

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		For the	2009 calen	dar year,	or tax year beg	inning		, 2009, and endi	ıg		,	
	В	Check if a	applicable		С					D Employ	er Identif	ication Number
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		Appl	lication pending	F Name a	and address of princi	pal officer CH	ARLES H. CAU	UDILL	H(a) Is the	s a group retur	n for affili	ates? Yes X No
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	$\overline{}$	Tayle	exempt statu			(insert no )	4947(a)(1)	or 527	lf 'No	,' attach a list	(see instr	ructions) — —
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	K		f organization	X Corpora	ation Trust	Association	Other ►	L Year of Forma	tion 197	76 <u>  Mis</u>	tate of le	gal domicile TX
	15	Gill	Summa									
		<b>1</b> B	riefly descri	be the org	ganization's mis	sion or most	significant activities	s: THE MISS	ION O	F WORLD	CHR	ISTIAN
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	Activities & Governance		. <del>-</del>	<del></del>						- <b></b> -		
	ģ						ed its operations o	or disposed of m	ore than	25% of its	assets	
	8						Part VI, line 1a)			•	3	
	6	4 N	lumber of in	dependen	it voting membe	ers of the gove	erning body (Part V	/I, line 1b)			4	19
	ĬĬ	5 T	otal number	of emplo	yees (Part V, li	ne 2a)					5	35
_	¥:	6 T	otal number	of volunt	eers (estimate	if necessary)					6	25
=	1						III, column (C), line	_ 12			7a	<u> </u>
2010			-		taxable incom			·	•		7b	0.
16	-	DIV	et uniciatet	u business	taxable incum	a mont rottit a	190-1, IIIIE 34	· · · · · · · · · · · · · · · · · · ·	<del>- 1</del>	• •	7.0	
	i									Prior Year	Į	Current Year
		8 C	Contributions	and gran	ts (Part VIII, lin	e 1h).				2,714,1	76.	2,444,091.
厂	Revenue				ue (Part VIII, Iır							
$\sim$	Š.				art VIII, column		and 7d)			40,2	41	-13,307.
	æ						Principal Solution		-			
									۰ 🗕	16,0		-12,530.
							Part VIII. column			2,770,4		2,418,254.
SCANNED OCT		<b>13</b> G	irants and s	ımılar amo	ounts paid (Part	i IX, <mark>colu</mark> mn (	A), lines 1-3)	80		1,887,6	83.	
		14 B	enefits paid	to or for	members (Part	IX. defumn &	£Rne24)3 2010	Q				
ರ್		<b>15</b> S	alaries othi	ar compar	eation omploy	oo bonouts (E	art IX, column (A)	100 5 100		1,459,9	00	1,422,980.
$\mathcal{Q}$	69	15 5	alaries, our	er comper	isation, employ	se penelirs (r	art IX, Column (A)	<u>'næl</u> 2-10)	<u> </u>	1,435,5	70.	1,422,300.
	Ę.	16a P	rofessional	fundraisin	g fees (Part IX	.column (A7)		•				
	Expense	b T	otal fundrais	sına exper	nses (Part IX, c	olumn <del>aD): lin</del>	SE EIVI OI	<u></u> 521,391.			12	
	வ				X, column (A),							
			-	-			•			980,2		692,412.
			-		•	•	K, column (A), line	25)		<u>4,327,9</u>	35.	<u>2,115,392.</u>
		19 R	levenue less	expense	s Subtract line	18 from line 1	12		.   -	1,557,4	76.	302,862.
	88					-						End of Year
		20 T		(Dast V 1	10)					inning of Y		
	Net Assets Fund Balan		otal assets	•						0,732,4		11,357,559.
	35	21 To	otal liabilitie	s (Part X,	line 26)					4,391,9	94.	4,534,708.
	žą	22 N	let assets or	fund bala	nces Subtract	line 21 from I	ine 20			6,340,5	04	6,822,851.
	Pa	riti II		ure Bloc				•		<del></del>	<u> </u>	0,022,031.
		25.00		<del>7                                     </del>		$\overline{}$	<del> </del>					
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	BA/	a For P	rivacy Act a	and Paper	work Reductio	n Act Notice.	see the separate in	istructions.		TEEA01131	12/29/0	9 Form <b>990</b> (2009)

If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X  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) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the to expenses, and revenue, if any, for each program service reported.	form 990 (2009) WORLD CHRISTIAN BROADCASTING CORPORATION	75-1541354	_Pa
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 930-E27			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If Yes; describe these new services on Schedule 0.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services?  If Yes; describe these changes on Schedule 0.  3 Did the organizations can be exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c) and 501(c)(4) organizations and section 4947(a)(f) trusts are required to report the amount of grants and allocations to others, the forexperses, and revenue, if any, for each program service reported and revenue, if any, for each program service reported and revenue, if any, for each program service reported and revenue, if any, for each program service reported and revenue, if any, for each program service expenses.  4a (Code:			
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WORLD CHRISTIAN BROADCASTING'S SHORTWAVE RADIO RECEPTION THROUGHOUT ASIA AND EASTERN EUROPE IS MEASURED BY PAID MONITORS WHO LISTEN TO OUR BROADCASTS AND REPORT ON RECEPTION QUALITY, AND BY THE MAIL AND EMAIL RESPONSES WE REGULARLY RECEIVE FROM LISTENERS. WE CURRENTLY BROADCAST 10 HOURS IN CHINESE, 5 HOURS IN RUSSIAN AND ENGLISE RESPECTIVELY EVERY DAY OF THE YEAR AND REPORT ANY SERVICE OUTAGES TO THE FOR THE YEAR AND REPORT ANY SERVICE OUTAGES TO THE FOR THE FEFFECTIVENESS OF OUR WEBSITES IS GAUGED BY THE THREE MILLION HITS RECEIVED ANNUALLY.  4b (Code	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ram services by expenses. Section 5 of grants and allocations to others, the	or(c) ne tot
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	Ad Other program conveces (December in Cahadida O.)		

Checklist of Required Schedules

			Tes	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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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		x
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		х
	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		х
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	Х	
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	Х	
•	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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	عضعا	X
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ. <u></u> .	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> X</u>	<b></b>
t	DIDID DID DID THE OF THE PRINCE TO THE PRINCE OF THE PRINC	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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

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Page 4

	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		X
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		X
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? <i>If 'Yes,' complete Schedule J.</i>	23		X
24 :	a 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, and 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		Х_
Ł	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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	25 a		<u>X</u> _
ı	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		<u>x</u> _
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	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u> _
١	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
•	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	Χ_	<u> </u>
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		Х
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		х
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		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13) $^{\circ}$ If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	х	

Form 990 (2009) WORLD CHRISTIAN BROADCASTING CORPORATION

Statements Regarding Other IRS Filings and Tax Compliance

	Tes 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       1a	18
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	e gaming 1c X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	35
2b 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 instruc	ctions)
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account	rity over, a t)? 4a X
b If 'Yes,' enter the name of the foreign country: ► MADAGASCAR	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank a Financial Accounts.	nd
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding F Tax Shelter Transaction?	Prohibited 5c 5c
<b>6a</b> 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?.	nization 6a X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gedeductible?	gifts were not
7 Organizations that may receive deductible contributions under section 170(c).	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a provided to the payor?	and services 7a X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ Form 8282?	. 7c X
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as rec	and the state of t
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess bus holdings at any time during the year?	is. Did the siness 8
9 Sponsoring organizations maintaining donor advised funds.	
a Did the organization make any taxable distributions under section 4966?	. 9a
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b
10 Section 501(c)(7) organizations. Enter	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
11 Section 501(c)(12) organizations. Enter.	
a Gross income from other 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.)  11b	3.4
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 year 12b	

BAA

Form 990 (2009)

Section A. Governing Body and Management

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.

					Yes	No
1:	Enter the number of voting members of the governing body	1 a	19			
1	Enter the number of voting members that are independent.	1b	19	:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee? . SEE SCHEDULE 0	elation	ship with any other	2	X	
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other	under	the direct supervision	3		
4	Did the organization make any significant changes to its organizational documents	OII!	• • •	4	<del>-  </del>	<u>X</u>
•	since the prior Form 990 was filed?			"		
5	Did the organization become aware during the year of a material diversion of the organization	nn'e se	cate?	5	]	Х
6	Does the organization have members or stockholders?			6		$\frac{x}{x}$
7	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more i	members of the	7a		x
Į	Are any decisions of the governing body subject to approval by members, stockholders, or c	ther p	ersons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions und the following:	ertakeı	n during the year by	Ī		
í	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot b	pe reached at the	9		х
Sec	tion B. Policies (This Section B requests information about policies not	requi	red by the Internal			
_	enue Code.)	•	,			
					Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?			10 a	Х	
ŀ	of 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of sucl	n chapters, affiliates,	10Ь	х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before	filing the form? .	11	Х	
11/	ADescribe in Schedule O the process, if any, used by the organization to review this Form 99	0 S	EE SCHEDULE O			
128	Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	_X	
ŧ	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that c	could give rise	12b	_x	
	Does the organization regularly and consistently monitor and enforce compliance with the positive of the schedule O how this is done . SEE SCHEDULE O .	olicy?	If 'Yes,' describe in	12 c	х	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?		•	14	Х	
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and determining the contemporaneous substantiation of the deliberation and determining the contemporaneous substantiation of the deliberation and determining the contemporaneous substantiation of the deliberation and deliberation and deliberation and deliberation and deliberation and deliberation are contemporated as the contemporated deliberation and deliberation are contemporated as the contemporated deliberation and deliberation are contemporated deliberation are contemporated deliberation and deliberation are contempo	l appro	val by independent ?	1,56		
	The organization's CEO, Executive Director, or top management official SEE SCHEDULI	EQ		15a	_X	
t	Other officers of key employees of the organization			15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?			16a		X
t	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	n to ev d the o	valuate its participation organization's exempt	16 b		
Sec	tion C. Disclosures					
17	List the states with which a copy of this Form 990 is required to be filed - TN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply	and 990	0-T (501(c)(3)s only) a	 vaılabl	e for p	ublic
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	ments,	conflict of interest pol	ıcy, ar	id fina	ncial
	State the name, physical address, and telephone number of the person who possesses the CHARLES CAUDILL 605 BRADLEY COURT FRANKLIN TN 37067-8200			anızatı — — —	on 	

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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 no	ot compen	sate a	any (	curre	ent e	officer	, dire	ector, or trustee.		
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours		ition (		k all t	hat appl		Reportable	Reportable	Estimated
	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. GEORGE BRIDGES										
DIRECTOR	0.25	X						0.	0.	0.
J.D. ELLIOT										
DIRECTOR	0.25	Х						0.	0.	0.
CHUCK ALLEN										
DIRECTOR	0.25	X						0.	0.	0.
CAROLINE CROSS										
DIRECTOR	0.25	Х						0.	0.	0.
DR. DAN DAVIDSON										
DIRECTOR	0.25	Х						0.	0.	0.
JERRY L. DENMAN										
DIRECTOR	0.25	Х				<u> </u>		0.	0.	0.
DR. BRUCE EVANS										<del>-</del>
VICE CHAIR	0.25	X		X				0.	0.	0.
EARLINE PERRY										
DIRECTOR	0.25	Х						0.	0.	0.
FERRELL HAILE										
DIRECTOR	0.25	X						0.	0.	0.
DR. JAMES CARR										
DIRECTOR	0.25	Х						0.	0.	0.
WALT LEAVER										
DIRECTOR	0.25	Х	'					0.	0.	0.
DR. RANDY PERRY			Г							
DIRECTOR	0.25	Х						0.	0.	0.
DEANE PIGG										
DIRECTOR	0.25	Х						0.	0.	0.
LEE POWELL										
DIRECTOR	0.25	X				ŀ		0.	0.	0.
BUDDY RAGAN										
DIRECTOR	0.25	Х						0.	0.	0.
DAVID RALSTON										
DIRECTOR	0.25	Х						0.	0.	0.
DOUG SANDERS	1									
DIRECTOR	0.25	X						0.	0.	0.
B		<u></u> -	٠	Ь——		<b></b>				

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Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (	check				Reportable compensation from	Reportable compensation from	Estimated
	per week	or a	ısuı	Officer	ĕ	Highest compensated employee	Fon	the organization (W-2/1099-MISC)	related organizations	amount of other compensation
		Individual trustee or director	Institutional trustee	Cer	Key employee	hest blove	Tier	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	•	of B	nai		ğ	E COM				and related organizations
	ļ	stee	trus		&	Pen				
	ł	"	6			sate				
						_ "				<u> </u>
DR. JOHN TYSON										
CHAIRPERSON	0.25	X		X				0.	0.	0.
MARK WILOUGHBY	1		: 1							
SECRETARY	0.25	X		X				0.	0.	0.
CHARLES H. CAUDILL										
PRESIDENT & CEO	40			X	_			89,723.	0.	2,035.
BENJAMIN C. POWELL					ĺ					
CFO	40	_		X				51,973.	0.	5,535.
ANDREW L. BAKER					•					
VP DEVELOPMENT	40			X				63,532.	0.	5,745.
GAYLE CROWE										
VP PROGRAMMING	40	L_		X				0.	0.	64,412.
					ĺ		•			
		_			<u> </u>					
	ļ	<u> </u>	H		ļ	<u> </u>				
	<u> </u>									
	<del> </del>			_	_					
	<del> </del> -		-			_				
		}								
		-	$\dashv$		H		-			
1 b Total .		•	'				•	205,228.	0.	77,727.
2 Total number of individuals (including but not limited	d to tho	se li	sted	abo	ove)	wh	o re			
from the organization   0					•				, ,	
	-									Yes No
3 Did the organization list any former officer, director	or trust	ا مم	eev.	omr	love	، م	ar hi	ahast compansati	ed employee	
on line 1a? If 'Yes,' complete Schedule J for such ii	ndividua	il .		Cirip	,,,,,,	, ۱	J, 141	·	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re	portable	cor	npe	nsat	ion	and	oth	er compensation	from	影響 经联 不经
the organization and related organizations greater to	han \$15	0,00	107	it 'Y	es'	com	plet	e Schedule J for s	such	4 X
5 Did any person listed on line 1a receive or accrue o							1-4-			
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sci	ompens h <i>edule J</i>	atioi <i>I for</i>	n tro Suci	om a h pe	iny i	unre n	eiate	d organization for	services	5 X
Section B. Independent Contractors									<u></u>	
1 Complete this table for your five highest compensat	ed inde	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization										
(A) Name and business addres	_							(B)	of Sorrugos	(C)
traine and business addres	<u>.                                    </u>							Description of	or Services	Compensation
		-	-						<del></del>	
				-						
2 Total number of independent contractors (including	but not	lımıl	ed t	o th	ose	list	ed a	bove) who receive	ed more than	
\$100,000 in compensation from the organization	0									The second second

<u> </u>	Statement of Revenue					
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
STS	1a Federated campaigns 1a			1,200		
NA PR	b Membership dues 1b			精力		
S S	c Fundraising events 1c	124,118.	4	4		
FR	d Related organizations 1d					
fs, C	e Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,319,973.				
S S	g Noncash contribns included in Ins 1a-1f: . \$					
	h Total. Add lines 1a-1f	<u></u> ▶	2,444,091.			0,000,47,90
PROGRAM SERVICE REVENUE		Business Code				े अध्यक्षित्र से किल
E I	2a					
E S	b					
<u> </u>	c		ļ			
A SE	d			<del></del>		
EA.	e		<del></del>	<del> </del>	<del></del>	<del></del>
စ္တို	f All other program service revenue.			A Secretary		
	g Total. Add lines 2a-2f	· - · · · · · · · · · · · · · · · · · ·				6 6 6 G
	3 Investment income (including dividend other similar amounts)	ls, interest and	37,101.	ľ		37,101.
Į	4 Income from investment of tax-exemp	t bond proceeds				, , , , , , , , , , , , , , , , , , , ,
j	5 Royalties			<u> </u>		
	(i) Real	(II) Personal				
	6a Gross Rents .			4		
	b Less: rental expenses					
ļ	c Rental income or (loss)			a a said	4	
[	d Net rental income or (loss) .	<b>&gt;</b>				
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 300, 677	·				345
Ì	b Less: cost or other basis					
	and sales expenses 351, 085					
	c Gain or (loss) -50,408	<u>l</u>	FO 400	1. 从业后经费的条		50 400
Į	d Net gain or (loss)	<del></del>	-50,408.			-50,408.
OTHER REVENUE	8a Gross income from fundraising events (not including \$\frac{124,118.}{}\]	.				
Ě	of contributions reported on line 1c).	22 610				
흈	See Part IV, line 18	a 22,619. b 35,547.				
6	<ul><li>b Less direct expenses</li><li>c Net income or (loss) from fundraising</li></ul>		-12,928.	TO DO SOUTH STANDARD	2-24 (CR. 5-2-4)	-12,928.
	9a Gross income from gaming activities See Part IV, line 19	events	-12, 928.			-12,928.
1		a				
	b Less: direct expenses	D			MELATINESS MESSAGES IN THE	
	c Net income or (loss) from gaming acti	vities	E STATE OF THE STA			
	10 a Gross sales of inventory, less returns and allowances				<b>经产品的</b>	
	b Less: cost of goods sold	a				
ì	c Net income or (loss) from sales of inv	entory ►			A PLAN SEPTEMBER	
}	Miscellaneous Revenue	Business Code	E CONTRACTOR			**************************************
ţ	11a MISCELLANEOUS INCOME	900099	398.	2 THE R. P. LEWIS CO., LANSING MICH.		398.
	b	<u></u>		†		
	c			· ·		1
1	d All other revenue					
	e Total. Add lines 11a-11d	<b>•</b>	398.			
_	12 Total revenue. See instructions	▶	2,418,254.	0.	0.	-25,837.

Form 990 (2009)

Pad 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). **(D)** Fundraising (A) Do not include amounts reported on lines Program service Management and Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general 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 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, 74,403 108,394. 205,228 22,431 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) 0 0. 1,019,400 734,237 80,269 204,894. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 85,195 6,202 28,561. Other employee benefits 119,958 11,579 45,453 Payroll taxes 78,394 21,362. 11 Fees for services (non-employees) a Management 20,749 4,903. 12,725 3,121. **b** Legal c Accounting **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees 2,751 40,841 26,890 11,200. g Other <u>11,602.</u> 12 Advertising and promotion. 11,681 79 68,211 24,538. 9,669 34,004. Office expenses 9,213 615. 182 <u>8,41</u>6. 14 Information technology 15 Royalties. 4,907 26,181 2,713. 33,801 16 Occupancy 375 39,753. 17 43,086 2,958. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 300 4,647. 5,401 454 Conferences, conventions, and meetings 15,100 2,315 447. 12,338. 20 Interest 21 Payments to affiliates 3,097 172,518. 166,739 2,682. 22 Depreciation, depletion, and amortization 4,193. 23 Insurance 34,279 25,570 4,516 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) a TRANSMITTER POWER 148,398. 148,398. **b** RECORDINGS 49,462. 49,462 c PRINTING AND PUBLICATIONS 23,146. 23,146. 16,161 d MISCELLANEOUS 16,526. 365. f All other expenses. 2,115,392 1,382,425. 211,576 521,391 25 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 from a combined educational campaign and fundraising solicitation

BAA

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	75,618.	1	228,818.
	2	Savings and temporary cash investments	35,885.	2	14,723.
	3	Pledges and grants receivable, net		3	7,811.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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 Schedule L.		6	
A S S E	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	32,451.	9	25,984.
	10 a	Land, buildings, and equipment: cost or other basis.   10a   5,091,251.			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation. 10b 3,495,608.	1,757,125.	10 c	1,595,643.
	11	Investments – publicly-traded securities	534,079.	11	641,374.
	12	Investments – other securities. See Part IV, line 11		12	, , , , , , , , , , , , , , , , , , ,
İ	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.	8,297,340.	15	8,843,206.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,732,498.	16	11,357,559
	17	Accounts payable and accrued expenses	732,682.	17	245,927
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
ĀB	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 persons. Complete Part II			
Ţ		of Schedule L	45,000.	22	161,000.
S	23	Secured mortgages and notes payable to unrelated third parties	3,473,926.	23	3,998,165.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	140,386.	25	129,616.
	26	Total liabilities. Add lines 17 through 25	4,391,994.	26	4,534,708
-1712		Organizations that follow SFAS 117, check here ► X and complete lines		7.4	
Ť		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets	5,267,588.	27	4,876,931.
Ĕ	28	Temporarily restricted net assets	646,286.	28	1,541,339.
Ś	29	Permanently restricted net assets.	426,630.	29	404,581.
R		Organizations that do not follow SFAS 117, check here ► and complete		331	
E		lines 30 through 34.			The state of the
トリスロ	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund .		31	
Ê	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本 しんていしゅん	33	Total net assets or fund balances	6,340,504.	33	6,822,851.
두	34	Total liabilities and net assets/fund balances	10,732,498.	34	11,357,559.

TEEA0111L 01/30/10

Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990 Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b X c 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?...... If the organization changed either its oversight process or selection process during the tax year, explain ın 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 X 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 the Single Audit Act and OMB Circular A-133? X 3a **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........... 31

ВАА

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.

OMB No 1545-0047 2009

নিচিত্র কিন্তু। নিচার্ভরিত্র

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

WOR	LD	CHR	IST	IAN	BRO	AD	CAS	TIN	G C	ORP	ORA'	TIO	N									75-1 <u>!</u>	54135	4				
Pair		Rea	son	for	Pub	ic (	Cha	rity	Statı	ıs (	All c	orga	niza	atior	ns r	nust	CO	mple	te this	par	t.)	See ı	nstruc	tior	าร			
The o	rgai	nızatıd	n is	not a	priva	te fo	ound	ation	beca	use i	t is:	(For	lines	s 1 th	hrou	igh 11,	ch	eck o	nly one	box.)	)							
1		A chu	ırch,	conve	ntior	of	churc	ches	or ass	socia	tion	of ch	nurch	es d	lesc	rıbed ı	n s	ection	170(b)	<b>(1)(A</b> )	)(i).							
2		A sch	ool (	descril	oed II	ı se	ction	170	(b)(1)	(A)(ii	<b>)</b> . (A	ttact	ո Sch	nedui	le E	.)												
3		A hos	spital	or co	opera	atıve	hos	pıtal	servic	e or	ganız	zatio	n des	scrib	ed i	n sect	ion	170(t	)(1)(A)	(iii).								
4		A me	dıcal	resea	rch d	orgai	nızat	ion o	perat	ed in	con	junci	tion v	vith a	a ho	ospital	des	scribe	d in se	ction	170	(b)(1)(/	<b>1)(iii)</b> . E	Ente	r the h	ospit	al's	
	_			, and																					<b>-</b>			
5		170(b	χτχ	A)(iv).	(Co	mple	ete P	art II	)						-							ımenta	l unit de	escr	ibed in	) sec	tion	
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8		A cor	nmu	nity tri	ıst d	escri	bed	ın se	ction	170(	b)(1)	(A)(v	vi). ((	Comp	plet	e Part	II.)											
9		from a	actıvı tmer	ties re	lated me a	to its	s exe inrela	mpt f ated	unctio busin	ns – ess t	subje axab	ect to ole in	o cert Icom	aın e e (le	exce	ntions.	and	d (2) n	o more	than :	33-1	/3 % of	es, and its supp ired by	Dort.	from a	ross	n afte	er
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WORLD CHRISTIAN BROADCASTING CORPORATION 75-1541354 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 1,998,633. 2,894,507. 4,928,315. 2,714,176. 2.444.091 14,979,722. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 2,894,507. 4,928,315. 2,714,176. 2,444,091 Total. Add lines 1-through 3 1,998,633. 14,979,722. 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) 604,408. Public support. Subtract line 5 14,375,314. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Amounts from line 4 998,633 894,507. 4,928,315. 2,714,176. 2 444,091 979,722. Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 45,420 94,755 similar sources. 54.698 40,236 37,101 272,210. Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV 9,959 46 353 39 398 10,795. Total support. Add lines 7 through 10 15,262,727. Gross receipts from related activities, etc. (see instructions) 143,828. 12 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 6, column (f) divided by line 11, column (f) 94.2% 14 92.6% Public support percentage from 2008 Schedule A, Part II, line 14. 15 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

# Schedule A (Form 990 or 990-EZ) 2009 WORLD CHRISTIAN BROADCASTING CORPORATION 75-1541354 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.').						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons.						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						ļ
8	Public support (Subtract line						
	7c from line 6.)						
500	Non D. Total Command						
Jec	tion B. Total Support						
	<del></del>	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale 9	<del></del>	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale 9 10 a	Amounts from line 6	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale 9 10 a t 11 12 13	Amounts from line 6	is for the organiz					
Cale 9 10 a b c 11 12 13 14	Amounts from line 6	is for the organizatop here	ation's first, secon				
Cale 9 10 a t t 11 12 13 14 Sec	Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz stop here blic Support P	ation's first, secon	nd, third, fourth,	or fifth tax year a	s a section 501(c)	)(3) ► □
Cale 9 10 a 11 12 13 14 Sec 15	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz- stop here blic Support P	ation's first, secon	nd, third, fourth,	or fifth tax year a	s a section 501(c	(3) > (3) > (3)
Cale 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	is for the organiz stop here blic Support P 09 (line 8, columi 2008 Schedule A,	ation's first, secon ercentage n (f) divided by lir Part III, line 15	nd, third, fourth,	or fifth tax year a	s a section 501(c)	)(3) ► □
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Invitor 10 process.	is for the organiz stop here blic Support P 009 (line 8, columi 2008 Schedule A, restment Incor	ation's first, secon Percentage n (f) divided by lin Part III, line 15 ne Percentage	nd, third, fourth, ne 13, column (f))	or fifth tax year a	s a section 501(c)	)(3)
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage fr	is for the organizatop here blic Support P 109 (line 8, column 2008 Schedule A, restment Incor	ation's first, second Percentage In (f) divided by ling Part III, line 15 Ine Percentage Column (f) divided	nd, third, fourth, ne 13, column (f))	or fifth tax year a	s a section 501(c)	)(3)
Cale 9 10 a 1 1 1 1 2 1 3 1 4 Sec 1 5 1 6 Sec 1 7 1 8	Amounts from line 6	is for the organizstop here blic Support P 109 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedu	ation's first, second Percentage  In (f) divided by ling  Part III, line 15  IN Percentage  column (f) divided  le A, Part III, line	nd, third, fourth, ne 13, column (f)) ed by line 13, colu	or fifth tax year a	s a section 501(c)  15  16  17  18	(3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support tests — 2009. If the comore than 33-1/3%, check this because the support tests — 2009. If the comore than 33-1/3%, check this because the support tests — 2009. If the comore than 33-1/3%, check this because the support tests — 2009. If the comore than 33-1/3%, check this because the support tests — 2009.	is for the organizatop here blic Support P 109 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedu organization did not oox and stop here	ation's first, second Percentage  In (f) divided by ling  Part III, line 15  IN Percentage  column (f) divided  le A, Part III, line  check the box on  The organization	nd, third, fourth, ne 13, column (f)) ad by line 13, column 17 line 14, and line 15 n qualifies as a pu	or fifth tax year as	15 16 17 18 3%, and line 17 is norganization	%  %  %  %  %  %
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage from 10 Computation of Investment income percentage from 13-1/3 support tests – 2009. If the 6	is for the organizatop here blic Support P 109 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedule organization did not on and stop here the organization did	ation's first, second the first second t	nd, third, fourth, ne 13, column (f)) d by line 13, column 17 line 14, and line 15 n qualifies as a pu	or fifth tax year as mn (f)) is more than 33-1/3 iblicly supported to a, and line 16 is r	15 16 17 18 3%, and line 17 is norganization more than 33-1/3	% ot

Schedule A	(Form 990 or <b>Suppleme</b> : Part II, line	990-EZ) 20 ntal Infor 17a or 1	009 WOI <b>mation.</b> 17b; and	RLD CHRI: Complete Part III, lir	STIAN BR this part to the 12. Pro	OADCASTI o provide i	ING CORPOR the explanat other addition	ATION 75 ions require	5-1541354 ed by Part II, tion. See ins	Page 4 Ine 10; tructions.
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### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047 2009 alth anago

Department of the Treasury Internal Revenue Service Name of the organization

hispection Employer Identification number

WORLD CHRISTIAN BROADCASTING CORPORATION

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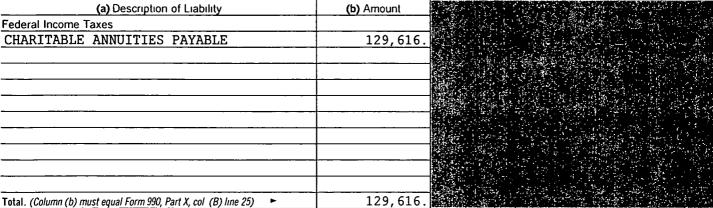
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Pක	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe o Form 990, Part IV, line	er Similar Funds 6.	or Accounts	Complete	ıf
		(a) Donor advised	funds	(b) Funds ar	nd other acco	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year).					
3	Aggregate grants from (during year).					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in done legal control?	or advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or dor	ng that grant funds nor advisor or for ar	may be ny other	Yes	No
Par	Conservation Easements Comple	ete if the organization ar	swered 'Yes' to	Form 990, Pa	rt IV, line	7.
	Purpose(s) of conservation easements held b					
	Preservation of land for public use (e.g.,	-		an historically imp	ortant land a	area
	Protection of natural habitat		Preservation of	certified historic st	tructure	
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organizations day of the tax year.	ion held a qualified conservation	on contribution in th	e form of a conse	rvation ease	ment on the
				Held a	at the End of	the Year
а	Total number of conservation easements .			2 a		
b	Total acreage restricted by conservation ease	ements		2 b		
c	Number of conservation easements on a certi	ified historic structure included	ın (a)	2 c		
d	Number of conservation easements included	ın (c) acquired after 8/17/06		2 d		<u></u>
3	Number of conservation easements modified,	transferred, released, extingu	ished, or terminated	d by the organizat	ion during th	ie tax
	year ►					
4	Number of states where property subject to c					
5	Does the organization have a written policy re and enforcement of the conservation easeme Staff and volunteer hours devoted to monitori	nt it holds?	•		Yes	☐ No
0	during the year ►					_
7	Amount of expenses incurred in monitoring, i during the year ►	nspecting, and enforcing cons	ervation easements	\$	<del></del> .	_
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^7$	on line 2(d) above satisfy the re	equirements of sect	ion	Yes	☐ No
	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	to the organization's financial	statements that de	scribes the organi	zation's acco	and ounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or 0, Part IV, line 8	Other Similar A	Assets	·
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or re	search in furtherand	nt and balance she ce of public servic	eet works of e, provide, ii	art, historical n Part XIV,
ŧ	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for put amounts relating to these items</li> </ul>	er SFAS 116, to report in its re blic exhibition, education, or re	venue statement ar search in furtheran	nd balance sheet voce of public service	works of art, e, provide th	historical ne following
	(i) Revenues included in Form 990, Part VIII	I, line 1		Ī	<b>≻</b> \$	
	(ii) Assets included in Form 990, Part X			1	<b>►</b> \$	
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or oth 116 relating to these items	er sımılar assets foi	financial gain, pr	ovide the fol	llowing
ā	Revenues included in Form 990, Part VIII, lin	e 1		i	<b>-</b> \$	<u>.</u>
	Assets included in Form 990, Part X			ĺ	<b>-</b> \$	

Schedule D (Form 990) 2009 WORLD				75-154		Page 2
Organizations Maintai	ning Collections	of Art, Histo	rical Treasures, o	r Other Similar Ass	iets (contin	nued)
3 Using the organization's acquisition items (check all that apply):	on accession and oth	ner records, chec	ck any of the following	that are a significant us	se of its collec	ction
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other	• • •			
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV.		and explain how	v they further the organ	nization's exempt purpo	se in	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or receive ather than to be mail	donations of art	t, historical treasures, of the organization's co	or other similar illection?	Yes	No
Pa成版 Escrow and Custodial 9, or reported an amou	Arrangements ( unt on Form 990,	Complete if o Part X, line	rganization answe 21.	red 'Yes' to Form 9	90, Part IV	, line
1a Is the organization an agent, trus included on Form 990, Part X?		her intermediary		her assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the followi	ng table:			
·					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year .				1d		
e Distributions during the year				. 1e		
f Ending balance				1f		
2a Did the organization include an ai	mount on Form 990.	Part X. line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	-					
Part V Endowment Funds Cor		ation answere	ed 'Yes' to Form 99	90. Part IV. line 10.		
	(a) Current year	(b) Prior year			(e) Four ye	ars hack
1 a Beginning of year balance.	318,425.	545,6	(-)			
<b>b</b> Contributions	320/1231	1 31373				
						1
c Net Investment earnings, gains, and losses	43,427.	-227,2	36.			
d Grants or scholarships .						
e Other expenditures for facilities and programs			多名的特别			
f Administrative expenses.			y, vie bia i s ji s		<b>-</b>	
g End of year balance	361,852.	318,4	25.			
2 Provide the estimated percentage	•	ance held as:				
a Board designated or quasi-endow		¥				
<b>b</b> Permanent endowment ►	100.00 %					
c Term endowment	<b>%</b>					
3a Are there endowment funds not in organization by:	n the possession of	the organization	that are held and adm	inistered for the	Yes	No
(i) unrelated organizations			•		3a(i)	X
(ii) related organizations					3a(ii)	X
b If 'Yes' to 3a(ii), are the related o	rganizations listed a	s required on So	chedule R?		3b	
4 Describe in Part XIV the intended	-	•		SEE I	PART XIV	
Partivi Investments-Land, B						
Description of investment	(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated Depreciation	<b>(d)</b> Book '	Value
1a Land	.				28	5,178.
<b>b</b> Buildings.	.		1,437,969.	1,232,324.		5,645.
c Leasehold improvements	,					<u>., ·</u>
d Equipment			3,226,652.	2,137,719.	1 08	8,933.
a Other			1/1 /52	125 565		5 887

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

Schedule D (Form 990) 2009

1,595,643.



2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	edule.D (Form 990) 2009 WORLD CHRISTIAN BROADCASTING CORPORATION	75-1541354	Page 4
3.51	Reconciliation of Change in Net Assets from Form 990 to Financial Statem	ents	
Ì	Total revenue (Form 990, Part VIII, column (A), line 12)	2,	418,254.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,	115,392.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		302,862.
4	Net unrealized gains (losses) on investments.		179,485.
5	Donated services and use of facilities.		
6	Investment expenses		
7	Prior period adjustments		
Я	Other (Describe in Part XIV)		
9	Tel. I. d. at a star Cook Addition All 110		179,485.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		482,347.
	Reconciliation of Revenue per Audited Financial Statements With Revenue		402,347.
1	Total revenue, gains, and other support per audited financial statements		634,132.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2,	034,132.
		1 405	
		9,485.	
	b Donated services and use of facilities	846.	
	c Recoveries of prior year grants 2c		
		5,547.	
•	e Add lines 2a through 2d		215,878.
3	Subtract line 2e from line 1	3 2,	<u>418,254.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1112	
;	a Investments expenses not included on Form 990, Part VIII, line 7b		
1	b Other (Describe in Part XIV)		
(	c Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part i, line 12.)	$\overline{5}$ $\overline{2}$ ,	418,254.
	Reconciliation of Expenses per Audited Financial Statements With Expens		
1	Total expenses and losses per audited financial statements	1 2,	151,785.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u>,                                      </u>
	a Donated services and use of facilities	846.	
	b Prior year adjustments 2b		
	c Other losses		
		5,547.	
	e Add lines 2a through 2d	2e	36,393.
3	Subtract line 2e from line 1	<del></del>	115,392.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		113,372.
٠,			
	\(\frac{1}{2} - \frac{1}{2} -		
	c Add lines 4a and 4b	4c	115 200
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 2,	115,392.
Ha	Supplemental Information	<del></del>	
Corr line infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complet mation	; Part IV, lines 1b and 2l e this part to provide an	b; Part V, ly additional
	PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
	WORLD CHRISTIAN BROADCASTING HAS ADOPTED INVESTMENT AND SPENDIN	G POLICIES FOR	
- <b>-</b> .	ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM O	F FUNDING TO PRO	OGRAMS
	SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHA	SING POWER OF T	HE 
	ENDOWMENT ASSETS. WORLD CHRISTIAN HAS A POLICY OF APPROPRIATIN	G, NO MORE OFTE	N_THAN
	QUARTERLY, DIVIDEND AND INTEREST INCOME FROM THE ENDOWMENT FUND	TO BE USED FOR	
	OPERATIONS AS NEEDED. APPROPRIATIONS SHALL NOT LEAVE THE ENDOW	MENT FUND WITH	LESS
<del></del>	THAN THE PREVIOUS TWELVE MONTHS PRINCIPAL INCREASED BY THE RAT		
BAA	TEEA3304L 02/02/10	Schedule <b>D</b> (Fo	orm 990) 2009

Schedule D (Form 990) 2009 WORLD CHRISTIAN BROADCASTING CORPORATION	75-1541354	Page 5
Supplemental Information (continued)		
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)		<b>-</b> -
MEASURED BY THE AVERAGE CONSUMER PRICE INDEX FOR THE PAST THREE	YEARS. PERMANENT	
ENDOWMENT FUNDS_CANNOT_BE_USED_UNLESS_APPROVED_BY_THE_BOARD.		
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Schedule D. (Form 990) 2009	WORLD CHRISTIAN	BROADCASTING CORPORATION (ed)	75-1541354	Page 5
Supplemental	Information (continu	ied)		<del> </del>
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#### Schedule F (Form 990)

### Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

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

Quanto Public Inspection

OMB No 1545-0047

	organization.		
MUBIL	CUDTCTTAM	BDOVDCV CALVIC	CODDODATION

Employer Identification number

75-1541354

General Information on Activities Outside the United States. Complete if the organization answered '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 the grants or assistance?. No

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

(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
1	27	PROGRAM SERVICES	TOWER CONSTR TO	586,547
			DISSEMINATE	
			RELIG INFO	
-				· · · · · · · · · · · · · · · · · · ·
	offices in the region	offices in the region agents in region	offices in the region agents in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	offices in the region agents in region (by type) (i.e., fundraising, program service, describe specific type of service(s) in region  1 27 PROGRAM SERVICES TOWER CONSTR TO  DISSEMINATE

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

Schedule F (Form 990) (2009)

75-1541354

X

Schedule F (Form 990) 2009 WORLD CHRISTIAN BROADCASTING CORPORATION

Regarding Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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, othe		:							
(h) Description of non-cash assistance									
(g) Amount of non-cash assistance									
(f) Manner of cash disbursement									
(e) Amount of cash crant									
(d) Purpose of grant									
(c) Region									
(b) IRS code section and EIN (if applicable)									Section 1
1 (a) Name of organization			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	一般のないない ないのかい	一次の (大学な)が近になる。 かいかく 人名 (大学な)
	(if applicable)  (b) IRS code section and EIN (c) Region of grant cash grant (if applicable)	(b) IRS code section and EIN (c) Region of grant of grant (d) Purpose (e) Amount of (f) Manner (g) Amount of (h) Description of cash (if applicable) of grant of grant cash (if applicable) of grant cash (if applicable) of grant cash (if applicable) of grant cash (g) Amount of (h) Description of of grant cash (g) Amount of (h) Description of of grant cash (g) Amount of (h) Description of assistance assistance assistance	(b) IRS code section and EIN (c) Region of grant of grant (d) Purpose (e) Amount of (f) Manner (g) Amount of (h) Description of cash (if applicable) of grant cash (if applicable) of grant of grant cash (if applicable) of grant cash (if applicable	(if applicable)  (c) Region of grant of grant cash crash crash crash (if applicable)  (if a	(if applicable)  (c) Region of grant cash crash (f) Manner (g) Amount of (h) Description of of grant of grant cash crash (if applicable)  (if	(b) IRS code (c) Region (d) Purpose (e) Amount of (f) Manner (g) Amount of (h) Description of section and EIN (if applicable)	(b) IRS code section and EIN (c) Region of grant cash grant of cash (n) Manner of Gash non-cash of grant disbursement assistance assistance	(b) IRS code (c) Region of grant cash (if applicable) (d) Purpose (e) Amount of (f) Manner (g) Amount of (h) Description of grant (if applicable) (f) applicable) (grant cash grant disbursement assistance assistance (f) applicable) (f) Purpose (e) Amount of (h) Description of grant cash grant disbursement assistance assistance (f) Amount of (h) Description of grant (f) Amount of (h) Amount	Section and EIN (c) Region of grant cash grant disbursement assistance assist

recognized as charities by the foreign country, i ecognized as taxincy letter			4
) E		by the IRS, or for which the	*
Enter total number of recipient organizations listed above that are recognized grantee or counsel has provided a section 501(c)(3) equivalency letter		E C	
מנו 🖁	L	nter total number of recipient organizations listed above that are recognized antee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2009

Page 3

Schedule F (Form 990) 2009 WORLD CHRISTIAN BROADCASTING CORPORATION

Partill 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.

(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2009
(g) Description of non-cash assistance										Schedule F
(f) Amount of non-cash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										TEE A SECON TO COMMON OF THE C
(c) Number of recipients										
(b) Region										
(a) Type of grant or assistance										ВАА

Schedule F	(Form 990) 2009	WORLD CHR	RISTIAN E	BROADCASTI	NG CORPORA	TION	75-1541354	Page 4
'श्रीहः ।∭	Supplemental	Information						
<del></del>	Complete this par	t to provide the	information	required in Par	t I, line 2, and ar	ny additional inform	nation	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

और्षा के निवारी जिल्लाकराज्यों

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

WOR	ORLD CHRISTIAN BROADCASTING CORPORATION 75-1541354								
<u> </u>	Fundraising Activities, Comp	lete if the organ	nization ar	swered 'Y	es' to Form 990, Part I	V, line 17.			
	Form 990EZ filers are not req				owing activities. Charle	all that annly			
•	Mail solicitations	raiseu iurius iri	rough any	or the ion	_ ·				
	<b>⊢</b> ⊣	_			Solicitation of non-government grants Solicitation of government grants				
	Internet and email solicitations	5			<del></del>	=			
	Phone solicitations				Special fundraising	events			
2.	In-person solicitations  Did the organization have written	or oral agracima	ont with on	w manada	al (including afficare di	rootore tructore or kou			
Za	employees listed in Form 990, Pai	rt VII) or entity	in connect	ion with p	rofessional fundraising	services?	. Yes X No		
Ь	If 'Yes,' list the ten highest paid in	dividuals or en	tities (func	lraisers) p	ursuant to agreements	under which the fundra			
	compensated at least \$5,000 by the	ne organization.							
	(i) Name of individual or entity (fundraiser)  (ii) Activity (iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No					
		ļ							
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				1					
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	- <del>-</del>	1	1	1					
	Total			•			0.		
3	List all states in which the organiz or licensing	ation is registe	red or lice	nsed to so	blicit funds or has been	notified it is exempt fro			
					<del> </del>				
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•									

		G (Form 990 or 990-EZ) 2009 WORLD C Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar	nswered 'Yes' to Fo	orm 990, Part IV, II	ne 18. or			
RE			(a) Event #1 FUNDRAISING DI (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))			
MCZM <m3< td=""><td>1</td><td>Gross receipts</td><td>146,737.</td><td></td><td></td><td>146,737.</td></m3<>	1	Gross receipts	146,737.			146,737.			
Ĕ	2	Less: Charitable contributions	124,118.			124,118.			
	_3	Gross income (line 1 minus line 2) .	22,619.			22,619.			
	4	Cash prizes			·				
	5	Noncash prizes .							
DIRECT	6	Rent/facility costs			<u> </u>				
	7	Food and beverages .	22,619.			22,619.			
E X P	8	Entertainment							
EXPERSES	9	Other direct expenses.	12,928.			12,928.			
S	10	Direct expense summary. Add lines 4- tl	hrough 9 in column (d)		<b>.</b>	35,547.			
<b>5</b>	11	Net income summary Combine lines 3, o		<del></del>		-12,928.			
Pell	<u>uu</u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye :	s' to Form 990, Pai	rt IV, line 19, or re	ported more than			
REVERUE	ļ:		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))			
E D	1	Gross revenue							
D X	2	Cash prizes							
DIRECT	3	Non-cash prizes							
Š	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•				
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7					
t	9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain:  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a								
t	lf 'Y 	'es,' explain <sup>.</sup>							
11		s the organization operate gaming activities		umbor of a post-crob-	or other entity formed t	11			
12	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?								

Scriedule G (Form 99)	OLAGO-ES) SOOA MOKTO CUKTZIIK	N BRUADCASIING	CORPORATION	/5-154135	14	Page 3
,				1	YES	NO
*	entage of gaming activity operated in					ji B
<b>a</b> The organization			. 13a			
<b>b</b> An outside facili	•			-	- 4	P.
14 Enter the name	and address of the person who prepares	the organızatıon's gamın	g/special events boo	oks and records:		
Name: ►						
Address: ►						
_	ation have a contact with a third party fro	<del>-</del>			15a	
	e amount of gaming revenue received by		aı	nd the amount		f
	ue retained by the third party \$	·			1	
c If 'Yes,' enter na	me and address of the third party:					1
						Ť
Name ►			- <b></b>			9
6.11						h
Address· ▶		·	- <b></b>			
16 Commo						
16 Gaming manage	rintormation					)
Name <sup>,</sup> ►						
Name						ļi .
Gaming manage	r compensation   \$					
darning manage	Compensation • • •	<del></del>				
Description of se	rvices provided. ►					
2000.ip.iio// 0/ 0/			- <b></b>			
Director/office	er Employee	Independent	contractor			
17 Mandatory distri	outions					
a is the organizati	on required under state law to make char	itable distributions from t	he gaming proceeds	s to retain the		推示方
state gaming lice	ense?				17a	
<b>b</b> Enter the amour	t of distributions required under state law	to be distributed to other	er exempt organizati	ons or spent in the		
organization's or	vn exempt activities during the tax year:	▶\$				
BAA		TEEA3703L 02/05/10	Sc	hedule <b>G</b> (Form 99	0 or 990-E	Z) 2009

# SCHEDULE L (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

or 990-EZ.

► 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.

Oper to Public Inspection

Employer identification number

WORLD CHRISTIAN BROADCASTING							-154							
Excess Benefit Transaction Complete if the organization ans	<b>ons</b> (sect wered 'Yes'	ion 501 on Form	(c)(3) a	and section 5 t IV, line 25a or	501(c)( 25b, or	4) organiza Form 990-EZ,	ations Part V	only , line	/). 40b.					
1 (a) Name of disqualified person		(b) Description of transaction						(c) Cor	1					
											Yes	No		
				·								-		
							-							
<del></del>										<u> </u>				
2 Enter the amount of tax imposed on the section 4958				• •	rsons du	ring the year	under	<b>&gt;</b> \$				l		
3 Enter the amount of tax, if any, on line	2, above,	reimburs	ed by the	e organization				▶ \$						
Partill Loans to and/or From Inte Complete if the organization ans				t IV, line 26 or f	Form 990	)-EZ, Part V, I	ine 38a	<b>).</b>						
(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?		Original ipal amount	(d) Balance due		(e) in c	(e) in default?		default? (f) A by t con		(f) Approved by board or committee?		/ritten ment?
BEN POWELL	То	From	_	25 000		25 000	Yes	No	Yes	No	Yes	No		
DEN FOWELL	^			25,000.		25,000.		Х	_ <u> </u>	<b>_</b>	X			
CHARLES H. CAUDILL	Х			136,000.		136,000.		Х	Х		Х			
												<u> </u>		
Fotal				▶ \$		161,000.								
Grants or Assistance Ben Complete if the organization	on answe	ered 'Ye	ed Pers	<b>sons.</b> form 990, Pa	art IV, I	ıne 27.								
(a) Name of interested person	(	(b) Relations	ship between the orga	n interested person a nization	and	(c	) Amoun	t and ty	pe of as	ssistanc	e			
		-												
Park V Business Transactions In	volving	Interest	ed Per	sons.	-									
Complete if the organization	on answe	ered'Ye	s' on F	orm 990, Pai	rt IV, lı	ne 28a, 28	b, or	28c.			r			
interested p		telationship t ested person organizatio	and the	(c) Amount transaction		(d) Description of transaction				(e) Sharin organizati revenue				
											Yes	No		
			<u> </u>											
BAA For Privacy Act and Paperwork Reduc	ction Act N	otice, se	e the Ins	tructions for Fo	orm 990	Sch	edule	L (For	m 990	or 9	90-EZ	200		

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

► Attach to Form 990.

OMB No. 1545-0047

2009

Quan To Public namenum.

Department of the Treasury Internal Revenue Service Name of the organization

WORLD CHRISTIAN BROADCASTING CORPORATION

Employer identification number

75-1541354 Part Types of Property (a) (b) (c) (d) Revenues reported on Form 990, Part VIII, line 1g Check if Number of Method of determining applicable Contributions revenues Art-Works of art 2 Art-Historical treasures. 3 Art-Fractional interests. 4 Books and publications 5 Clothing and household goods. 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 X 34,134. FMV Securities-Publicly traded 10 Securities-Closely held stock. 11 Securities—Partnership, LLC, or trust interests. Securities-Miscellaneous Qualified conservation contribution— Historic structures Qualified conservation contribution—Other, . 15 Real estate-Residential 16 Real estate—Commercial 17 Real estate-Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► ( 26 Other > 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Yes No 30 a 31 Х 32 a

29

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

Schedule M (Form 990) 2009

Schedule	M (Form 990) 2009	WORLD CHRISTIAN	BROADCASTING	CORPORATION	75-1541354	Page 2
Pentull	Supplemental in and 33. Also con	nformation. Complete mplete this part for an	this part to proving additional info	de the information rec mation.	75-1541354 quired by Part I, lines 30b	, 32b,
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#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047
2009
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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.

WORLD CHRISTIAN BROADCASTING CORPORATION	75-1541354
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
WORLD_CHRISTIAN_BROADCASTING_EXISTS_SO_THAT_PEOPL	E IN PLACES BEST SERVED BY
BROADCAST MEDIA BECOME AWARE OF THE GOOD NEWS OF	JESUS CHRIST AND WANT TO KNOW MORE.
ACCORDINGLY: 1.) GEOGRAPHIC AREAS THAT CANNOT BE	EASILY SERVED BY MISSIONARIES ARE
A PRIORITY; 2.) THE ISLAMIC WORLD WILL BE THE NEX	T TARGET FOR MINISTRY.
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONS	HIP OF OFFICERS, DIRECT
CFO_BEN_POWELL_AND_BOARD_OF_DIRECTOR'S_MEMBER, LE	E POWELL - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE PRESIDENT AND CFO REVIEW THE FORM FOR ACCURAC	Y BEFORE SIGNING. IN ADDITION, ALL
BOARD MEMBERS ARE SENT A COPY OF THE FORM FOR REV	YIEW BEFORE IT IS FILED.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	AND ENFORCEMENT OF CONFLICTS
QUESTIONNAIRES REGARDING CONFLICTS OF INTEREST AR	RE SENT TO ALL BOARD MEMBERS
ANNUALLY. THEY ARE REQUIRED TO BE COMPLETED AND	RETURNED TO THE PRESIDENT AND ARE
KEPT IN THE ORGANIZATION'S RECORDS.	
IF_A_CONFLICT_ARISES_THE_REMAINING_BOARD_MEMBERS_	WOULD BE INFORMED. THEY WOULD THEN
ASSESS THE NATURE OF THE CONFLICT AND DETERMINE I	TS MATERIALITY. IF A PROBLEM WAS
IDENTIFIED, THEN MEASURES WOULD BE TAKEN TO ELIMI	NATE EITHER THE CONFLICT OR THE
RELATIONSHIP.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APP	PROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG
THE BOARD OF DIRECTORS VOTES ON A COMPENSATION CH	HANGE FOR PRESIDENT/CEO AT THE
SEMI-ANNUAL BOARD MEETING HELD EACH SPRING. THEIR	R DECISION IS BASED UPON PERFORMANCE
AND COMPARABLE SALARY INFORMATION. THE PRESIDENT/	CEO DETERMINES THE PAY RATES FOR
ALL OTHER STAFF, BASED UPON COMPARABLE SALARY INF	FORMATION, PERFORMANCE AND LENGTH OF
TIME WORKED, ALL WITHIN THE SCOPE OF BUDGETARY CO	ONCERNS APPROVED BY THE BOARD.

Schedule <b>O</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
WORLD CHRISTIAN BROADCASTING CORPORATION	75-1541354
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
UPON REQUEST; HOWEVER A SUMMARY OF THE AUDITED FINANCIAL STATEM	MENTS IS PUBLISHED
ANNUALLY IN THE ORGANIZATION'S NEWSLETTER AND IS ALSO MADE AVAI	LABLE ON OUR WEBSITE.
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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
WORLD CHRISTIAN BROADCASTING CORPORATION	75-1541354
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2009

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### SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

### WORLD CHRISTIAN BROADCASTING CORPORATION

75-1541354

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENTS EXPENSES ......

35,547. TOTAL \$ 35,547.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

TOTAL \$ 35,547.



2009

### SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

### **WORLD CHRISTIAN BROADCASTING CORPORATION**

75-1541354

### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2009	2008	2007	2006	2005
OTHER INCOME ROYALTY INCOME		398.	39.	353.	634. 9,325.	46.
NOTABIT INCOME	TOTAL	\$ 398.	\$ 39.	\$ 353.	\$ 9,959.	\$ 46.



Form 8868	(Rèv 4-2009)		Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this	s box ► X
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	nsion on a previously	y filed Form 8868.
<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	y file the origina	(no copies needed).
	Name of Exempt Organization	4. 3. 7	Employer identification number
Type or			
print	WORLD CHRISTIAN BROADCASTING CORPORATION	<u></u>	75~1541354
	Number, street, and room or suite number. If a P.O. box, see instructions	10 A	For IRS use only
File by the extended			
due date for filing the	605 BRADLEY COURT		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	<b>]</b> [ · · ·	
	FRANKLIN, TN 37067-8200		<u> </u>
Check type	of return to be filed (File a separate application for each return):		
X Form 9	90	Form 1041-A	Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previou	sly filed Form 8868.
The bo	oks are in care of ► CHARLES CAUDILL		
Teleph	one No. ► 615-371-8707 FAX No. ►		_
<ul><li>If the o</li></ul>	rganization does not have an office or place of business in the United States,	check this box	
• If this i	s for a Group Return, enter the organization's four digit Group Exemption Nur	mber (GEN)	. If this is for the
whole grou	ıp, check this box ▶ 🗍 . If it ıs for part of the group, check thıs box ▶ 🗍	and attach a list wi	th the names and EINs of all
members t	he extension is for.		
4 I requ	uest an additional 3-month extension of time until 11/15 , 20	<u>10</u> .	
5 Ford	alendar year 2009, or other tax year beginning, 20	O, and ending_	, 20
6 If this	s tax year is for less than 12 months, check reason: Initial return	Final return	Change in accounting period
	in detail why you need the extension TAXPAYER RESPECTFULL		
GA'	THER INFORMATION NECESSARY TO FILE A COMPLETE AN	D ACCURATE TA	X RETURN.
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent efundable credits. See instructions	ative tax, less any	8a \$
<b>b</b> if this payre with	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable on the second sec	credits and estimated amount paid previou	i tax sly 8b\$
c Bala	nce Due. Subtract line 8b from line 8a. Include your payment with this form, of FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen	or, if required, depos	ıt İ.
	Signature and Verificati		
Under penaltr correct, and o	es of perjury, I declare that I have examined this form, including accompanying schedules and statem complete, and that I am authorized to prepare this form	nents, and to the best of my	
Signature	Diana an Landa Title - CPA		Date ► 813/10
BAA	FIFZ0502L 03/11/09		Form 8868 (Rev 4-2009)

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