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SCANNED NOV 0 4 2010

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Form **990** (2009)

Cat No 11282Y

		if the Treasury nue Service The organization may have to use a copy of this retun	-	v state ren	ortina real	urements	Open to Pu		
(2009, an		orting requ	direfficiles.	, 20	νn	
_		10 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			SCIDA INC	D Employ	er identification i	number	
		use IRS	T WUN-U	1410C 1111.	257471110	62	: 160.319	3	
		nrint or Number and street for B.O. have if mail to not delivered to street add	dress)	Room/suite			ne number		
	Name c	1 gm U1) Koy 2111 25%				(901)	873-219	46	
	Specific City or town state or country and ZIP + 4								
		ted Instruc- tions. MEMPHIS TN 38184 -	1356			G Gross re	ceipts \$		
$\overline{}$		F Name and address of principal officer.			H/a) is thus		for affiliates? Yes	⊠ _{No}	
	ERNEST C, GAMBRELL H(b) Are all affiliates included? Tyes No								
ī	Tax-ex	empt status:			1		list (see instruction		
J Website: ▶ H(c) Group exemption number ▶									
K	Form of	organization	L Year o	of formation	1995	M State of	legal domicile.	TN	
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant a	ctivities:	The M	nission	isto:	1) aid missi	ongrio	
_		Briefly describe the organization's mission or most significant a	avies i	n area	of lie	uson l	retween t	the	
Ĕ	Ι.	missionary & foreign governments; 3) trai	n è co	uxsel	missi	onances	i 4) assis	t	
Ĕ		missionaries by providing low cost material	bhoru	sedur	une the	in ten	no ot sew	ice.	
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	ed of more	than 25% of	its net ass	ets.	U		
	3	Number of voting members of the governing body (Part VI, line	1a)			. 3	12		
es	4	Number of independent voting members of the governing body	(Part VI,	line 1b)		. 4			
Activities &	5	Total number of employees (Part V, line 2a)				. 5	2		
Ac	6	Total number of volunteers (estimate if necessary)				. 6			
		Total gross unrelated business revenue from Part VIII, column (. 7a	<u>o</u> _		
	b	Net unrelated business taxable income from Form 990-T, line 3	<u> 4</u>	-:		. 7b			
	1			<u> </u>	Prior Ye		Current Ye		
9	ı	Contributions and grants (Part VIII, line 1h)		· · 4	135, 17		1,697,57	4 00	
Revenue	ı	Program service revenue (Part VIII, line 2g)		· ·		55.35	1 4 4	0.00	
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		· ·	4/2	12.23		<u>6・み3</u>	
	11 12	Other reve nue (Part VII), celumր (A), lines 5, 6d, 8c, 9c, 10c, ar Total revenue—ad t lines 8th dugh և (must equal Part VIII, columr	nd lie) n (A) line	12)	142.5	70.03	1,700,32	-	
		Grants and sprilar amounts paid (Part 18, column (A), lines 1–3;	•		690.0		11 1 2 1 1 2	3.67	
		Benefits paid to or for members (Part) column (A), line 4)	,	· · 14	10,3	, A		8,54	
8		Salaries, other compensation, employee penefits (Part IX, column (A	 .\ lines 5_	.10)		21.49	(2)	9,27	
Expenses		Professional fundraleing rees (Part IX column (A), line 11e)	ı, iii ica o	10,		0	- 124 1)	
껿	b.	Total fundraising expenses (Part IX, column (D), line 25) ▶				=			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .			52,2	50.29	41,04	1.18	
		Total expenses. Add lines 13–17 (must equal Part IX, column (A	 A). line 25	5)		98,75	1,681, 13	2,66	
		Revenue less expenses. Subtract line 18 from line 12		/ ·	< 19',8	28.72)	19'.19'	7.26	
Net Assets or Fund Balances						urrent Year	End of Yea	ar	
sets	20	Total assets (Part X, line 16)			280,0	39,40	308, 27	17.11	
a Pa	21	Total liabilities (Part X, line 26)				70,62	<u> 13', 91</u>	1.07	
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		<u>215; 1</u>	<u>68.78</u>	234, 36	6,04	
Pá	rt II	Signature Block				 			
		Under penalties of perjury, I declare that /nave examined this return, including a and belief, it is true, correct,/and complete Declaration of preparer (other than	accompanyi officer) is b	ng schedule based on all	s and state: information	ments, and to of which or	o the best of my k eparer has anv kn	nowledge owledge	
۵.			•		1	,			
Sig		and to tolice				10/12	110		
He	re	Signature of officer ERNEST C. GAMBRELL PR			Dat	ie .			
			ESIDE	EN I					
		Type or pnnt name and title	Date	Checi	k rf	Dranses-'s	destribute a		
		Preparer's signature	Date	self-	_	(see instruct	dentifying number tions)		
Paid				emplo	oyed ▶ ∐				
	parer's	Firm's name (or yours	1		EIN				
Use	Only	if self-employed), address, and ZIP + 4			Phone r	10 P ()		
Ma	v the	IRS discuss this return with the preparer shown above? (see in	struction	s)	I HOHE I	N. F. 1	. Yes	No	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Pai	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The purpose is to: 1) aid missionanes in financial and regulatory matters; 2) serve
	missioneries in areas of liaison between the missionery and foreign governments; 3) train and counsel missioneries during their terms of service; 4) assist missioneries by providing lowcost materials for use during their terms of service.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,627,612,21 including grants of \$1,624,803,67) (Revenue \$1,623,674,84) Collection and distribution of voluntary contributions to designated missionaries and missionary projects. Payment were made to 33 U.S. missionary individuals of families on dimestic or foreign fields of service, plus 2 missionary projects (1 in the U.S. and 1 in a foreign country.
4b	(Code:) (Expenses \$ 7,280,98 including grants of \$ &) (Revenue \$ 59/6,10) Printing services provided several thousand booklets, newslotters, religious tracts, envelopes, and brothers for use in missionary and missionary support activities.
4c	(Code:) (Expenses \$ 5315.5] including grants of \$ \$ (Revenue \$ 2,130.00) Training services included the annual candidate school for missionaries and missionary candidates held in Memphis, TN. In the U.S. the organization assists in the religious training of a small number of Spanish speaking people. In Mexico the organization maintained the capability of providing language, culture, and other educational training although no missionaries participated in the current fiscal year.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,640,208,70

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the origanization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		χ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21; 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		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	χ	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	.,,	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	ļ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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, Part II	15		X
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, Part III	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ĺ	l X

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
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	Χ	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_X_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see 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	28a 28b	_X_ X	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 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 contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			ugo C
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Ý	
	gaming (gambling) winnings to prize winners?	''	_	
3	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			
2	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)	1		
•	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
١	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	1 -		v
	account)?	4a		X
1	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\ <u>\</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	-		
	Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible?			
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		_ ,
	and services provided to the payor?	7a 7b	-	
		"		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal]		
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	<u>7g</u>	ļ	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	 		
	required?	7h		 -
	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	1	}	
	organizations, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			<u> </u>
	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	4		
)	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 200 in liqu of Form 10412.	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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.

Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body				
b	Enter the number of voting members that are independent	1		İ	
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		$\bot X$	
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		$\perp X_{\perp}$	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X_	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		$\bot X$	
6	Does the organization have members or stockholders?	6		LX_	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:			J	
а	The governing body?	8a	X		ماد
b	Each committee with authority to act on behalf of the governing body?	8b			MIA
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	9a		X	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal			
Hev	enue Code.)			1	
		40:	Yes	No	
	Does the organization have local chapters, branches, or affiliates?	10a		_X _	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401			AIN
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b			,,,,,
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		N	
444	form?			<u> </u>	İ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	V		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		L	•
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ	
		120			•
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X		
13	Does the organization have a written whistleblower policy?	13	X		•
14	Does the organization have a written document retention and destruction policy?	14	Ŷ		•
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		X	,
	Other officers or key employees of the organization	15b		X	-
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		L		
	with a taxable entity during the year?	16a	<u> </u>	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ļ		∆ اد
	the organization's exempt status with respect to such arrangements?	16b			M A
	tion C. Disclosure				-
17	List the states with which a copy of this Form 990 is required to be filed ▶NONE	·		- -	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.				
	☐ Own website ☐ Another's website ☐ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds_o	f the	,	
	organization: ► ERNEST C. GAMBRELL 6394 MAIN STREET LUCY TN		05	<u> </u>	
	901-873-214	b			_

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not co		any o	curre			cer, d	irec			····
(A) Name and Title	(B) Average	Doc.+	on fo	•	C)	that ap	nbA	(D) Reportable	(E) Reportable	(F) Estimated
ivame and Title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. ERNEST C. GAMBRELL CORPORATE PRESIDENT	40	V		✓				37898,54	0	0
DRITEDDY STEELE CHAIRMAN	0	✓						٥	0	0
REN, JIMMY GATHN SECRETARY FTREASURER	0	1						O	ð	0
MR. DANA BRELAND BOARD MEMBER	0	V						D	0	D
BOARD MEMBER	0	V						o	0	٥
REV. DALE COFFEE BOARD MEMBER-REPRESENTATIVE	. 0	1						0	3	0
REVI DAVID PITTMAN BOARD MEMBER-REPRESENTATIVE	. 0	V						٥	δ	٥
REVIFREEMAN WEEMS BOARD MEMBER	٥	1						D	0	0
BEN MARTY WYNN BOARD MEMBER	٥	1						٥	ð	0
MR, JEFF FUTRELL BOARD MEMBER	O	V						0	٥	0
REJ. TERRY BAILEY BOARD MEMBER	0	V						٥	0	٥
BOARD MEMBER REV. KEVIN BROYHILL BOARD MEMBER	Ö	V						0	O	0

Par	t VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hest	Compensated	d Employees (co	ontinued)
_	(A)	(B)	Docite	an (e)) 	•	that ap	-	(D) Reportable	(E)	(F) Estimated
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
				L		ļ <u>.</u>				<u> </u>	
			ļ	<u>.</u>							ļ
				ļ 						-	
											
					-						
					_	ļ					
				_							
		<u> </u>		<u>.</u>			<u> </u>	<u> </u>			
1b 2	Total			<u>. </u>	lint	<u></u>	hovo	<u>▶</u>	37898.54	0 200 than \$100.0	O
_	reportable compensation from the organization		to the	USE	liou	5 U 6	above	;) v vi	io received inc	ore man \$100,0	100 III
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	•	Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com _l	pen: Sch	satio edu	on 1 le J	from I for s	any <i>uch</i>	unrelated org	anization for	5 X
Sec	tion B. Independent Contractors	·									
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent d	contra	acto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
	NONE										
		· · · · · · · · · · · · · · · · · · ·									·
_											· · · · · · · · · · · · · · · · · · ·
2	Total number of independent contractors (those	liste	ed above) who	received	

Par	VII	Statement of Revenue	•					
-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants	ta	Federated campaigns	. 1a					
gra		Membership dues	1b					
gifts, ilar am		Fundraising events						
igi iar	d	Related organizations	. 1d					
ons, sim	e	Government grants (contributions	i). 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants,		1109 01210				
ફ		and similar amounts not included abo		1,697,51369				
S E		Noncash contributions included in line			116750310			
	13	Total. Add lines 1a-1f		Business Code	1,697,57369			
Program Service Revenue	١.	TRAINING INCOME		Dusiness oode	780,00	780,00		
ě					700,00	280,00		
8	b							-
Ž	"							· · · · · · · · · · · · · · · · · · ·
S	ء ا			· · · · · · · · · · · · · · · · · · ·				
<u> </u>	f	All other program service reve						
<u> </u>	g	Total. Add lines 2a-2f	·····	▶	780,00			
	3	Investment income (including	dividend	s, interest, and				
		other similar amounts)			1,976,23	1,976.23		
	4	Income from investment of tax-ex	xempt bon	d proceeds 🕨		· · · · · · · · · · · · · · · · · · ·		
	5	Royalties		<u> </u>				
		() R	eal 	(ii) Personal				
		Gross Rents		 				
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss) .						
	ļ.		curities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	- Carrido	(ii) Galici				
		Less: cost or other basis						ĺ
	ן י	and sales expenses .		Ì				
	c	Gain or (loss)						
		**		•				
9	8a	Gross income from fund	raising					
ē		events (not including \$	3					
ě		of contributions reported on li						
7		See Part IV, line 18	_					
Other Reven		Less: direct expenses						
U	C	Net income or (loss) from fun	araising e	events ►				
	9a	Gross income from gaming ac]			
	h	See Part IV, line 19 Less: direct expenses						
	C	Net income or (loss) from gar	ם . nina activ	/ities ▶				
		Gross sales of inventory,	_					_
		returns and allowances						
	ь	Less: cost of goods sold .		i]
	C	Net income or (loss) from sales	of invent	ory ▶				
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a	•••••						
	b							
	C							
		All other revenue						_
		Total. Add lines 11a-11d .			1 700 770 07	17-1 \3		
	12	Total revenue. See instruction	ris.	<u> > </u>	11, 100, 201,4d	2756.23		

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) but are not required to complete columns (B), (C), and (D). (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 1,593,314,34 1,593,314,34 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 11.581.59 11,581.59 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . Other employee benefits 897.68 897.68 **10** Payroll taxes Fees for services (non-employees): a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 254.25 254,25 **g** Other 12 Advertising and promotion 12,611.73 5,260,25 2.648.52 13 Office expenses 14 Information technology 15 <u>4,512,95</u> 4,512,95 16 25,00 25,00 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials .316,99 316.99 Conferences, conventions, and meetings . 19 544,78 20 Payments to affiliates 21 7,404.14 1042,09 6,362.05 22 Depreciation, depletion, and amortization. 23 Other expenses. Itemize expenses not 24 covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 1,133,93 REPAIRS PRESS EXPENSE 6,238,89 6,238,89 1,350.00 CHURCH PLANTING All other expenses 1,681,132.66 1,640,208.70 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs

Part X **Balance Sheet** (A) Beginning of year End of year 15.00 75,00 1 Cash-non-interest-bearing 1. 74,007.00 2 2 Savings and temporary cash investments 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Assets Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 98,553,26 10b 105,957,40 10c **b** Less: accumulated depreciation 11 11 Investments—publicly traded securities . . . 12 12 Investments-other securities. See Part IV. line 11 13 Investments-program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 280,039,40 308,277, 16 16 17 Accounts payable and accrued expenses 17 18 18 19 Deferred revenue 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 50,162.83 44,748,77 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 25 25 26 26 Organizations that follow SFAS 117, check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets Temporarily restricted net assets051,90 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 Total liabilities and net assets/fund balances Form 990 (2009)

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
	Were the organization's financial statements audited by an independent accountant?	2b		_X_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			v
	the Single Audit Act and OMB Circular A-133?	3a		Δ
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ا ۔. ا		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization UNDAMENTAL BAPTIST WORLD-WIDE MISSION, INC 62: 1603193 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II c Type III–Functionally integrated d ☐ Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes Yes Nο No Yes No

Total

AIN

	(Complete only if you chec					and 170(b)(I)(A)(VI)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.		gar i romar la lanaca i L	Pro mi nas crimeros a	distriction services in the services of the se	·	
	tion B. Total Support		<u>.</u>	· · · · · · · · · · · · · · · · · · ·		J ,	<u></u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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	Total support. Add lines 7 through 10 .	<u> </u>	<u> </u>		<u> </u>	<u> </u>	1
12	Gross receipts from related activities, etc	-	•			12	
13 	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>				
<u>000</u> 14	Public support percentage for 2009 (line			1 column (f)\		14	%
15	Public support percentage from 2008 Sci	• •					%
16a		zation did not	check the box (on line 13, and	line 14 is 331/31	% or more, che	eck this box
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and stop here	. Explain ın Pari	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, i organization qu	check this box alifies as a publi	and stop here . cly supported or	Explain in Part ganization	IV how the

Schedule A (Form 990 or 990-EZ) 2009 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2006 (d) 2008 (a) 2005 (c) 2007 (e) 2009 (f) Total 1 contributions. Gifts grants. and membership fees received. (Do not include 135,172 625,011 H69.03S any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities 8315 furnished in any activity that is related to the 10762 13.945 2555 organization's tax-exempt purpose. Gross receipts from activities that are not an 0 0 ٥ 0 0 0 unrelated trade or business under section 513 Tax revenues levied for the organization's 0 O benefit and either paid to or expended on 0 0 O its behalf The value of services or facilities Ø 0 0 0 furnished by a governmental unit to the 0 organization without charge 698,354 8,070,329 1,482,970 1.514.905 1,738,321 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 0 0 0 0 0 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that 0 0 0 exceed the greater of \$5,000 or 1% of the Ø amount on line 13 for the year . . . c Add lines 7a and 7b O Public support (Subtract line 7c from 8 0793 line 6) Section B. Total Support **(b)** 2006 (a) 2005 (d) 2008 Calendar year (or fiscal year beginning in) (c) 2007 (e) 2009 (f) Total Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans, 9.103 rents, royalties and income from similar 663 707 sources . Unrelated business taxable income (less 0 section 511 taxes) from businesses Ø 0 0 0 acquired after June 30, 1975 669 1,516 103 707 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 0 O whether or not the business is regularly 0 0 0 0 carried on Other income. Do not include gain or 0 0 loss from the sale of capital assets 0 Ø 0 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 1,637,289 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .▶ □ Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15

19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 33\% \% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% \%, and

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .

Investment income percentage from 2008 Schedule A, Part III, line 17

Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright

16

17

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service **Employer identification number** Name of the organization FUNDAMENTAL BAPTIST WORLD WILLE MISSION, INC 62: 160.3193 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 2 Aggregate contributions to (during year) 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? 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 conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. A-Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) 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 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . C Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ 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 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

If the organization elected, as permitted under SFAS 116, 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

Page	4
raue	4

Par	t III Organizations Maintaining	Collections of	of Art, Hi	storic	al Treasures,	or Ot	her Similar	Assets (continued)
NA PA	Using the organization's acquisition, according to the collection items (check all that apply):	cession, and o	ther reco	rds, ch	eck any of the	follow	ng that are a	significant use of its
а	Public exhibition		d		Loan or excha	nge pro	ograms	
b	Scholarly research		е		Other			
C	Preservation for future generations	i						
4	Provide a description of the organization Part XIV.	n's collections	and exp	lain ho	w they further	the org	janization's e	xempt purpose in
5	During the year, did the organization solic assets to be sold to raise funds rather tha	it or receive do in to be mainta	nations o ined as p	f art, hi art of tl	stoncal treasure he organization'	es, or o	ther similar	. Yes No
Par _/V	Escrow and Custodial Arrai					nswere	ed "Yes" to F	orm 990, Part
	is the organization an agent, trustee, cuincluded on Form 990, Part X?					ons or o	other assets i	not
b	If "Yes," explain the arrangement in Par	t XIV and com	plete the	follow	ring table:			
								Amount
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					<u>1e</u>		.
f	Ending balance					1f		
	Did the organization include an amount If "Yes," explain the arrangement in Par	t XIV.	•					. LYes LNo
Par	t V Endowment Funds. Compl	ete if the org	anizatio	n ansv	wered "Yes" t	o Forr	n 990, Part	IV, line 10.
N	[A	a) Current year	(b) Pno	r year	(c) Two years I	back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
ь	Contributions							
C	Net investment earnings, gains, and losses		·					
d	Grants or scholarships							
	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of the	e year end bal	ance held	d as:				
а	Board designated or quasi-endowment	>	%					
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
3a	Are there endowment funds not in the poorganization by:	ssession of th	e organiz	ation th	nat are held and	d admir	nistered for th	e Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	(ii) related organizations If "Yes" to 3a(II), are the related organizations	ations listed as	s required	d on So	chedule R? .			. 3b
4_	Describe in Part XIV the intended uses	of the organiza	ation's er	ndowm	ent funds.			
Par	t VI Investments—Land, Buildi	ngs, and Eq	uipment	. See	Form 990, Pa	ırt X, liı	ne 10.	
	Description of investment	(a) Cost or oth (investme			Cost or other sis (other)		cumulated reciation	(d) Book value
1a	Land				0,500,00			10,500.00
ь	Buildings			124		43	3,685,74	81,055,87
c	Leasehold improvements				0		0	0
d e	Equipment			5	4,043,59	4	7,046,20	6,997.39
_	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 95	90, Part X.	colum	n (B), line 10(c).)		•	98 553,26

~	_	-	000	~~~
Schedule	D	II-om	9901	2009

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	tion ket value
Financial derivatives			
Closely-held equity interests			
Other			
	 · · - · - · · · · · · · · · · · 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Relate	d See Form 990 Part X	line 13	
N (a) Description of investment type	(b) Book value	(c) Method of valua	ation
M (a) pescription or investment type	(b) BOOK Value	Cost or end-of-year ma	
		<u> </u>	
····			
			
- 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa			
NA	(a) Description		(b) Book value
<u></u>			
· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·
			
			····
			
Total. (Column (b) must equal Form 990, Part X, col.	(R) line 15.)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
DUE TO MISSIONARIES	28,671,33		
	,		
		_	
		_	
		7	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	28,671,33		

Sche	dule D (Form 990) 2009		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
VHA	-Total revenue (Form 990, Part VIII, column (A), line 12)	1	
12	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9		9	
10	Total adjustments (net). Add lines 4 through 8	10	- · . · · · · · · · · · · · · · · · · ·
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	r Return
NILA	Total revenue, gains, and other support per audited financial statements	T 1	
, 1.1A	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	7	
	Recoveries of prior year grants	\dashv	
c d	Other (Describe in Part XIV.)	_	
e	Add lines 2a through 2d	20	<u>-</u>
_	Subtract line 2e from line 1	3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	
•	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a	Other (Describe in Part XIV.)	1	
D C	Add lines 4a and 4b	40	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	T XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
_	Total expenses and losses per audited financial statements	1	
٧٤،	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
-	Donated services and use of facilities		ì
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		
_	Add lines 2a through 2d	20	=
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		:
· a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	1	
-	Other (Describe in Part XIV.)	7	
	Add lines 4a and 4b	40	=
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	t XIV Supplemental Information		···•
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4:	Part IV. lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a		
	part to provide any additional information.		•
	.11 1		
	NIA		

Schedule 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.

Open to Public

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Inspection Name of the organization **Employer identification number** FUNDAMENTAL BAPTIST WORLD-WIDE MISSION, INC 6a: 1603193 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i.e., expenditures for a program service. region agents in describe specific type of fundraising, program services, region region grants to recipients located in service(s) in region the region) MIDDLE EAST AND LIVING AND GRANTS TO RECIPIEN 0 31,489,33 0 NORTH AFRICA WORK EX PENSES 31,489.33

9

Page 2

Schedule F (Schedule F (Form 990) 2009	Page
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	m 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	□
	Use Schedule F-1 (Form 990) if additional space is needed.	

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

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 ▶ 0

Enter total number of other organizations or entities 9

Schedule F (Form 990) 2009

Page 3

Schedule F (Form 990) 2009

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) N 14 (g) Description of non-cash assistance 414 (f) Amount of non-cash assistance 9 (e) Manner of cash disbursement いがら 31,489,33 (d) Amount of cash grant (c) Number of recipients MIDDLE EAST & AFRICA (b) Region LIMING & WORK FUPFINGES (a) Type of grant or assistance

Part IV		emental ete this pa			nformation	required in	Part I, line 2	2, and any	additional i	nformation.	
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					wasn	nade i	ly an	Ame	rican	past	di
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2009

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 62: 1603193 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and WORLD-WIDE MISSIBN INC.

2 □

Yes

.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Part I

BAPTIST

-UNDAMENTAL

Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (Form 990) if	additional space	ace is needed				□ ▲
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A/A				:			
							:
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	(c)(3) and governr anizations	wernment organizations					

Schedule I (Form 990) 2009

Cat. No. 50055P

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants a

Use Part IV and Schedule I-1 (Form 390) II additional space is needed	1 990) IT additions	space is needed.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PERSONAL LIVING AND	34	# 1,593,314.34			
WORK EXPENSE SUPPORT					
FOR MISSIONARIES ON					
DOMESTIC AND FOREIGN					
F16L0S					
Part IV Supplemental Information. Complete this part to		provide the information required in Part I, line 2,	n required in Part	I, line 2, and any other	and any other additional information.
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization

Open To Public Inspection Employer identification number

1	UNDAMENTAL BAP								160	3/	93		
Part I	Excess Benefit Transactions Complete if the organization answer								Part V	, line 4	40b.		
1	(a) Name of disqualified person				(b) (Description of	transaction	ı				(c) Cor Yes	rected?
			<u>.</u>									<u></u>	
		- -	•				•						
		<u>.</u>											
ur	nter the amount of tax imposed on to nder section 4958							~	e year 	► \$ ► \$			
Part	Loans to and/or From Interest Complete if the organization ar			on Form 99	90, Part I	V, line 26,	or Form 9	990-E	Z, Pa	rt V, I	ine 3	Ba.	
;	Name of interested person and purpose	(b) Loan	to or from		ginal	(d) Balan			default?	(f) Ap	proved pard or nuttee?	(g) W	Vntten ment?
		То	From					Yes	No	Yes	No	Yes	No
				-									
_													
Total Part I	Grants or Assistance Benefit				. ▶ \$			l				<u> </u>	
	Complete if the organization ar	swered			90, Part I	V, line 27.							
ERN	(a) Name of interested person EST C. SAMBRELL -	(b) Re	•	between inte organizat		son and the	(c) Amou	ınt and	type o	of assis	tance	
		COR	PORF	HE PRI	ESMEN	T	PAYMEI # 28	VT F	OR H S4	EAC	TH 10	Sur	ANCE
_							-			•			
							ļ-·						
Part	Business Transactions Involve Complete if the organization ar				90. Part I	V. line 28a	. 28b. or	28c.			<u> </u>		
(a) Name of interested person	(b) R	elationshi	p between son and the	(c) Ar	mount of saction			on of tra	ansact	ion	organi	anng of zation's nues?
												Yes	No
													-
		<u> </u>		<u>-</u>							<u> </u>		-
													\vdash

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

160 was not presented the governing ble congensation for the corporate president 2,808.54 included in Part IX, line 4

FORM 990 FUNDAMENTAL BAPTIST WORLD-WIDE MISSION EIN - 62-1603193

This package includes:

- Approval of extension of due date
 Form 990 FYE 2/28/2010