the box that of the box that of the box. I certify the box of the box o	ad operated exclusive of supported organ describes the type of type of the type of typ	nizations supportir I—Functio Is not co e or more on from	described ng organiz nally inter ntrolled de publicly the IRS t	d in sect zation and grated lirectly or supporte	ion 509(a d comple d indirectle d organi a Type	a)(1) or set te lines 1 Type III–N y by one izations o	ection 50 1e throu Non-func or more described	9(a)(2). S gh 11h. tionally in disqualifi I in section	See se ntegrat ied pe on 509	ed red rsons 9(a)(1)
			ndirectly controls, eit						d in (ii) a		Yes	No
	• •	•	ody of the supported on described in (i) abo	•						11g(i) 11g(ii	_	
			a person described in							11g(iii	_	
h			on about the support									
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) la governing	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organı	s the tion in col. zed in the S.?	(vii) Amou sı	nt of mo upport	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)		· · · · ·						ļ				
Tota										1		

Part	Support Schedule for Organiza (Complete only if you checked th							er
	Part III. If the organization fails to							
Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	al
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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.		<u> </u>				l	
	on B. Total Support		T 22		т — : - :	T	Y	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	al
7	Amounts from line 4						l	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	•		or fifth tax v	12	n 501(c)(3	<u></u>
	organization, check this box and stop her	-			•			•
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2012 (line 6			1, column (f))		14		%
15	Public support percentage from 2011 Sch					15		%
16a	331/3% support test—2012. If the organiz							_
	box and stop here . The organization qual	· · · · · · · · · · · · · · · · · · ·		-				
b	331/3% support test—2011. If the organ check this box and stop here. The organi					e 15 is 33¹ო% 	or more, ▶	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts- acts-and-circ	and-circumsta	nces" test, cho st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members of the organization members of the organization members of the organization of	ion meets the eets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st	op here.	_
18	supported organization	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec			

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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, p			
	dar 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	****	1				
	received. (Do not include any "unusual grants.")	367,053	631,479	2,128,457	1,179,302	724,399	5,020,690
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				62,419		62,413
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			:			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	367,053	631,479	2,128,457	1,241,715172	724,39 9	5,083,103
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						5,083,103
Secti	on B. Total Support				·		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	357,053	631,479	2,128,456	1,241,715	724,399	5,083,103
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				-18,641	-27,684	-46,525
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				27,347		
13	Total support. (Add lines 9, 10c, 11,				2.,0	· · · · · · · · · · · · · · · · · · ·	
14	and 12.)	357,053 e organization	631,479 's first, second	2,128,456 I, third, fourth	1,249,221 , or fifth tax ye	696,715 ear as a section	5,036,578 1 501(c)(3)
	organization, check this box and stop her	re			<u> </u>		▶ 🗆
Secti	on C. Computation of Public Suppor			_			
15	Public support percentage for 2012 (line 8	• • • • • • • • • • • • • • • • • • • •	•			15	99.85 %
16	Public support percentage from 2011 Sch	_				16	99.85 %
	on D. Computation of Investment Inc				(5)	1.00	
17 18	Investment income percentage for 2012 (Investment income percentage from 2011	Schedule A, F	art III, line 17			17 18	% %
19a	331/23% support tests—2012. If the organi 17 is not more than 331/23%, check this box						
b	331/2% support tests—2011. If the organiz line 18 is not more than 331/2%, check this t	ation did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization die	· · · · · · · · · · · · · · · · · · ·	_	•		• •	

Part IV	Form 990 or 990-EZ) 2012 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
•••••••		
	······································	

SÇHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Employer identification number WORLD WIDE VILLAGE INCORPORATED Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements **2**b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1 . . .

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther reco	rds, chec	k any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		θ	☐ Other	r			
C	□ Preservation for future generations							
4	Provide a description of the organizat	tion's collections	and expl	ain how t	hey further	the org	ganization's exe	empt purpose in Part
	XIII.							
5	During the year, did the organization						•	
	assets to be sold to raise funds rather				_			Yes 🗌 No
Part	IV Escrow and Custodial Arra				anization	answe	red "Yes" to F	form 990, Part IV,
	line 9, or reported an amoun							
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
h	If "Yes," explain the arrangement in Pa					•		· ∐ Yes ∐ No
b	ii res, explain the arrangement in Pa	an Am and Compr	ere me n	nowing to	abie.		Т	Amount
С	Beginning balance					10		- IIII GIIII
d	Additions during the year					10		
e	Distributions during the year					16	-	
f	Ending balance					11		
2a	Did the organization include an amoun							Yes No
	If "Yes," explain the arrangement in Pa	· · · · · · · · · · · · · · · · · · ·	-					
Pari								
		(a) Current year		or year	(c) Two year			
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and							
	losses		<u> </u>					
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs		•					
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd baland	e (line 1g	, column (a	i)) held	as:	
а	Board designated or quasi-endowmer	nt ▶	_%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	at are held	and ad	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations					• •		. 3a(ii)
	If "Yes" to 3a(ii), are the related organi							. 3b
4	Describe in Part XIII the intended uses VI Land, Buildings, and Equip							
Part			_	1				
	Description of property	(a) Cost or o		1 ' '	or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land				16,838			16,838
b	Buildings							
C	Leasehold improvements				19,503		14,227	5,276
d	Equipment				71,430		39,510	31,920
θ_	Other	.		<u> </u>	41,524		27,333	14,191
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, columr	n (B), line 10)(c).)	▶	68,225

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	
(8	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
(1) Financia				
	held equity interests			
(3) Other				
(A)				
(B) (C)				·
(D)				
(E)		<u> </u>		
(F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments-Program Related		line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)	· · · · · ·			
<u>(4)</u> <u>(5)</u>				
(6)				······································
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, ∞l. (B) line 13.) ►			
Part IX	Other Assets. See Form 990, Pa			
(4)	3)) Description		(b) Book value
<u>(1)</u> <u>(2)</u>				
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)		- U		
(6)				
(7)				
_(8)				
(9)				
(10)	mn (b) must equal Form 990, Part X, co	ol (B) line 15)		
Part X	Other Liabilities. See Form 990,		<u> </u>	
1.	(a) Description of liability	(b) Book value	I	
(1) Federal	income taxes	,		,
(2)				
(3)				,
(4)				;
(5)				
(6)				
(7)				
(8)				
(9)				i
(10)				
(11)	b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 /49	6C 740) Footnote. In Part XIII, provide the t	ext of the footnote to the one	Anization's financial statements that	reports the organization's
liability for un	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in Pa	art XIII

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme	nts V	Vith Revenue per	Retur	Page 4
1		revenue, gains, and other support per audited financial statements		Titil Nevende per	1	737,324
2		unts included on line 1 but not on Form 990, Part VIII, line 12:			 • +	707,02-
- а		inrealized gains on investments	2a			
b		ted services and use of facilities	2b		1	
C		veries of prior year grants	2c		1	
d		r (Describe in Part XIII.)	2d		1	
e		.`, '			2e	(
3		ract line 2e from line 1			3	737,324
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b		1	
C					4c	O
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	737,324
Part	XII	Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses p	er Retu	ırn
1	Total	expenses and losses per audited financial statements		· · · · · · ·	1	742,368
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a			
b	Prior	year adjustments	2b		1	
C	Othe	losses	2c		1	
d	Othe	r (Describe in Part XIII.)	2d		1	
e	Add	ines 2a through 2d			2e	0
3		ract line 2e from line 1			3	742,368
4	Amo	unts included on Form 990, Part IX, line 25, but not on line 1:				·
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
þ	Othe	(Describe in Part XIII.)	4b	· · · · · · · · · · · · · · · · · · ·	1	
C	Add	ines 4a and 4b			4c	O
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	742,368
Part :	XIII	Supplemental Information				
Part V. nform	, line 4 ation.	is part to provide the descriptions required for Part II, lines 3, 5, and ; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b	. Also	complete this part to	o provid	e any additional
en X,	Line	: The Internal Revenue Service has determined that the Organization is	exemp	t trom federal incom	e tax uno	der Section 501(c)(3)
of the	Intern	Il Revenue Code and Minnesota Statute 290.05. Because WWV is a publi	c char	ity, contributions to i	may be	deductible
for tax	purpo	8es.				

next 12 months.

SÇHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD WIDE VILLAGE INCORPORATED

Employer identification number 41-2014011

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization ans	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization				
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni		
3	Activities per Region. (The fo		l line 3 table (can be duplicated if addition	nal snace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	HAITI	1	3	PROGRAM SERVICES	Food, clothing, supplie	363,611
(2)					to needy families in	
(3)					Haiti	
(4)						
(5)						
(6)			· · · · · · · · · · · · · · · · · · ·			
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)	·					
(15)						
(16)						
(17)						
3a	Sub-total					363,611
b	Total from continuation sheets to Part I					
C	Totals (add lines 3a and 3b)					363,611

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. Part II

		· · · · · · · · · · ·		·			ביייים בייים		
-	(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)
Œ									
(2)									
(3)									
(4)									
(2)									
(9)									
(2)	:		:						
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
								-	

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

3 Enter total number of other organizations or entities . .

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012

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 dublicated if additional space is needed Part III

(h) Method of valuation (book, FMV, appraisal, other)	FMW									:					!				Schedule F (Form 990) 2012
(g) Description of non-cash assistance	53,884 Clothing, food, medica																		Sch
(f) Amount of non-cash assistance	53,884																		
(e) Manner of cash disbursement	309,727 Wire Transfer																		
(d) Amount of cash grant	309,727							:											
(c) Number of recipients	5,000																		
rant III can be duplicated if additional space is needed. (b) Region (c) Number of recipients	HAITI																		
(a) Type of grant or assistance	(1) Clothing, food, medical	(2)	(3)	(4)	(5)	(9)	ω	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

Page	4

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

50,50	 ٠.	١,	01111	550	, 20	
_						

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 (see instructions).

SCHEDULE F, Part I, Line 3: Fair market vale of donated items Part I, Line 3, COlumn (e): Region: Haiti (e) Specific types of services in Region: Distribution of food, clothing, shoes, and medical supplies to needy families in various Haitian viilages.

SÇHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

World Wide Village Incorporated

Employer identification number 41-2014011

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			•
1	Art-Works of art			1 0111 000,1 tate 111, 1110 19				
2	Art—Historical treasures	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household				· · · · · · · · · · · · · · · · · · ·			
-	goods	,		36 740	Cost of simil	ar item	,	
6	Cars and other vehicles	<u> </u>	· · · · · · · · · · · · · · · · · · ·	00,740	0031 01 311111	ai iton	·	
7	Boats and planes						-	
8	Intellectual property							—
9	Securities—Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
••	or trust interests	}						
12	Securities-Miscellaneous				·			
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution-Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other					-		
18	Collectibles							
19	Food inventory			13,620	Resale Value			
20	Drugs and medical supplies							
21	Taxidermy	-						
22	Historical artifacts			· · - · · · · · · · · · · · · · · · · ·				
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Supplies)			3.524	Market Value			
26	Other ► ()			5,72				
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received	by the org	ganization during the tax y	rear for contributions for				
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	dgement	29			
						1	Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in Part I, lines	1-28 that			,
	it must hold for at least three year	rs from the	date of the initial contribu	tion, and which is not requ	uired to be			į i
	used for exempt purposes for the	entire hold	ing period?			30a	İ	v .
b	If "Yes," describe the arrangement	t in Part II.						
31	Does the organization have a		tance policy that require	s the review of any no	n-standard			1
	contributions?					31	ļ	· •
32a	Does the organization hire or use							
						32a		~
b	If "Yes," describe in Part II.							
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

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.

Name of the organization	Employer identification number
WORLD WIDE VILLAGE INCORPORATED	41-2014011
Form 990, Part VI, Section A, Line 2: Two of the officers have a family relationship	

Form 990, Part VI, Section A, Line 8a: There were no committees authorized to act on behalf of the box	ard in 2012.
••••••	
Farm 200 Back VI Continue B. Mars 40. The Farm 200 was avoided to the bound around an	
Form 990, Part VI, Section B, Line 19: The Form 990 was provided to the board members.	
Form 990, Part VII: Changes in Board of Directors - World Wide Village amended its bylaws to allow a	iditional voting board members.
its first meeting under the bylaws took place on September 25, 2012. There were 10 voting board mem	bers at the meeting.
•	