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A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

B Ch	eck if ap	plicable Please	C Name of organization Woman's Missionary Union Foun	dation			D Employer	iaenti	iication number
— Ad	dress cha	ange use IRS	·				63-1138		
— Na	me char		Doing Business As				E Telephone	numb	per
– _{In}	tıal retur	type. See Specific	Number and street / D.O. I	ıf maıl ıs not delivered to street addre	ncc\ D =	/c+ -	(205) 408	8 - 55	25
_	minated	Instruc-	100 Missionary Ridge	ir maii is not delivered to street addre	ess) Room/	suite	G Gross receip	ts \$ 3	,555,437
_			Chi altania data arangan	J 7TD 4					
_	ended r		City or town, state or country, a Birmingham, AL 352425235	nd ZIP + 4					
Ap	plication	pending							
			me and address of principal of	ficer	H(a)	Is th	• Is a group reti	urn fo	r
) GEORGE Issionary Ridge			affilia	tes?		⊤Yes 🔽 No
			gham, AL 352425235		ши	A	l =661;=4== ;==1		Yes No
			-				l affiliates incl		ee instructions)
I Ta	x-exem	pt status 🔽 501(c	:) (3) ◀ (insert no)	(1) or 527			o, attach a h ip exemption		
		·	UNDATION COM	<u>``</u>	"(")	0.00	ip exemption	aiiib	
, W	ebsite	: F WWW WMUFU	JUNDATION COM		<u> </u>				
		anızatıon 🔽 Corpora	tion Trust Association Othe	er 🟲	L Yea	r of fo	rmation 1995	M St	ate of legal domicile AL
Pa	rt I	Summary							
			ne organization's mission or m		D THE D	1000	CE OF MOT		TNC AND
	1			ATION WAS ORGANIZED FO IATIONS, AND BENEFACTIO					
		MAINTENANCE	OF WOMAN'S MISSIONARY	UNION AND THE VARIOUS (CAUSES	FOST	ERED, APPR	OVE	D, ENDORSED,
Governance				BY WMU AND THE RELATED					
₫		NOT LIMITED TO	D, MISSIONS EDUCATION, A	AND FOR ANY OTHER PURPO	SES WII	HIN	THE SCOPE	OFI	HEFOUNDATION
₽									
Ş									
చ చ	2	Check this box 🛏	 if the organization disconting.	nued its operations or disposed	d of more	than	25% of its ne	tass	ets
en W	3	Number of voting i	members of the governing boo	ly (Part VI, line 1a)				3	17
Activities		_	•	governing body (Part VI, line 1				4	17
ਙ			mployees (Part V , line 2a)		-,	_	_		!
∢			olunteers (estimate if necessa						100
	1			art VIII, column (C), line 12				_	(
	1	-	iness taxable income from Fo	* **	•			/a _ 7b	
	B	Net uniterated bus	The sale and the month of			Daile	- V	, , , , , , , , , , , , , , , , , , , 	
			/5			Pric	r Year		Current Year
a)	8		d grants (Part VIII, line 1h)				1,510,036		2,362,706
Revenue	9	•	, ,						0
3	10		me (Part VIII, column (A), lın			258,400	 	160,237	
	11	•	Part VIII, column (A), lines 5,				200,023		194,920
	12			equal Part VIII, column (A), lin	ie		1,968,459		2,717,863
	13		ar amounts paid (Part IV colu	ımn (A), lines 1-3)			567,906	+	657,099
	14		or for members (Part IX, colur				307,900		037,099
		•	, ,	,	_				0
8	15	Salaries, other co	ompensation, employee benet	its (Part IX, column (A), lines	5-		278,356		262,287
Expenses	16a	,	draising fees (Part IX, column	(A). line 11e)			<u>`</u>		0
⊕ ⊕	ь								
Ш			penses (Part IX, column (D), line 25)				222.612		101 510
	17	•		a-11d, 11f-24f)			222,612	+	191,519
	18			Part IX, column (A), line 25)			1,068,874	_	1,110,905
09	19	Revenue less exp	penses Subtract line 18 from	line 12			899,585		1,606,958
Not Assets or Fund Balances					Begi		g of Current 'ear		End of Year
See See	20	Total assets (Po	rt X, line 16)				20,499,772		26,225,901
¥.	21		Part X, line 26)				13,176,804		
5 E	21	·	nd balances Subtract line 21				<u> </u>	-	15,991,434
				from line 20			7,322,968		10,234,467
Pa	rt II	Signature Bl							h k - 6 l l- d
				ed this return, including accompanying of preparer (other than officer) is base					
			· · · · · · · · · · · · · · · · · · ·						
Sigr		*****				2010-	08-12		
Her	е	Signature of office	er			Date			
		DAVID GEORGE P							
		Type or print nam	ne and title						
		Preparer's		1	Check If		Preparer's ide		g number
Paid		signature JOHN	SHANK CPA		self- empolyed	• —	(see instruction	ns)	
	arer's	Firm's name (or your	rs 👠 Barfield Murphy Shank & Smith			'			
	Only	ıf self-employed),	P	· · · · ·			EIN 🕨		
-		address, and ZIP + 4	1121 Riverchase Office Rd				Phone no 🕨	(205)	982-5500
							TIMORE NO F	(203)	
			Birmingham, AL 35244					_	Type E No

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE WOMAN'S MISSIONARY UNION FOUNDATION WAS ORGANIZED FOR THE PURPOSE OF MOTIVATING AND FACILITATING THE MAKING OF GIFTS, DONATIONS, AND BENEFACTIONS FOR THE ADVANCEMENT, PROMOTION, AND MAINTENANCE OF WOMAN'S MISSIONARY UNION AND THE VARIOUS CAUSES FOSTERED, APPROVED, ENDORSED, PROMOTED, OR OFFICIALLY SANCTIONED BY WMU AND THE RELATED STATE WMU ORGANIZATIONS, INCLUDING, BUT NOT LIMITED TO, MISSIONS EDUCATION, AND FOR ANY OTHER PURPOSES WITHIN THE SCOPE OF THE FOUNDATION

	. ota. program service expenses y	551,520	•		Form 990 (2009
4e	(Expenses \$ Total program service expenses►\$	including grants of 901,920) (Revenue \$)
4d	Other program services (Describe i	•) (P	,
 4с	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	901,920	including grants of \$	657,099) (Revenue \$)
	The Foundation manages in excess of 100 seserves as the investment manager for 18 rel				ot purpose. The Foundation also
4a	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orgallocations to others, the total expens	anızatıons and sectio	n 4947(a)(1) trusts a	are required to report the am	
	If "Yes," describe these changes on S	chedule O			
3	Did the organization cease conducting services?		-	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these new services				
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .			which were not listed on	┌ Yes ┌ No

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	Julicuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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		Νο
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		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		Νο
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		Νο
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		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		N o
31	Part I	31		N o
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		Νο
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		Νο
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	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (Form 990 (2009)					
Part V	Statements Regarding Other IRS Filings and Tax Compliance					
			Yes	No		

			1 C3	140
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			
_	1a 46			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	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		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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		
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?	6a		N o
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).			
	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?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

100 MISSIONARY RIDGE BIRMINGHAM, AL 35242

(205) 991-4003

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 17			
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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	Yes	
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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 form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	Yes	
c	to conflicts?			
4.0	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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 the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 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.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	n 🕨
	JUDY G PATTERSON Treasurer			

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, and **current** key employees 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, or 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 no	t compensa	te any	urre	nt o	forr	nero	ffice	r, dırector, trustee d	or key employee	
(A) Name and Title	(B) A verage hours	A verage Position (check all Reportable hours that apply) compensation							(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
COLLINS COMPERE DIRECTOR	2 00	Х						0	0	0
SYLVIA DELOACH chair	5 00	Х						0	0	0
LIL DRAWDY DIRECTOR	2 00	Х						0	0	0
DAVID HAYES DIRECTOR	2 00	Х						0	0	0
JUDITH EDWARDS vice chair	5 00	Х						0	0	0
PATSY MEIER DIRECTOR	2 00	Х						0	0	0
ELLEN D TABOR DIRECTOR	2 00	Х						0	0	0
CRAWFORD TAYLOR DIRECTOR	2 00	х						0	0	0
CINDY WALKER DIRECTOR	2 00	х						0	0	0
JAMES WESTBROOKS DIRECTOR	2 00	х						0	0	0
JUNE WHITLOW DIRECTOR	2 00	х						0	0	0
WANDA LEE EX OFFICIO/WMU EXECUTIVE	2 00	х						0	132,583	17,624
KAYE MILLER EX OFFICIO/WMU PRESIDENT	2 00	х						0	8,832	0
Pat bloxom dIRECTOR	2 00	х						0	0	0
rosalie hunt diRECTOR	2 00	Х						0	0	0
barbara swayngham dIRECTOR	2 00	Х						0	0	0
james wright dIRECTOR	2 00	Х						0	0	0

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

(A) Name and Title	(B) (C) A verage Position (check all hours that apply)							(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAVID GEORGE PRESIDENT	40 00			х				112,959	0	7,690
Judy Patterson Treasurer/WMU Controller	10 00			х				0	55,964	8,327
1b Total			٠.				 	112,959	197,379	33,641

2	Total number of individuals (including but not limited to those listed above) who received more than
	\$100,000 in reportable compensation from the organization ►1

			103	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
			163	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section R. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(B) Description of services	(C) Compensation
	(B) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization $\blacktriangleright 0$

Form 99	•							Page 9
Part	/1111	Statement of	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
इस	1a	Federated cam	paigns 1a	·				
Contributions, gifts, grants and other similar amounts	b	Membership du	ıes 1b					
s, g	С	Fundraising eve	ents 1c					
無無	d	Related organiz	zations 1d	95,000				
<u>2,E</u>	e	Government grants	s (contributions) 1e					
는 등	f	All other contribution	ons, gifts, grants, and 1f	2,267,706				
<u>ड</u> िक्	g		ibutions included in					
듍								
ပွဲနှ	h	Total. Add lines	s 1a-1f	· · · •	2,362,706			
<u> </u>				Business Code				
nua	2a							
-	ь							
<u> </u>	С							
Program Serwce Revenue	d							
5	e							
Es	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen					
			aramounts)	· · · · · · · · · · · · · · · · · · ·	162,330			162,330
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties	<u> </u>					
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of	835,481					
		assets other than inventory						
	Ь	Less cost or other basıs and	837,574					
	 c	sales expenses Gain or (loss)	-2,093					
	d		ss)		-2,093			-2,093
	8a		rom fundraising					
ė E		events (not inc	luding					
Other Revenue		\$ of contributions	 s reported on line 1c)					
ē Ē		See Part IV, line 18						
ē.			a					
돭	b с		penses b (loss) from fundraising	L				
-	9a		from gaming activities					
		See Part IV, lin						
	١.		a					
	Ь .		penses b					
	10a	Gross sales of		vities				
		returns and allo	owances . a					
	b		oods sold b	L				
	С	Miscellaneous	(loss) from sales of inv	entory 🛌 Business Code				
	11a	MANAGEMENT		523,000	194,920			194,920
	ь	MANAGEMENT	, , LL INCOME	, 1	,			, "-
	c							
	d	All other reven	ue					
	e	Total. Add lines		<u> </u>				-
	12		See Instructions .	· · · · •	194,920			
		iotai ievellue.	See The Franctions .	[2,717,863	0	0	355,157

	990 (2009)				Page 10
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
Do no	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, 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 U.S. See Part IV, line 21	558,881	558,881	γ	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	50,678	50,678		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	47,540	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	120,649	82,041	38,608	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	109,680	74,582	35,098	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,401	3,673	1,728	
9	Other employee benefits	9,952	6,767	3,185	
10	Payroll taxes	16,605	11,291	5,314	
11	Fees for services (non-employees)	10,003	11,231	3,311	
a	Management	88,120		88,120	
ь	Legal	3,512	1,756	1,756	
			,	·	
C _	Accounting	27,541	13,771	13,770	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	8,491	4,246	4,245	
14	Information technology				
15	Royalties				
16	Occupancy	8,196	5,573	2,623	
17	Travel	20,400	10,039	10,361	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,361		1,361	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,246	2,123	2,123	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PUBLIC RELATIONS	28,266	28,266	0	
b	MISCELLANEOUS	1,386		693	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,110,905	901,920	208,985	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	campaign and fundraising solicitation		<u>I</u>		

Part X Balance Sheet (A) (B) End of vear Beginning of year 131.162 74.779 1 1 Cash—non-interest-bearing 133,559 2 249.621 2 1,573,254 46,014 3 3 4 27.448 9.992 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 Part II of 6 Notes and loans receivable, net 8 Inventories for sale or use 2.393 9 1,172 45.517 Land, buildings, and equipment cost or other basis Complete 10a 10a Part VI of Schedule D 10b 45.517 0 b Less accumulated depreciation O 10c 6.679.397 7.951.043 11 11 1,520,125 12 1,726,142 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 11.959.674 15 14.639.898 15 16 20,499,772 16 26,225,901 Total assets. Add lines 1 through 15 (must equal line 34) . . . 29.574 17 33.857 17 Accounts payable and accrued expenses . 450,298 497,598 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 12.696.932 25 Other liabilities Complete Part X of Schedule D 25 15,459,979 26 **Total liabilities.** Add lines 17 through 25 13,176,804 26 15,991,434 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 380,992 478,873 27 27 Unrestricted net assets 28 4.701.166 28 7.514.784 Temporarily restricted net assets Fund 2.240.810 29 2.240.810 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 7,322,968 33 Total net assets or fund balances 33 10,234,467 34 Total liabilities and net assets/fund balances 20,499,772 34 26,225,901

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? 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 separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Woman's Missionary Union Foundation

Department of the Treasury Internal Revenue Service

h

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.

Inspection

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 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). 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) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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) 10 An organization organized and operated exclusively to test for public safety Seesection 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 Type III - Other ∏ Туре I **b** Type II c Type III - Functionally integrated By 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Did you no organiza col (i) o	(v) Did you notify the organization in col (i) of your support?		i) he ation in ganized J S ?	(vii) A mount of support?
		ınstructıons))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5, 7	/, or 8 of Part I	.)			
	ection A. Public Support	1			Т			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	915,31	9 758,231	1,178,309	1,510,036		5,191,931	
	grants ") 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	915,31	9 758,231	1,178,309	1,510,036		830,036	5,191,931
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)							220,166
6	Public Support. Subtract line 5 from line 4	ו						4,971,765
S	ection B. Total Support							
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	beginning in) A mounts from line 4	915,319	256,299	1,178,309	1,510,036		830,036	5,191,931
8	Gross income from interest,	310,013	250,255	2,1.0,003	1,010,000			
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources	168,084	256,299	411,602	261,647		160,237	1,257,869
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							6,449,800
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		975,865
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	fth tax year as a !	501(c)(3	;) organız	eation, ▶ T
<u></u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (fi)		44		77.000.00
15	Public Support Percentage for 200	•				14		77 080 %
		•	•	on line 40!!	ma 14 := 22 4/20/	15	المحطم	80 910 %
	33 1/3% support test—2009. If the and stop here. The organization qual 33 1/3% support test—2008. If the	alıfıes as a public e organızatıon dıd	ly supported orga not check the box	nization c on line 13 or 16			•	▶ ✓ check this_
17a	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	—2009. If the org ation meets the "f	anization did not o acts and circumst	heck a box on lin ances" test, chec	k this box and st	op here.	Explain	ed
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets th	e "facts and circu	mstances" test, c	heck this box and	stop he	ere.	-,
18	supported organization Private Foundation If the organizations							▶┌ ▶┌
	III 3 LI UL LI UII 3							-

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar 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	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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, List of Unusual Grants cash contributed for international missions Date 09/26/09 Amount 1532670

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493224018640

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

nme of the organization oman's Missionary Union Foundation		Employer identification number
		63-1138772
organizations Maintaining Donoi organization answered "Yes" to Form	r Advised Funds or Other Similar F n 990, Part IV, line 6.	Funds or Accounts. Complete if th
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to		noradvised Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit		·
	ete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreption of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a ceasement on the last day of the tax year	Preservation of a Preservation of a	n historically importantly land area certified historic structure n of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easeme	ents	2b
Number of conservation easements on a certified		2c
Number of conservation easements included in (• •	2d
Number of conservation easements modified, tra the taxable year Number of states where property subject to cons	ervation easement is located 🛌	
Does the organization have a written policy regainenforcement of the conservation easements it ho	lds?	Г Yes
Staff and volunteer hours devoted to monitoring,		
A mount of expenses incurred in monitoring, inspe	-	
Does each conservation easement reported on Ii $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ction Yes No
In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial sements	al statements that describes
	ctions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under S art, historical treasures, or other similar assets I provide, in Part XIV, the text of the footnote to it	neld for public exhibition, education or resea	rch in furtherance of public service,
If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these it	for public exhibition, education, or research	•
(i) Revenues included in Form 990, Part VIII, lin	ne 1	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, following amounts required to be reported under s		for financial gain, provide the
Revenues included in Form 990, Part VIII, line 1		▶ \$
Assets included in Form 990, Part X		► \$

Par	Organizations Maintaining Co	ollections of Art	, His	torical Tr	easur	es, or Ot	her	Similar As	set	S (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following t	hat are	a sıgnıfıcar	nt us	e of its collect	tion		
а	Public exhibition		d	Loand	rexcha	inge progra	ms				
b	Scholarly research		e	┌ Other							
С	Preservation for future generations										
4	Provide a description of the organization's content XIV	ollections and expla	ın hov	v they furthe	r the or	ganızatıon's	exe	empt purpose	ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than			•					⊢ γ	es	Г No
Pai	t IV Escrow and Custodial Arrang					answered	"Ye	s" to Form 9	90,		
	Part IV, line 9, or reported an ar		-	•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?		-		ions or	other asse	ts no	ot	⊢ γ	es	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table				A			
_	December helenes					<u> </u>	-	All	noun		
c C	Beginning balance					—	LC				
d	Additions during the year						Ld				
e	Distributions during the year					_	le				
f	Ending balance						Lf				_
2a	Did the organization include an amount on F		e 21?						⊢ Υ	es	No
	If "Yes," explain the arrangement in Part XI\			wared IIVe	." to Fa		Do wh	TV line 10			
Рā	rt V Endowment Funds. Complete	(a)Current Year)Prior Year				hree Years Back	(e)	our Ye	ars Back
1a	Beginning of year balance	5,439,073		6,239,126	+						
ь	Contributions	1,840,961		1,030,142							
c	Investment earnings or losses	1,188,498		-1,612,962	!						
d	Grants or scholarships	287,128		217,233	;						
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses End of year balance	8,181,404		5,439,073							
g	'	, ,		3,433,073	1						
2	Provide the estimated percentage of the year	0.0/	as								
а	Board designated or quasi-endowment	70									
Ь	Permanent endowment > 27 390 % %)									
c	Term endowment ► 72 610 % %	6.11									
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ationi	that are neid	and ad	ministerea	TOT T	ne	Г	Yes	No
	(i) unrelated organizations							3a((i)		Νο
	(ii) related organizations							3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization							31	b		
4	Describe in Part XIV the intended uses of th										
Pa	t VI Investments—Land, Building	s, and Equipme	nt. S		•	i '					
	Description of investment			(a) Cost o basis (inves		(b)Cost or o		(c) Accumulate depreciation		(d) Bo	ook value
1a	Land										
	Buildings		•								
	Leasehold improvements		•		11,972				,972		(
	Equipment		•		33,545			33,	,545		(
е	Other										

0

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) Financial derivatives		Cost or end-of-year market value
Closely-held equity interests		
Other		
Common Trust	89,667	F
ANNUITIES	1,636,475	F
	2,000,170	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,726,142	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
INVESTMENTS HELD FOR OTHERS		14,639,898
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		14 6 3 0 9 0 9
Part X Other Liabilities. See Form 990, Part X		► 14,639,898
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	(-,	
ANNUITIES PAYABLE	820,082	
DEPOSITS HELD FOR OTHERS	14,639,897	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	15 450 070	
(Solainii (D) Should Equal Form 550, Fute A, Col (D) line 23)	15,459,979	

Par	13X1 Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,717,863
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,110,905
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,606,958
4	Net unrealized gains (losses) on investments	4	1,304,541
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	Total adjustments (net) Add lines 4 - 8	9	1,304,541
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,911,499
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,022,404
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,304,541
3	Subtract line 2e from line 1	3	2,717,863
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,717,863
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,110,905
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
– a	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,110,905
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,110,905
Par	t XIV Supplemental Information	_	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of	Endowment funds are used for grants and scholarships that fulfill
	Endowment Funds	the organization's exempt purpose

DLN: 93493224018640

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals .

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

Manie of the organization					Employer ide	intil ication number
Woman's Missionary Union Fo	63-1138772	2				
Part I General Infor "Yes" to Form 9			de the United States	. Complete		
			ecords to substantiate t	the amount	of the grant	s or
_	_		assistance, and the se		_	
		_				
-			ocedures for monitoring th			
3 Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
(a) Region	(I-) Normalian af	(-) N	(d) Activities conducted in	(e) If activi	ty listed in (d)	(f) Total expenditures
(a) Negion	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,		am service,	for region
	region	agents in region			pecific type of	
	region		the region)	service(s) in region	
MIDDLE EAST AND NORTH	0	0	GRANTS TO RECIPENT			23,83
AFRICA			ORGANIZATIONS			
			LOCATED IN REGION			
EAST ASIA AND THE	0	0	GRANTS TO RECIPENT			11,650
PACIFIC			ORGANIZATIONS LOCATED IN REGION			
RUSSIA AND THE NEWLY	0		GRANTS TO RECIPENT			9,04
INDEPENDENT STATES			ORGANIZATIONS			9,042
			LOCATED IN REGION			
SOUTH ASIA	0	0	GRANTS TO RECIPENT			2,500
			ORGANIZATIONS			·
			LOCATED IN REGION			
EUROPE	0	0	GRANTS TO RECIPENT			51!
			ORGANIZATIONS			
			LOCATED IN REGION			
	1	1	1	1		1

47,540

Pa	rt IV, line 15, for ar		nizations or Entitie eived more than \$5,0 space is needed.					
(a) Name organizati		(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		MIDDLE EAST AND NORTH AFRICA	To provide educational scholarships for religious education	8,333	BANK WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	To aid the teaching of moral and spiritual principles, from the Word of God, so that A rab women can deal with family and personal issues	15,500	BANK WIRE TRANSFER			
		RUSSIA AND THE NEWLY INDEPENDENT STATES	To assist in providing job skill training, education and bible study to Moldovan women and girls to reduce human trafficking	7,500	BANK WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC		10,000	bank Wire Transfer			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Info	
	ın Part I, line 2, and any additional information.
Identifier Procedure for Monitoring Grants Outside the US	Explanation Schedule F, Part I, Line 2 All applications for grants are reviewed and evaluated by staff and an endowment committee to assure
	that the purpose of the grant is within the guidelines in Section 170(c)(2b) of the Internal Revenue Code Before a check is written or a wire is authorized, the grant recipient is asked to
	verify in writing that the grant will be used exclusively and explicitly for the charitable purpose for which the funds were requested. The recipient is also requested to return any funds not
	used for this purpose

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493224018640

Open to Public Inspection

Department of the Treasury Internal Revenue Service

352290001

Name of the organization
Woman's Missionary Union Foundation

Employer identification number

63-1138772

Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants	or assistance?		·			ר Yes
Form 990, Part I	V, line 21 for any i	Governments and recipient that received 0) if additional space	l more than \$5,000.	Check this box if n		ived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Woman's Missionary Union 100 Missionary Ridge Birmingham, AL 35242	630302185	501(c)(3)	381,709				General support for religious education
World Wide Word Inc11250 Roger Bacon Drive Reston, VA 20190	542003814	501(c)(3)	37,500				General support for education programs in Liberia
Global Resources Services (GRS)12112 Rancho Visto Blvd Ste 150 Oro Valley, AZ 85755	300268155	501(c)(3)	15,000				General support for global missions
North American Mission Board4200 North Point Highway Alpharetta, GA 300224174	582379481	501(c)(3)	6,873				General support for job and life skills efforts
Tennessee WMU5001 Maryland Way Brentwood,TN 37027	620575130	501(c)(3)	10,293				General support for religious education
Samford University800 Lakeshore Drive Birmingham, AL	630312914	501(c)(3)	21,431				General support for religious education

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS/ENDOWMENTS FOR STUDENT EDUCATION AND DEVELOPMENT OF MISSION LEADERS	65	50,678			
See Additional Data Table					

Part IV Supple	<mark>emental Information.</mark> Cor	nplete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
O ther Information	Part IV	All applications for grants are reviewed and evaluated by staff and an endowment committee to assure that the purpose of the grant is within the guidelines of Section 170(c)(2b) of the Internal Revenue Code Before a check is written or a wire is authorized, the grant recipient is asked to verify in writing that the grant will be used exclusively and explicitly for the charitable purpose for which the funds were requested. The recipient is also requested to return any funds not used for this purpose.

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DLN: 93493224018640

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

VVO	man's Pissionary Officin Foundation		63-1138772				
Pa	rt I Questions Regarding Compensatio	n	33 5553112				
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•				
	First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions	Г	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive			2			
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the contract of the con		y				
	Compensation committee	<u> </u>	Written employment contract				
	Independent compensation consultant Form 990 of other organizations	·	Compensation survey or study Approval by the board or compensation committee				
	Form 990 of other organizations	1*	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control	paymen	ıt?	4a		Νo	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III				
5	Only 501(c)(3) and 501(c)(4) organizations only multiple for persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of						
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o			7		No	
8	Were any amounts reported in Form 990, Part VII, public to the initial contract exception described in Part III			8		No	
9	If "Yes" to line 8 did the organization also follow the	a rahutt:	able presumption procedure described in Regulations				

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WANDA LEE (I)	ı) [0	0	0	0	0	0	0
(ii)	1)	132,583	0	0		_	150,207	o O

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

Inspection **Employer identification number**

Name of the organization Woman's Missionary Union Foundation

63-1138772

Form 990, Part VI, Section A, ine 7a Form 990, Part VI,		The election of Trustees, except the Ex Officio Trustees, shall be conducted at the Fall Meeting of the Trustees A majority vote of the Trustees eligible to vote and voting at the meeting shall be necessary for election of a Trustee to the Board, except, when more than two (2) persons are candidates for the same Trustee's position, then the person receiving the plurality of votes shall be the elected Trustee. The President and the Executive Director of Woman's Missionary Union, Auxiliary to Southern Baptist Convention, an Alabama non-profit corporation (hereinafter referred to as "WMU") shall serve as Trustees of the Foundation by virtue of their office (herein sometimes referred to as "Ex Officio Trustees"). The election and term of the Ex Officio Trustees shall be coextensive with their election and term of office as officers of WMU. The Trustees shall elect, from among their own number, a Chair of the Board and a Vice Chair of the Board. The Chair of the Board shall preside at all meetings of the Board, the Vice Chair of the Board shall preside at meetings of the Board at which the Chair is not in attendance. The Ex Officio Trustees shall be eligible to vote for the Chair and Vice Chair of the Board but shall be ineligible to serve in such positions. Upon completion of the Organization's Form 990, the return is electronically distributed to the executive.
· I		Upon completion of the Organization's Form 990, the return is electronically distributed to the executive
Section B, ine 11		committee of the board for their review. During this time, Board Members are encouraged to ask questions or engage in discussion regarding any topic covered in the return. Additionally, the President and Treasurer extensively review the Form 990 for accuracy and completeness prior to filing. Once the governing body has reviewed and approved the Form 990, the return is filed with the Internal Revenue Service.
Form 990, Part VI, Section B, ine 12c		The organization monitors and enforces compliance by requiring officers, directors, and key employees to annually disclose interests that could give rise to conflicts via a signed written statement
Form 990, Part VI, Section B, ine 15		The President's performance is evaluated annually by the Executive Committee, led by the Chairman of the Board Additionally, the President is asked to submit a written statement to the Chair discussing his/her plans for the coming year and their personal evaluation of accomplishments and failures over the past year. The Chair compiles the results of the returned evaluation forms and the President's self-evaluation and shares the results with the Vice-Chairman of the Board. The Chair and Vice-Chair of the Board both meet with the President prior to the summer meeting of the Executive Committee. At this meeting the two officers will discuss the results of the evaluation. After this meeting the Chair and Vice-Chair will arrive at a proposed salary for the coming year (taking into account comparative nonprofit organization executive salaries) to recommend to the Executive Committee at its summer meeting. Any approved salary adjustment will be included in the budget to be proposed to the full Board at its fall meeting.
Form 990, Part VI, Section C, ine 19		The organization makes available its financial statements and other governing documents upon request
Part V∥ [′] /	Contact Addresses for Officers, Directors, Etc	COLLINS COMPERE - 1138 Saddlebrook road, irondale, AL 35210 SYLVIA DELOACH - 389 sandhill drive, richardson, TX 75080 LIL DRAWDY - PO BOX 85, HAMPTON, SC 29924-0085 DAVID HAYES - 526 idlew ood drive, mount juliet, TN 37122 JUDITH EDWARDS - 1300 bertha road, se, rio rancho, NM 87124 PATSY MEIER - 15 diamond crest lane, el paso, TX 79902 ELLEN D TABOR - 1360 PINEBLUFF ROAD, WINSTON-SALEM, NC 27103-4729 CRAWFORD TAYLOR - 336 VESCLUB DRIVE, BIRMINGHAM, AL 35216 CINDY WALKER - 505 garrison trail, minden, LA 71055 JAMES WESTBROOKS - 12680 SUNLIGHT DRIVE, DALLAS, TX 75230 KAYE MILLER - 16 piney lane, little rock, AR 72223 Pat bloxom - PO Box 27, Mappsville, VA 23407-0027 rosalie hunt - 5009 doris lane, guntersville, AL 35976 barbara swayngham - 1695 tyus carrollton road, carrollton, GA 30117-9612 james w right - 105 valhalla drive, columbia, SC 29229
Part XI, line 2c		The organization did not change its oversight process or selection process during the tax year

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DLN: 93493224018640

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Woman's Missionary Union Foundation

Employer identification number

63-1138772

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

Direct controlling entity

WOMAN'S MISSIONARY UNION - Aux to Southern Baptist Convention

100 MISSIONARY RIDGE

BIRMINGHAM, AL 35242 63-0302185 ASSIST SOUTHERN BAPTIST CHURCHES IN DEVELOPING MISSIONS STRATEGIES

AL

501(C)(3)

RELIGIOUS SOCIETY

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1 c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1 f		No
g Purchase of assets from other organization(s)	1 g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1 j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1 n	Yes	
• Reimbursement paid to other organization for expenses	10	Yes	
p Reimbursement paid by other organization for expenses	1р		No
q Other transfer of cash or property to other organization(s)	1 q		No
r Other transfer of cash or property from other organization(s)	1r		No

o Reimbursement paid to other organization for expenses					
p Reimbursement paid by other organization for expenses		1 p		No	
q O ther transfer of cash or property to other organization(s)		1 q		No	
r Other transfer of cash or property from other organization(s)		1r		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	ips and transaction thre	sholds			
(a) Name of other organization	(b) Transaction type(a-r)	(Amount	c) ınvolve	d	
(1) Woman's Missionary Union - Auxiliary to Southern Baptist Convention	В		335	5,209	
(2) woman's Missionary Union - Auxiliary to Southern Baptist Convention			95	5,000	
(3) woman's Missionary Union - Auxiliary to Southern Baptist Convention				,229	
(4) woman's Missionary Union - Auxiliary to Southern Baptist Convention			6,000		
(5) woman's Missionary Union - Auxiliary to Southern Baptist Convention			6,000		
(6) woman's Missionary Union - Auxiliary to Southern Baptist Convention	0		10),072	
Schedule R (Forn				2009	

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 63-1138772

Name: Woman's Missionary Union Foundation

Form 990, S	scneaule K,	Part V -	Iransactions	with Related Oi	rganizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1)	Woman's Missionary Union - Auxiliary to Southern Baptist Convention	В	335,209
(2)	woman's Missionary Union - Auxiliary to Southern Baptist Convention	С	95,000
(3)	woman's Missionary Union - Auxiliary to Southern Baptist Convention	К	60,229
(4)	woman's Missionary Union - Auxiliary to Southern Baptist Convention	М	6,000
(5)	woman's Missionary Union - Auxiliary to Southern Baptist Convention	N	6,000
(6)	woman's Missionary Union - Auxiliary to Southern Baptist Convention	0	10,072