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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 Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable Please use IRS label WORLD MISSIONARY ASSISTANCE PLAN Address change 95-3711613 IRS laber or print or type. See specific instruc-tions. 1419 N SAN FERNANDO BLVD Telephone number Name change BURBANK, CA 91504 (818) 843-7233 Initial return Termination 701.122. Amended return G Gross receipts \$ FRANK R. PARRISH F Name and address of principal officer H(a) Is this a group return for affiliates Application pending Yes H(b) Are all affiliates included? 1419 N SAN FERNANDO BL BURBANK, CA 91504 Yes If 'No,' attach a list (see instructions) Tax-exempt status X = 501(c) (3) 4947(a)(1) or) ◄ (insert no) WWW.WORLD-MAP.COM Website: ► H(c) Group exemption number ▶ X Corporation | Trust Form of organization Association L Year of Formation 1964 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) 6 ō 7a Total gross unrelated business revenue from Part-VIII, column (C), line 12 7 a U b Net unrelated business taxable income from Form 990-T, line 34 7 b Ō. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)2 5 2010 546,239 Q 553,767. Investment income (Part VIII, column (A), lines 3, 4, and 76) 121,687 85,582. Other revenue (Part VIII, column (A) (ipes 5 61, 80, 90, 10c, and 11e)
Total revenue — add lines 8 through (1) (must equal Part-VIII, column (A), line 12) 28,894. -38,366. 696,820 600,983. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,300 12,400. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 271,332 280,465. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 60,019. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 483,838 595,210. 767,470 888,075. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 -70,650 -287,092. Beginning of Year End of Year 4,147,140 3,875,001. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 42,260 57,213. 22 3,817,788. Net assets or fund balances. Subtract line 21 from line 20 4,104,880. Part II Signature Block declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge Under penalties of true, correct, and Sign Signature of officer Here Date PRESIDENT FRANK Type or print name and title Preparer's identifying number (see instructions) Check if Paid self-employed Preparer's Pre-N/A parer's Romberger Wilson & Beeson, Use yours if self-employed), address, and ZIP + 4 500 NORTH CENTRAL AVE, SUITE 325 N/A Only GLENDALE, CA 91203 **►** (818) 240-8322 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form 990 (2009)

No

Yes

	n'990 (2009) WORLD MISSIONARY ASSISTANCE PLAN	95-3	71161	.3		⊃age 2
Par	Statement of Program Service Accomplishments					
,1	Briefly describe the organization's mission RELIGIOUS TRAINING					
	TELIGIOUS ITATIVING					
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	_			
	Form 990 or 990-EZ?			Yes	X	No
3	If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program ser			V	€	
3	If 'Yes,' describe these changes on Schedule O.	vices		Yes	X	No
4		by expens	es. Se	ction 5	01(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	d állocatior	s to oth	ners, t	he tota	àl
	a (Code) (Expenses \$) (Expenses \$) (Povonuo	ė		0,5	21 \
70	PUBLICATION OF TRANS-DENOMINATIONAL CHRISTIAN TRAINING MAGAZINES	Revenue	٧		0,5.	<u>)1.</u>)
				:	 	
						-
4 b	b (Code·) (Expenses \$ 217,002. including grants of \$)	Revenue	\$	12	8,89	<u>)4.</u>)
	BOOKS SUPPLIED TO THIRD WORLD CHURCH LEADERS PROVIDING BIBLE BASE	D, DOCT	<u>RINA</u>	LLY .	<u>SOUN</u>	<u>D</u>
	TEACHING.					
40	c (Code:) (Expenses \$ 123,223. including grants of \$) (Payanua	ė	2	0 61	<i>6</i> \
70	SPIRITUAL RENEWAL AND TRAINING SEMINARS FOR CHURCH LEADERS IN FOR	EIGN CO	UNTR	IES	0,0	
					- 	
- A	d Other program services. (Describe in Schedule O) See Schedule O		-			
40	d Other program services. (Describe in Schedule O) (Expenses \$ 49,692. including grants of \$) (Revenue \$		1	200.	١	
4 e	e Total program service expenses ► 677,510.					

Form'990 (2009) WORLD MISSIONARY ASSISTANCE PLAN 95-3711613 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 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		<u>x</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
	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		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	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 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

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Form 990 (2009) WORLD MISSIONARY ASSISTANCE PLAN

Part V 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 17 If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_X
24 8	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		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	25a		X
ŀ	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		Х
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)	28a		X
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	208		
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
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)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2009)

	95-3711613	Page
Part V Statements Regarding Other IRS Filings and Tax Compliance		
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	Yes	s No
Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	13	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	able gaming	
(gambling) winnings to prize winners?	1c	Х
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	5	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instr	ructions)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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 auth financial account in a foreign country (such as a bank account, securities account, or other financial account.)	nority over, a unt)? 4a	x
b If 'Yes,' enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank Financial Accounts	and	
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	1? 5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Tax Shelter Transaction?	g Prohibited 5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization stat were not tax deductible?	ganization 6a	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions of deductible?	r gifts were not 6b	
7 Organizations that may receive deductible contributions under section 170(c).	02	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good provided to the payor?	Is and services 7a	- -x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was referent 8282?		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso		
benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	 	<u> </u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as it	· — — — — — — — — — — — — — — — — — — —	
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 be holdings at any time during the year?	ons. Did the usiness	
9 Sponsoring organizations maintaining donor advised funds.	8	<u> </u>
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	+
0 Section 501(c)(7) organizations. Enter	35	
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		
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		

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

1 a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule 0 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	Sec	tion A.	Governing Body and Management					
b Enter the number of voting members that are independent 2 Did any officer, director, fusitee or key employee have a family relationship or a business relationship with any other officer, director, fusitee or key employee See Schedule 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directions or fusitees, or key employees or a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization become aware during the year of a material diversion of the organization's assets? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 9 Is there any officine, director or fursitee, or key employee listed in Part VIII, Section A, who cannot be reached at the governing body? 9 Is there any officine, director or fursitee, or key employee listed in Part VIII, Section A, who cannot be reached at the governing body and the properties of the provision of the governing body and the properties of the provision of the governing body and the provision of the provision of the provision of the governing body and provides of the organization have a written by the provision of the governing body and provision of the governing body and provision of the governing body and provision of the governi					,		Yes	No
Did any officer, director, trustee, or key employee have a farmity relationship or a business relationship with any other officers, directors, funded or key employees. See Schedule 0 3 Did the organization delegate control over management duties extractingly performed by or under the direct supervision of officers, directors or trustees, or key employees so a management of company or other person? 4	1 a	Enter the	number of voting members of the governing body		1a 5			
officer, director, trustee or key employee? See Schedule 0 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization or subject of the organization of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 Did be organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 Did a The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 Is there any officer, director or trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's maining addivers? If Vies, provide the names and addresses in Schedule 0 9 Is there any officer, director or trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's maining address? If Vies, provide the names and addresses in Schedule 0 10 a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization organization and provided a copy of this Form 990 is all members of its governing body before filing the form? 11 Absectible of Now this is done of the organization to review this Form 990 See Schedule 0 12 Designation organization have a written policy of procedure representations and	b	Enter the	number of voting members that are independent		1b 4			
of officers, directors or trustees, or key employees to a management company or other person? 4	2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or irector, trustee or key employee? See Schedule O	a business r	elationship with any other	2	X	
since the pnor Form 990 was fixed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Dees the organization have members or stockholders? 7a Doas the organization have members or stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b D X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Ba X 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If Yes, Provide the names and addresses in Schedule 0 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10 If Yes, 'does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 A Describe in Schedule 0 the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Does the organization have a written conflict of interest policy? If No, 'go to line I3 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 15 Dot the process for determining compensation of the following persons include a review and approval by independent persons, comparability have a written whistleblower policy? 15 Does the organization have a written whistleblower policy? 16 Does the organization have a written whistleblower policy? 16 Does the organization have a written whistleblower policy? 17 List the states with which a copy of this Form 990 is required to deficie the organization to evaluate its parti	3	Did the o	rganization delegate control over management duties customarily per s, directors or trustees, or key employees to a management company	formed by or or other pers	under the direct supervision son?	3		Х
5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following as The governing body? 9 Late and the standard of the governing body? 9 Late and the standard of the governing body? 10 Did be proficies. (This Section B requests information about policies not required by the Internal Revenue Code). 10 Did be standard organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Did be proganization have a written within the form of the organization? 11 Did be proganization and a written continct of interest policy? If Wig to line 13 Did the organization have a written white the organization to review this Form 990. See Schedule O Did this is done. 12 Did the proganization have a written white organization to review this profit of the deliberation and decision? 13 Did the organization have a written document retention and destruction policy? 14 Does the organization have a writt	4	Did the c	rganization make any significant changes to its organizational docume	ents		4		X
6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b Ab Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director or furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's manling address? If Yes, provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) bif Yes, does the organization have local chapters, branches, or affiliates? bif Yes, does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Ab Each Comparization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Ab Each Comparization and the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written with the policy? If Yes, of to line I3 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability dail, and contemporareous substantiation of the deliberation and decision? a The organization have a written which are policy or procedure requiring the organiz		since the	prior Form 990 was filed?					
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b Other officers of key employees of the organization See Schedule 0 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	15	Did the persons,	rocess for determining compensation of the following persons include comparability data, and contemporaneous substantiation of the delibe	e a review and eration and d	d approval by independent ecision?			
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X		_	· · · · · · · · · · · · · · · · · · ·					
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request. 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	b			_		15b	Х	
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			,	•				
In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website	16 a			iture or simila	ar arrangement with a taxable	16a		Х
Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	b	in joint v	enture arrangements under applicable federal tax law, and taken step	ne organizatio s to safeguar	on to evaluate its participation of the organization's exempt		:	
 List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website	Sec					.00		<u> </u>
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply				ne		_		
 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 		Section	5104 requires an organization to make its Forms 1023 (or 1024 if appling Indicate how you make these available. Check all that apply		and 990-T (501(c)(3)s only) av	 aılabl	e for	public
statements available to the public See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.								
		stateme	its available to the public See Schedule 0					ancial
						anızat — — –	- – – -	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 not compensate any current officer, director, or trustee.										
(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours		Position (check all that apply)		Reportable compensation from	Reportable compensation from	Estimated amount of other			
	per week	Individual trustee or director	Former Highest compensate employee Key employee Officer Institutional trustee individual trustee or director		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the			
	:	dual	tiona		郞	st co	4			organization and related organizations
		huste	100		ře	mpei				organizations
		8	stee			Highest compensated employee				
FRANK R. PARRISH			_							
Director	45	x		Х				96,000.	0.	3,972.
VICTOR TORRES JR								·		•
BOARD MEMBER	1	Х						2,000.	0.	0.
JON COOK										
Secretary/Treas	1	X	L_		_			0.	0.	0.
RALPH_MAHONEY_JR									_	_
Vice President	1	Х	_		<u> </u>		_	0.	0.	0.
MAUREEN W. PARRISH	45	X						70 022	0	2 072
CO-DIRECTOR HENRY MORRIS	45	_ X	-	-	-			70,032.	0.	3,972.
BOARD MEMBER	1	Х						0.	0.	0.
DOMES MEMBER	<u> </u>		\vdash		\vdash		\vdash	0.	<u> </u>	<u> </u>
	1									
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Form 990 (2009) WORLD MISSIONARY ASSISTAN			_						95-3/1161	
Part VII Section A. Officers, Directors, Trust	1	ley	Em			es,	an			T
(A)	(B)	(c) Position (check all that apply)		(D) (E)		(F)				
Name and Title					_	_	_	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	per week	dırec	Institutional trustee	Officer	y em	Highest compensa employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
		al to	onal		employee	com				and related organizations
		stee	truste		**	pens				
			эе			ated				
									7-7	
				_		-				
									· · · · · · · · · · · · · · · · · · ·	
	ļ									
									1.0 - 1.0	
					L			160 000		7 044
Total Total number of individuals (including but not limiter	d to the	دم اند	ctad	lahe		wh	o re	168,032.	0.	7,944.
from the organization • 0	u to tho	SC 11:	SIEU			, AA11	0 16		ф100,000 in report	·
3 Did the organization list any former officer, director	or truct	00 1	.	omr	.lov	00 /	or bu	ahast aamnansat	ad amplayas	Yes No
on line 1a? If 'Yes,' complete Schedule J for such ii	ndıvıdua	ıL							•	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable han \$15	cor 60,00	npei 10?	nsat If 'Y	ion es'	and com	oth plet	er compensation e Schedule J for s	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens	atioi I for	n fro	om a h ne	any erso	unre	elate	d organization for	services	5 X
Section B. Independent Contractors										
 Complete this table for your five highest compensat compensation from the organization 	ed inde	penc	dent	cor	trac	ctors	tha	t received more t	nan \$100,000 of	
(A) Name and business address (B) Description of Services								of Services	(C) Compensation	
INDIA BIBLE LITERATURE 67 BERACAH RD Kilpauk Chennai, Tamil Nadu 600 DISTRIBUTION SEMINAR									210,773.	
		·								
					_					
2 Total number of independent contractors (including	but not	lımıl	ted t	to th	ose	list	ed a	above) who receiv	ed more than	

Pai	T VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a				
A K	b Membership dues 1b				
윤호	c Fundraising events 1c				
FA	d Related organizations 1d				
اٍ≧ِق	e Government grants (contributions)				
Sis					
호텔	f All other contributions, gifts, grants, and similar amounts not included above 1f 553, 7	167			
문티		07.			
동물	g Noncash contribus included in lns 1a-1f. \$	▶ 553 767			
3	h Total. Add lines 1a-1f Business Co	333,707.			
Į.					
3	2a				
Ä	b			-	
ž	°,				
SE	d				
₽₽	e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other program service revenue				
-	g Total. Add lines 2a-2f	<u> </u>			
	3 Investment income (including dividends, interest and	d ▶ 85 582	85,582.		
	other similar amounts)	03,302.	85,382.	· · · · · · · · · · · · · · · · · · ·	
	4 Income from investment of tax-exempt bond procee	eds [}
	5 Royalties .				
	(i) Real (ii) Person	13!			
	6a Gross Rents 56, 817.	 			
	b Less rental expenses 100, 139.				
	c Rental income or (loss) -43, 322.				
	d Net rental income or (loss)	► -43,322.			-43,322.
	7a Gross amount from sales of (i) Securities (ii) Othe	<u></u>			
	assets other than inventory				
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	•			
NUE	8a Gross income from fundraising events (not including \$				
E	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18				
풀	b Less direct expenses b				
ь	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				ļ
	10a Gross sales of inventory, less returns and allowances a				
					
	b Less cost of goods sold b			 -	
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Co	<u> </u>			
		4,956.	4,956.		
	11a Other revenue	4,336.	4,330.		†
	b				
	C				
	d All other revenue	▶ 4 956	 -		
	e Total. Add lines 11a-11d .	1/300.	00 530		42 222
	12 Total revenue. See instructions	▶ 600,983.	90,538.	0,	-43,322.

٠	All other organizations must comp		ations must complete a e not required to comple		(D).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,400.	7,400.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		,		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,000.	5,000.		
4 5		166,032.	139,546.	18,003.	8,483
6	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.	0.	0
7	Other salaries and wages.	88,135.	36,700.	27,454.	23,981
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	,				
10	Payroll taxes	26,298.	15,328.	5,741.	5,229
	Fees for services (non-employees)				
	a Management	3,389.			3,389
	b Legal				
	c Accounting	40,475.	23,985.	15,305.	1,185
	d Lobbying				
	e Prof fundraising svcs. See Part IV, In 17				
	f Investment management fees				
	g Other	63,908.	37,812.	24,208.	1,888
	Advertising and promotion	45.540			
13	' h	16,518.	4,235.	6,529.	5,754
14	· · · · · · · · · · · · · · · · · · ·				
15		00.444	15 525	4 000	w
16		20,444.	15,535.	4,909.	
17 18		60,959.	57,806.	3,090.	63
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,002.		23,002.	
23 24	<u> </u>				
	a Printing and Publications	284,056.	283,069.	493.	494
	b BENEVOLENCE	21,344.	21,344.		<u>:5.*</u>
	c INSURANCE	20,834.	11,412.	5,780.	3,642
	d Postage and Shipping	11,237.	3,789.	1,923.	5,525
	e MISCELLANEOUS	8,605.	4,614.	3,991.	
	f All other expenses	20,439.	9,935.	10,118.	386
	Total functional expenses. Add lines 1 through 24f	888,075.	677,510.	150,546.	60,019
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational		,		.,
	campaign and fundraising solicitation			L_	Form 990 (2009

Balance Sheet

Part X

(B) End of year (A) Beginning of year 2,771 1 2,581. Cash - non-interest-bearing 2,564,283 2 2 Savings and temporary cash investments 2,286,133. 3 3 Pledges and grants receivable, net 11,458 4 Accounts receivable, net 4 34,387. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 247,179 224,540. 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 7 Notes and loans receivable, net 7 8 Inventories for sale or use 161,584 8 254,150. 149,202 9 57,665. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. 10a 1,739,541. Complete Part VI of Schedule D 10b **b** Less: accumulated depreciation. 738,248 996,411. 10 c 1,001,293. 11 Investments – publicly-traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 14,252 15 Other assets See Part IV, line 11 15 14,252. 4,147,140 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,875,001. Accounts payable and accrued expenses 32,193. 17 35,675. 17 18 18 Grants payable 10,067 19 21,538. 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25. 42,260 26 57,213 X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. ASSETS 4,072,042 Unrestricted net assets 27 3,777,104. 28 Temporarily restricted net assets 32,838. 28 40,684. 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,104,880. 33 Total net assets or fund balances 33 3,817,788. 4,147,140 3,875,001 34 Total liabilities and net assets/fund balances Form 990 (2009) BAA

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orm 990 (2009) WORLD MISSIONARY ASSISTANCE PLAN	95-3711613	Pa	ge 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	_ 2a		Χ
b Were the organization's financial statements audited by an independent accountant?	2 b		<u>X</u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both.	e issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	l	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo th or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit		

BAA

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

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number WORLD MISSIONARY ASSISTANCE PLAN 95-3711613 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's 4 name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(Complete Part II) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III- Other Type II C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (v) Did you notify (i) Name of Supported Organization (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the organization in col (i) organized in the US? (II) EIN (iv) Is the (vii) Amount of Support rganization in col (i) listed in your ie organization in col (i) of your support? governing document? Yes Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2009 WORLD MISSIONARY ASSISTANCE PLAN 95-3711613

Part II 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)

Sac	tion A. Public Support	ed the box on line	5, 7, 01 6 01 Fait	')	 					
							Т			
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	582,169.	728,433.	661,142.	546,239.	553,7	67.	3,071,750.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.		
3	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.		
4	Total. Add lines 1-through 3	582,169.	728,433.	661,142.	546,239.	55 <u>3,7</u>	<u>67. </u>	3,071,750.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							35,563.		
6	Public support. Subtract line 5 from line 4							3,036,187.		
Sec	tion B. Total Support				•					
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008 (e) 2009		9	(f) Total		
7	Amounts from line 4	582,169.	728,433.	661,142.	546,239.	553,767.		553,767.		3,071,750.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	210,193.	229,756.	156,163.	147,359.	42,2	60.	785,731.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					·		0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	6,094.	6,358.	2,918.	3,222.	4,9	56.	23,548.		
11	Total support. Add lines 7 through 10							3,881,029.		
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			L	12	3,881,029.		
13	organization, check this box and	stop here		d, third, fourth,	or fifth tax year as	a section 5	01(c)	(3)		
	tion C. Computation of Pu		 			- 				
	Public support percentage for 20			e 11, column (f)			14	78.2%		
15	Public support percentage from	2008 Schedule A,	Part II, line 14			L	15	75.4%		
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	k on line 13, and ganization	I the line 14 is 33.	1/3 % or me	ore, cl	heck this box		
b	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a ganization.	i, and line 15 is 3	3-1/3% or m	ore, c	heck this box		
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain ii	n Part	IV how		
	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 BAA	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 1/a				Structions		

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

$\overline{}$	(Complete only if you che	cked the box on li	ne 9 of Part I)					
Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
	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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	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							
8	Public support (Subtract line							
	7c from line 6)							
	tion B. Total Support	4 > 0005	42000	4 3 0007	1	4 3 000	_ 1	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			Market and A				
	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							
12	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	is for the organized	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section !	501(c)	(3) ► □
Sec	tion C. Computation of Pu		ercentage					
	Public support percentage for 20			ne 13, column (f)).		15	%
<u>16</u>	Public support percentage from	2008 Schedule A,	Part III, line 15				16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	;				
17	Investment income percentage f	or 2009 (line 10c,	column (f) divide	d by line 13, colu	ımn (f))		17	%
	18 Investment income percentage from 2008 Schedule A, Part III, line 17							
	33-1/3 support tests – 2009. If the order than 33-1/3%, check this b							
	33-1/3 support tests — 2008. If the state of	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organ	ızatıon	, and line 18
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	see instruc	tions	<u> </u>

Schedule /	A (Form 990 o	or 990-EZ) 2009	9 WORLD	MISSIONAR	Y ASSISTA	ANCE PLAN	95-371161	.3 Page 4
(Part IV	Suppleme	ental Inform	ation. Cor	nplete this pa	art to provid	le the explar	nations required by Part tional information. See	II, line 10;
	Part II, lin	e 17a or 17	b; and Pai	t III, line 12.	Provide an	y other addi	tional information. See	instructions.
					-			
								
								
					- 			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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

Open to Public Inspection

Name of the organization

Employer Identification number

Name of the organization		Employer Identification Hamber
WORLD MISSIONARY ASSISTANCE P	LAN	05 2711612
Double O	Additional Front Control Charles Front	95-3711613
Part I Organizations Maintaining Do	onor Advised Funds or Other Similar Fues' to Form 990, Part IV, line 6.	nds or Accounts Complete if
the organization answered Te	(a) Donor advised funds	(h) Euroda and other assaults
Takal manahan ak and akasan	(a) Donor advised lunds	(b) Funds and other accounts
1 Total number at end of year		· · - · · · · · · · · · · · · · · · · ·
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and funds are the organization's property, sub	d donor advisors in writing that the assets held in eject to the organization's exclusive legal control?	donor advised Yes No
6 Did the organization inform all grantees, of used only for charitable purposes and not purpose conferring impermissible private.	donors, and donor advisors in writing that grant fu for the benefit of the donor or donor advisor or fo benefit??	nds may be or any other Yes No
Part II Conservation Easements Cor	nplete if the organization answered 'Yes	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements he	· -	
Preservation of land for public use (e		of an historically important land area
Protection of natural habitat	· H	of certified historic structure
Preservation of open space		
	ization held a qualified conservation contribution	n the form of a conservation easement on the
		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation e	easements	2 b
c Number of conservation easements on a	certified historic structure included in (a)	2c
d Number of conservation easements include		2d
3 Number of conservation easements modified	fied, transferred, released, extinguished, or termin	ated by the organization during the tax
year ►	· · · · · · · · · · · · · · · · · · ·	
4 Number of states where property subject	to conservation easement is located >	
5 Does the organization have a written police and enforcement of the conservation easi	cy regarding the periodic monitoring, inspection, h	andling of violations, Yes No
	errient it riolos: litoring, inspecting, and enforcing conservation ea	
during the year ▶		
7 Amount of expenses incurred in monitoring during the year ►	ng, inspecting, and enforcing conservation easeme	ents \$
8 Does each conservation easement reports 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirements of s	ection Yes No
include, if applicable, the text of the footr	eports conservation easements in its revenue and expitote to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
conservation easements	allestions of Art Historical Transcrups of	w Other Cimiles Assets
Part III Organizations Maintaining C Complete if the organization	ollections of Art, Historical Treasures, on answered 'Yes' to Form 990, Part IV, line	e 8.
	under SFAS 116, not to report in its revenue state public exhibition, education, or research in furthe tements that describes these items.	
b If the organization elected, as permitted utreasures, or other similar assets held for amounts relating to these items	under SFAS 116, to report in its revenue statemen public exhibition, education, or research in furthe	t and balance sheet works of art, historical rance of public service, provide the following
(i) Revenues included in Form 990, Part	VIII, line 1	> \$
(ii) Assets included in Form 990, Part X		<u></u> \$ ▶\$
2 If the organization received or held works amounts required to be reported under SI	of art, historical treasures, or other similar assets FAS 116 relating to these items	for financial gain, provide the following
a Revenues included in Form 990, Part VIII	_	► \$

b Assets included in Form 990, Part X

Part III Organizations Mainta	ming Cone	cuons	OI AIL, HISL	uricai Treasures, o	r Other Similar A	ssets (c	<u>:บานเท</u> น	<i>iea)</i>
3 Using the organization's acquisition items (check all that apply).	on accession	and oth	er records, che	ck any of the following	that are a significant	use of its	collecti	on
a Public exhibition			d Loan	or exchange programs				
b Scholarly research			e Other					
c Preservation for future generations								
4 Provide a description of the orga Part XIV	nization's col	lections	and explain ho	w they further the orga	nızatıon's exempt pur	pose in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be mair	ntained as part	of the organization's co	ollection?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen unt on Fori	1ents (m 990,	Complete if on Part X, line	organization answe 21.	red 'Yes' to Form	990, Pa	irt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or oth	ner intermediary	for contributions or ot	her assets not	Yes	. Γ	No
b If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the follow	ıng table				
						Amour	it	
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year			,		1 e			
f Ending balance					1f			
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 213)		Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV					-		
Part V Endowment Funds Co	mplete if o	rganıza	ation answer	ed 'Yes' to Form 9	90, Part IV, line 1	0.		
	(a) Current	year	(b) Prior yea	r (c) Two years bad	ck (d) Three years ba	ck (e)	Four year	s back
1 a Beginning of year balance								
b Contributions								
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	e of the year	end bala	ance held as					
a Board designated or quasi-endov	vment 🟲		*					
b Permanent endowment		·						
c Term endowment ►	8							
3a Are there endowment funds not a organization by	n the posses	sion of t	he organization	that are held and adm	inistered for the	[Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		\vdash
b If 'Yes' to 3a(ıı), are the related of	organizations	listed as	required on Si	chedule R?		3b		
4 Describe in Part XIV the intended					,	(1		
Part VI Investments-Land, B					. line 10.			
Description of investment		(a) Cost	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) l	Book Va	alue
1 a Land				578,634.			578.	,634.
b Buildings				1,013,759.	660,765			,994.
c Leasehold improvements				103,770.	44,769			,001.
d Equipment	i			40,624.	30,464			,160.
e Other				2,754.	2,250			504.
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Forr	n 990, Part X. o				,001	,293.
ВАА						nedule D (F		
					30,	- v		,

Schedule D (Form 990) 2009 WORLD MISSIONARY A			je 3
Part VII Investments-Other Securities See Fo	rm 990, Part X, line	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
		 	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (See F	orm 990, Part X, III	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	``	Cost or end-of-year market value	
		· · · · · · · · · · · · · · · · · · ·	

Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
· · · · · · · · · · · · · · · · · · ·	scription	(b) Book value	
	<u> </u>		
T.1.1 (0.1 (1) (15 200 P. 4 V (7) 1	15)		
Total. (Column (b) must equal Form 990, Part X, col (B), li Part X Other Liabilities (See Form 990, Part		•	
(a) Description of Liability Federal Income Taxes	(b) Amount		
Tederal income Taxes			
- Carlotte			ļ
			Ì
			ļ
			į
			Ì
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			
2. FIN 48 Footnote In Part XIV, provide the text of the foot	note to the organization	s's financial statements that reports the organization's liable	ılıtv

Schedule D (Form 990) 2009 WORLD MISSIONAR		95-371	1613 Page 4
Part XI Reconciliation of Change in Net A		ncial Statements	N/A
• 1 Total revenue (Form 990, Part VIII,column (A), Im	•		
2 Total expenses (Form 990, Part IX, column (A), li	ne 25) .		
3 Excess or (deficit) for the year. Subtract line 2 from	m line 1		
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities		ļ	
6 Investment expenses	•	ļ	
7 Prior period adjustments	•		
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited finance			
Part XII Reconciliation of Revenue per Au		<u>/ith Revenue per Return</u>	N/A
1 Total revenue, gains, and other support per audite	ed financial statements	1	
2 Amounts included on line 1 but not on Form 990,	Part VIII, line 12	. '	
a Net unrealized gains on investments	2a	a	
b Donated services and use of facilities	. 21	o	
c Recoveries of prior year grants	. 20		
d Other (Describe in Part XIV)	20		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12	but not on line 1		•
a Investments expenses not included on Form 990,		al I I	
b Other (Describe in Part XIV)	41	 	
c Add lines 4a and 4b	7.0	4c	
5 Total revenue. Add lines 3 and 4c. (This must eq	ual Form 990 Part I line 12)	5	
Part XIII Reconciliation of Expenses per A		1 - 1	rn N/A
1 Total expenses and losses per audited financial s		1	
2 Amounts included on line 1 but not on Form 990,		 	
a Donated services and use of facilities	22	.	
	21		
b Prior year adjustments		·	
c Other losses	20	+	
d Other (Describe in Part XIV)		<u> </u>	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25,			
a Investments expenses not included on Form 990,			
b Other (Describe in Part XIV)	41	-1	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This must e	qual Form 990, Part I, line 18)	5	
Part XIV Supplemental Information			
Complete this part to provide the descriptions required line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d information	for Part II, lines 3, 5, and 9; Part III, and 4b, and Part XIII, lines 2d and 4	, lines 1a and 4, Part IV, lines lb Also complete this part to p	1b and 2b, Part V, provide any additional
		·	
			dul- B /F 000\ 0000
BAA	TEEA3304L 02/02/10	Sched	dule D (Form 990) 2009

BAA

:	Schedule D (Form 990) 2009 WORLD MISSIONARY ASSISTANCE PLAN [Range No. 1] Range No. 1 (Continued)	95-3711613	Page 5
	Ran XIV. Supplemental Information (continued)		

Schedule F (Form 990)

Totals

Name of the organization

Statement of Activities Outside the United States

OMB No 1545-0047

2009

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

Open to Public Inspection

Schedule F (Form 990) (2009)

Employer identification number

95-3711613 WORLD MISSIONARY ASSISTANCE PLAN Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (f) Total expenditures in (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in offices in the èmployees or region (by type) (i e , (d) is a program service, describe specific type of fundraising, program services, grants to recipients region agents in region region located in the region) service(s) in region PROGRAM SERVICES EAST ASIA PRINTING OF 35,481. RELIGIOUS BOOKS AND MAGAZINES SOUTH AMERICA 0 PROGRAM SERVICES PRINTING OF 18,078. RELIGIOUS BOOKS AND MAGAZINES O PROGRAM SERVICES SOUTH ASIA RELIGIOUS 243,600. SEMINARS, PRINTIN G OF RELIGIOUS BOOKS AND MAGAZINES SUB-SAHARAN AFRICA PROGRAM SERVICES PRINTING OF 12,244. RELIGIOUS BOOKS AND MAGAZINES 309,403.

TEEA3501L 07/06/09

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

WORLD MISSIONARY ASSISTANCE PLAN Schedule **F** (Form 990) 2009

95-3711613

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement TRANSFER WIRE 5,000. (e) Amount of cash grant (d) Purpose of grant SUPPORT TO LITERATURE MINISTRY INDIA BIBLE (c) Region SOUTH ASIA (b) IRS code section and EIN (if applicable) (a) Name of organization

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

3 Enter total number of other organizations or entities

BAA

Schedule F (Form 990) 2009

Page 3 Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. 95-3711613 WORLD MISSIONARY ASSISTANCE PLAN Schedule F (Form 990) 2009

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule F	(Form 990) 2009	WORLD MISSIONAR	Y ASSISTANCE	PLAN		95-3711613	Page 4
Part IV	Supplemental	Information					
	Complete this pai	t to provide the information	on required in Part I,	line 2, and any add	litional informa	tion	
							·
					_ -		
							-
					. – – – – – –		
				- 			

SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Governments and Individuals in the United States

OMB No 1545-0047 2009

Open to Public Inspection

church leaders' % × (h) Purpose of grant or assistance expenses for Assist with 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered 'Yes' to Form conference Employer identification number Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 95-3711613 (g) Description of non-cash assistance 1 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? (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance 7,400. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 59-2124134 501 (c) (3) General Information on Grants and Assistance (P) EIN WORLD MISSIONARY ASSISTANCE PLAN HARVEST PREPARATION INTL MINISTR 1 (a) Name and address of organization or government 1 1 1 Name of the organization ١ 1 1 Part

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

. Page 2 Schedule I (Form 990) 2009 WORLD MISSIONARY ASSISTANCE PLAN

| Part | Image: Property and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance |Parily | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

BAA

Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

or 990-EZ.

Open to Public Inspection

Employer identification number

Schedule L (Form 990 or 990-EZ) 2009

	MISSIONARY ASSISTANCE								1161						
Part I	Excess Benefit Transaction Complete if the organization answ	ns (sect vered 'Yes	ion 501 on Form	l (c)(3) a n 990, Par	and section t IV, line 25a o	501(c)(r 25b, or	4) organıza Form 990-EZ,	tions Part V	only , line	/). 40b.					
1	(a) Name of disqualified person					b) Description	on of transaction					(c) Cor	rected?		
•	(a) name of disqualities person					b) bescripti	Description of transaction					Yes	No		
		•								-					
										-					
2 Ente	er the amount of tax imposed on the tion 4958	e organiza	tion mar	agers or	disqualified pe	rsons du	iring the year	under	▶ \$						
	er the amount of tax, if any, on line				organization				▶ \$						
Part II	Loans to and/or From Inte Complete if the organization answ				t IV, line 26 or	Form 990	D-EZ, Part V, II	ne 38a	а.						
(а) Name of interested person and purpose	(b) Loan the orga	to or from		Original pal amount	(d) B	(d) Balance due		(e) In default?		(e) In default?		oroved ard or attee?	(g) W agree	/ritten ment?
		То	From					Yes	No	Yes	No	Yes	No		
FRANK A	ND WENDY PARRISH		Х		345,000.		224,540.		Х	Χ		Х			
HOME LO	AN														
								ļ <u>.</u>					<u></u>		
		-	-												
			 					<u> </u>	-						
Total			L	L	<u></u>		224,540.	-	L						
Part III	Grants or Assistance Bendary Complete if the organization	efitting l	nterestered 'Ye	ted Pers	orm 990, P	art IV, I							•		
	(a) Name of interested person		(b) Relations	ship between the organ	interested person	and	(c)) Amoun	it and ty	pe of as	sistance	e			
											,				
								-							
	<u> </u>														
Part IV	Business Transactions Inv	/olvina	nteres	ted Per	sons										
	Complete if the organization	n answe	ered'Ye	s' on Fo	orm 990, Pa	rt IV, li	ne 28a, 28l	o, or	28c.						
<u> </u>	(a) Name of interested person (b) Relationsh interested per			and the	(c) Amoun transactio	it of n \$	(d) Des	cription	of transa	ection		organiz	aring of zation's nues?		
			-									Yes	No		
.										_					
		+													
		 -					-								
			····				 								

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

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.

Open to Public Inspection

Name of the organization	Employer identification number					
WORLD MISSIONARY ASSISTANCE PLAN 95-3711613						
Form 990, Part III, Line 4d - Other Program Services Description						
DOMESTIC AND FOREIGN MINISTRY OUTREACH.						
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Director	s, Etc					
FRANK PARRISH IS BROTHER-IN-LAW TO RALPH MAHONEY JR. FRANK AND	MAUREEN PARRISH ARE					
HUSBAND AND WIFE.						
Form 990, Part VI, Line 11 - Form 990 Review Process						
THE BOARD HAS DESIGNATED FRANK PARRISH TO REVIEW THE 990 PRIOR	TO FILING, ON THE					
BOARD'S BEHALF, AND TO SUBSEQUENTLY FORWARD COPIES OF THE 990 1	O EACH BOARD MEMBER.					
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts					
THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY AT ITS YEARLY	BOARD MEETING AND					
MAKES ANY NECESSARY CHANGES AT THAT TIME.						
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees					
THE ORGANIZATION PREPARED A COMPARABLE SALARY SURVEY, WHICH WAS	OBTAINED FROM					
SEVERAL SOURCES, TO ENSURE REASONABLE COMPENSATION FOR THE EXEC	UTIVES.					
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
DOCUMENTS ARE MADE AVAILABLE ON REQUEST. COPIES WILL BE MAILED	OR AVAILABLE FOR					
INSPECTION.						

Schedule O (Form 990) 2009 Name of the organization	Page 2
Name of the organization	Employer identification number
WORLD MISSIONARY ASSISTANCE PLAN	95-3711613

Part II, Line 10 - Oth	<u>V</u>	VORLD MISSIO	NARY ASSISTA			
Part II, Line 10 - Oth				NCE PLAN		95-371161
Nature and Sour		2009	2008	2007	2006	2005
MISCELLANEOUS I		4,956. 4,956. \$	3,222. 3,222.	2,918. 2,918. \$	6,358. 6,358.	6,094. 6,094.
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Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	s form)
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously f	•
Partil	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension – check this box and o	complete Part I only
All other corp income tax re	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request eturns.	an extension of time to file
Form 990-1.	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886 i (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details www.irs.gov/efile.and.click.on.e-file.for.Charities.&Nonprofits	sion of time to file one of the 8 electronically if (1) you want a composite or consolidated etails on the electronic filing of
	Name of Exempt Organization	Employer identification number
Type or print	WORLD MISSIONARY ASSISTANCE PLAN	95-3711613
File by the due date for	Number, street, and room or suite number. If a P O box, see instructions	
filing your return See instructions	1419 N SAN FERNANDO BLVD City, town or post office, state, and ZIP code For a foreign address, see instructions	
mot detions	BURBANK, CA 91504	
Check type o	f return to be filed (file a separate application for each return):	
X Form 990		20
Form 990	-BL Form 990-T (section 401(a) or 408(a) trust) Form 522	27
Form 990		
Form 990	-PF Form 1041-A Form 887	<u>'0</u>
Telephone If the orga	are in the care of ► HARRY_BEESON No ► 818-240-8322 FAX No ► anization does not have an office or place of business in the United States, check this box	- □
	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
	s box $ ightharpoonup$. If it is for part of the group, check this box $ ightharpoonup$ and attach a list with the names a sion will cover	nd EINs of all members
	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
until _	$8/15$, 20 10 _ , to file the exempt organization return for the organization named above ension is for the organization's return for	
	calendar year 20_09_ or	
▶	tax year beginning, 20, and ending, 20	
2 If this ta	ax year is for less than 12 months, check reason Initial return Final return C	hange in accounting period
3a If this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 0.
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3ь\$ 0.
deposit	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) tructions	3c \$ 0.
Caution. If yo payment inst	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For fuctions	
BAA For Priv	vacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 4-2009)

Form 8868	(Rev 4-2009)			Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	/ Part II and check t	his box	. ► X	
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previous	sly filed Forr	n 8868.	
• If you a	are 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	file the original	(no copies needed).		
	Name of Exempt Organization		Employer identification number		
Type or print	WORLD MISSIONARY ASSISTANCE PLAN Number, street, and room or suite number if a P O box, see instructions		95-3711613 For IRS use only		
File by the extended due date for filing the return See	Romberger, Wilson & Beeson, Inc. 500 NORTH CENTRAL AVE, SUITE 325			,	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	GLENDALE, CA 91203				
Check type of return to be filed (File a separate application for each return) X Form 990					
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta efundable credits. See instructions	ative tax, less any	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.				\$	
c Balai with	nce Due. Subtract line 8b from line 8a Include your payment with this form, o FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	r, if required, depos System) See instra	at 8c	\$\$	
Signature and Verification					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form					
Signature -	Title ►		Dat	te ►	

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

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