DLN: 93493044019387

OMB No 1545-0047

Department of the Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

Application readers	A Fo	r the 2	2015 ca	alendar year, or tax year beginnin	g 10-01-2015 , and ending 09-30-20	016			
Address distance Internal color In	B Che	ck ıf ap	plicable		TADV		D Emplo	oyer id	entification number
Doors statum Pacific Statum Pacifi	☐ Ad	dress ch	nange	TO SOUTHERN BAPTIST CONVENTION	N		63-0	3021	85
Production and Control of the Con			_	Doing business as					
Second and the comparison of the content of the			irn				E Tolonh	one nu	mhor
Converted retains Converted Convert			ted		ail is not delivered to street address) Room/s	suite			
Selection Sele							(205)991-	-4003
Figure and address of precipion officer \$ANDRA WISSION AM XTIN \$10 MISSION ARK YRIDER \$11 MISSION ARK YRIDER \$11 MISSION ARK YRIDER \$12 MISSION ARK YRIDER \$12 MISSION ARK YRIDER \$13 MISSION ARK YRIDER \$12 MISSION ARK YRIDER \$13 MISSION ARK YRIDER \$14 MISSION ARK YRIDER \$15 M	App	olication	pending		itry, and ZIP or foreign postal code		G Gross	receipt	s \$ 7,999,158
SANDRA WISDOM-MART IN DIDMINSTORMARY RIDGE Tool MISSION MARK RIDGE Tool MISSION MARK RIDGE Tool MISSION MARK RIDGE Tool MISSION MARK RIDGE Tool MISSION Tool MISSION MARK RIDGE Tool MISSION Tool M				F Name and address of princip	al officer	H(a) T	is this a group	n rotuu	en for
No No No No No No No No				SANDRA WISDOM-MARTIN					⊤ Yes 🗸
Tax-exempt status					55		No		·
Websites New WMU COM	I Ta>	(-exemp	pt status	<u>_</u>				linates	Yes No
Note State Stat	1 W	ebsit e:	. ▶ wv				*		,
PORT									
Binefly describe the organization's mission or most significant activities	K Forn	n of orga	anızatıon	n √ Corporation Trust Associa	tion Other ▶	L Teal	or ronnadon 1	923	State of legal dofficile. AL
ASSIST SOUTHERN ÉAPTIST CHURCHES TO DEVÉLOP AND IMPLEMENT A COMPREHENSIVE STRATEGY FOR MISSION 2 Check this box ▶ ["If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)	Pai	rt I	Sum	nmary					
2 Check this box ► [if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)				_	-				
3 Number of voting members of the governing body (Part VI, line 1a)		AS	SSIST	SOUTHERN BAPTIST CHURCHE	S TO DEVELOP AND IMPLEMENT A	COMPRE	HENSIVE S	FRATE	EGY FOR MISSIONS
3 Number of voting members of the governing body (Part VI, line 1a)	nce								
3 Number of voting members of the governing body (Part VI, line 1a)	mal								
3 Number of voting members of the governing body (Part VI, line 1a)	ve	2 C	heck th	nis box 🕨 🥅 if the organization di	scontinued its operations or disposed	d of more tl	han 25% of it	s net	assets
Total unrelated business revenue from Part VIII, column (C), line 12		3 N	umbor	of voting mombors of the govern	ng hody (Part VI, June 1a)			د ا	1 20
Total unrelated business revenue from Part VIII, column (C), line 12	× 5			-	- , ,				+
Total unrelated business revenue from Part VIII, column (C), line 12	ЛПЕ					•		<u> </u>	94
## Total unrelated business revenue from Part VIII, column (C), line 12	ctı			·				<u> </u>	5
B	∀			·	• •				2,500
Prior Year									2,233
9									Current Year
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 21.2, 232,553 239, 239, 232,553 239, 239, 239, 239, 239, 239, 239, 239		8	Contr	ibutions and grants (Part VIII, li	ne 1h)		1,142	,993	1,141,940
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 21.2, 232,553 239, 239, 232,553 239, 239, 239, 239, 239, 239, 239, 239	ēηι	9	Progra	am service revenue (Part VIII, li		6,309	5,714,812		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 21.2, 232,553 239, 239, 232,553 239, 239, 239, 239, 239, 239, 239, 239	ιōΛċ	10	Inves	tment income (Part VIII, column	341	,180	215,735		
12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	æ	11	Other	revenue (Part VIII, column (A),		99	131,695		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12		revenue—add lines 8 through 11	(must equal Part VIII, column (A), lı	ne	7,893	,402	7,204,182
14 Benefits paid to or for members (Part IX, column (A), line 4)		13		s and similar amounts haid (Part	IX column (A) lines 1-3)		232	553	239,639
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)				, ,			232		233,033
16a Professional fundraising fees (Part IX, column (A), line 11e) 0							4 407	244	4.602.240
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ses				, , , , , ,		4,497	,311	4,602,248
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	e e	16a	Profe	ssional fundraising fees (Part IX,	column (A), line 11e)	•		0	0
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	Exp	b		- ' ' ' '					
19 Revenue less expenses Subtract line 18 from line 12					·			-	3,570,452
Beginning of Current Year End of Year				·			•	-	8,412,339
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here SANDRA WISDOM-MARTIN EXECUTIVE DIRECTOR/TREASURER Type or print name and title Print/Type preparer's name MEREDITH SMITH Date 2017-02-01 Self-employed MEREDITH SMITH Print Self Print's EIN Poo663029 Firm's name MAULDIN & JENKINS LLC Firm's address 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	_ 0	19	кеver	nue less expenses. Subtract line	18 from line 12	•	-319	,/92	-1,208,157
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here SANDRA WISDOM-MARTIN EXECUTIVE DIRECTOR/TREASURER Type or print name and title Print/Type preparer's name MEREDITH SMITH Date 2017-02-01 Self-employed MEREDITH SMITH Print Self Print's EIN Poo663029 Firm's name MAULDIN & JENKINS LLC Firm's address 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	fs o					Beginn	ing of Current	Year	End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here SANDRA WISDOM-MARTIN EXECUTIVE DIRECTOR/TREASURER Type or print name and title Print/Type preparer's name MEREDITH SMITH Date 2017-02-01 Self-employed MEREDITH SMITH Print Self Print's EIN Poo663029 Firm's name MAULDIN & JENKINS LLC Firm's address 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	ssel Bafa	20	Total	assets (Part X, line 16)			13,821	,860	13,090,169
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here SANDRA WISDOM-MARTIN EXECUTIVE DIRECTOR/TREASURER Type or print name and title Print/Type preparer's name MEREDITH SMITH Date 2017-02-01 Self-employed MEREDITH SMITH Print Self Print's EIN Poo663029 Firm's name MAULDIN & JENKINS LLC Firm's address 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	A A	21	Total	liabilities (Part X, line 26)			3,345	,229	3,351,685
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Sandra Wisdom-Martin Executive Director/Treasurer Type or print name and title Print/Type preparer's name Meredith SMITH Print/Type preparer's name Meredith SMITH Preparer's signature Meredith SMITH Firm's name MAULDIN & JENKINS LLC Firm's address ▶ 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	žī	22	Net a	ssets or fund balances Subtract	line 21 from line 20		10,476	,631	9,738,484
my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Sandra WISDOM-MARTIN EXECUTIVE DIRECTOR/TREASURER Type or print name and title Print/Type preparer's name MEREDITH SMITH Preparer's signature MEREDITH SMITH Preparer's signature MEREDITH SMITH Print/Type preparer's name MEREDITH SMITH Firm's name MAULDIN & JENKINS LLC Firm's address ▶ 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880									
Sign Here Sandra WISDOM-Martin EXECUTIVE DIRECTOR/TREASURER Type or print name and title Preparer WEREDITH SMITH Preparer's signature MEREDITH SMITH Preparer's signature MEREDITH SMITH Print/Type preparer's name MEREDITH SMITH Preparer's signature MEREDITH SMITH Print/Type preparer's name MEREDITH SMITH Print/Type preparer's name MEREDITH SMITH Prim's name MEREDITH SMITH Firm's name MAULDIN & JENKINS LLC Firm's address ▶ 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	my kr	owled	ge and	belief, it is true, correct, and com		, -			•
SANDRA WISDOM-MARTIN EXECUTIVE DIRECTOR/TREASURER Type or print name and title Print/Type or print name and title Preparer's signature MEREDITH SMITH Print/Type preparer's name MEREDITH SMITH Print/Type preparer's name MEREDITH SMITH Print/Type preparer's signature MEREDITH SMITH Firm's name MAULDIN & JENKINS LLC Firm's address > 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880									
Type or print name and title Paid Preparer Firm's name ▶ MAULDIN & JENKINS LLC Firm's address ▶ 2000 SOUTHBRIDGE PARKWAY SUITE 501 Preparer Use Only Preparer's signature MEREDITH SMITH Date 2017-02-01 Check if self-employed self-employed P00663029 PTIN P00663029 Phone no (205) 445-2880			Sign	ature of officer			Date		
Paid Preparer's name MEREDITH SMITH Preparer's signature MEREDITH SMITH Date 2017-02-01 Check if self-employed self-employed Firm's name ► MAULDIN & JENKINS LLC Firm's EIN ► 58-0692043 Firm's address ► 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	Here	•			CTOR/TREASURER				
Paid Preparer Use Only MEREDITH SMITH MEREDITH SMITH MEREDITH SMITH MEREDITH SMITH 2017-02-01 Check if self-employed Phone no (205) 445-2880			<u> </u>		Preparer's signature	Date	T . —	PTIN	
Preparer Use Only Firm's address ► 2000 SOUTHBRIDGE PARKWAY SUITE 501 Firm's address ► 2000 SOUTHBRIDGE PARKWAY SUITE 501 Phone no (205) 445-2880	Pair	i						P006	
Use Only			r	Firm's name MAULDIN & JENKINS L	LC		<u> </u>		2043
BIRMINGHAM, AL 35209			1 1	Firm's address > 2000 SOUTHBRIDGE PA	RKWAY SUITE 501		Phone no (20	5) 445-	2880
		<u> </u>	y	BIRMINGHAM, AL 3520	9				

orm	990 (2015) Pag	e 2
Part	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	√
1	Briefly describe the organization's mission	
СОМ	RGANIZATIONAL PURPOSE IS TO ASSIST SOUTHERN BAPTIST CHURCHES IN DEVELOPING AND IMPLEMENTING A REHENSIVE STRATEGY FOR MISSIONS BY PROVIDING MISSIONS INFORMATION, PRODUCTS, RESOURCES AND RTUNITIES AS WELL AS RESOURCES FOR THE BROADER CHRISTIAN MARKET	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	Cheistranity Religious Programs. (A) For the October 2015 - September 2016 Year, WMU Published the Different Magazines With a Combined Average Circulation of Approximately 181, 349 Paid Copies and Different Magazines With a Combined Average Circulation of Approximately 181, 349 Paid Copies and Different Magazines With a Combined Medical Program of Approximately 181, 349 Paid Copies Approximately Program of Approximately 181, 349 Paid Copies Approximately Program of Approximately 181, 349 Paid Copies Approximately Program of Approximately Pr	015, DP , TO AND IR IN E E C T T T T T T T T T T T T
4b	(Code) (Expenses \$ 145,417 including grants of \$ 100,417) (Revenue \$ 451,002)	
	WATER WORKS PROGRAM PURE LOVE PROVIDED MORE THAN 2000 WATER FILTERS AND FILTER REPLACEMENT PARTS FOR MISSIONARIES SERVING IN THE UNITED STATES AND AROUND THE WORLD IN ADDITION, TWO GRANTS TOTALING \$21,000 00 SUPPORTED WELL PROJECTS IN INDONESIA AND HAITI	
4c	(Code) (Expenses \$ 89,586 including grants of \$) (Revenue \$) CHRISTIANITY PROGRAMS, GENERAL/OTHER THE WMU FOUNDATION PROVIDES GRANTS, AWARDS AND SCHOLARSHIPS TO FURTHER THE WORK OF WMU	

CONTRIBUTIONS BY WMU TO WMU FOUNDATION ARE SHOWN AS CONTRIBUTION EXPENSE Other program services (Describe in Schedule O) 4d including grants of \$) (Revenue \$) (Expenses \$ 4e Total program service expenses ▶ 6,603,330 Form **990** (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11b		No
	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	11 c		No
	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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 8 a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \raisetas	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

C	to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \raisetas	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			No

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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

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 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

organization? If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

36

37

Yes

Νo

Νo

35b

36

37

38

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V			
1-	Entor	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1	69	Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
			\dashv		
С		ne organization comply with backup withholding rules for reportable payments to vendors and reportable ng (gambling) winnings to prize winners?	1 c	Yes	
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax S	Statements, filed for the calendar year ending with or within the year covered	94		
h		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial into into into into into into into into	4a		No
ь		es," enter the name of the foreign country			
	Seein	rs, enter the name of the foreign country P			
	(FBAF	R)			
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?			
_	_		5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the lization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	-	es," did the organization include with every solicitation an express statement that such contributions or g	fts		
_		not tax deductible?	6b		
7	_	nizations that may receive deductible contributions under section 170(c).	. _		l
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an des provided to the payor?	d 7a		No
b	If"Ye	es," did the organization notify the donor of the value of the goods or services provided? $\cdot\cdot\cdot\cdot$. \cdot . \cdot . \cdot . $$	7b		
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			N. a
а		orm 8282?	7 c		No
-	11 10	74			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
		organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	requir		7 g		No
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 1098-C?	1 7h		No
8		soring organizations maintaining donor advised funds.			
		donor advised fund maintained by the sponsoring organization have excess business holdings at any times the ward	e		
		g the year?	8		
		ne sponsoring organization make any taxable distributions under section 4966?	9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter tion fees and capital contributions included on Part VIII, line 12 10 a			
		s receipts, included on Form 990, Part VIII, line 12, for public use of club	\dashv		
,	faciliti		<u> </u>	I	l
11	Section	on 501(c)(12) organizations. Enter			
		s income from members or shareholders			
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
. ~	_	· <u> </u>	\exists \Box		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? es," enter the amount of tax-exempt interest received or accrued during the	12a		
ט	year	12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
2	Ic +b~	e organization licensed to issue qualified health plans in more than one state? Note. See the instructions f	or		
а		e organization licensed to issue qualified flealth plans in more than one state? Note. See the instructions i ional information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states			
_		ich the organization is licensed to issue qualified health plans			
		the amount of reserves on hand	\dashv		
		ne organization receive any payments for indoor tanning services during the tax year?	14a 14b	_	No
D	ті ке	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14D	1	I

orm 990 (2015)		Ρā
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10 describe the circumstances, processes, or changes in Schedule O. See instructions.	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		
Section	A. Governing Body and Management		
		Yes	, I
4	the number of unting members of the governing body at the and of the tay	†	$\overline{}$

36	ction A. Governing body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	39			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	39			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		nembers, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ue Cod	e.)
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10 a		No
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," des cribe</i>	12 c	Yes	
3	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy? $$.			14	Yes	
5	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsım	ılar arrangement with a	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16 b		
Se	ection C. Disclosure					
7	List the States with which a copy of this Form 990 is required to be filed▶					
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available.					

Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records BRIAN B ALLEN CONTROLLER 100 MISSIONARY RIDGE BIRMINGHAM, AL 352425235 (205) 991-4003

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per week (list any hours any hours hour							(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII	Section A. Officers, Dire	ectors, Trustees, Kev Emp	lovees, and Highest Compe	nsated Employees (continued)
	,		<i>,</i> ,	,

(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and a	tion (han d n is l	one b both ector	oox, an c	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	related organizations
See Additional Data Table										
1b Sub-Total				-		•				-
c Total from continuation sheetd Total (add lines 1b and 1c) .				•	٠.	• • • • • • • • • • • • • • • • • • •		162,083	0	9,932
. Can (and iller as alle ac)	· · · ·	•			•			·		<u> </u>

- 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 2
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

4	Yes	
5		No

Yes

No

Section B. Independent Contractors

3

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

(A) Name and business address	(B) Description of services	(C) Compensation

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Form 99								Page 9
Part V	7411	Statement o						_
		Cneck IT Screat	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Grants	b	Membership du	es 1b					
Contributions, Giffs, and Other Similar A	С	Fundraising eve	ents 1c					
ifts ar /	d	Related organiz	ations 1d	616,956				
s, G imil	e	Government grants	s (contributions) 1e					
ution her Si	f	All other contribution similar amounts no	ons, gifts, grants, and 1f It included above	524,984				
	g	Noncash contribution 1a-1f \$	ons included in lines					
Cor	h	Total. Add lines	s 1a-1f		1,141,940			
				Business Code				
P. P.	2a	PERIODICAL SUBSO	CRIPTIO	323100	4,003,686	4,003,686		
å	b	SALES OF PRODUC	TS AND	323117	1,675,510	1,675,510		
Program Service Revenue	c	CONFERENCES		900099	35,616	35,616		
\$	d							
ram	e f	ΔII other progra	ım service revenue					
¥og								
	3 3		s 2a-2f ome (including dividend		5,714,812			
		and other simila	aramounts)		72,978	72,978		
	4		tment of tax-exempt bond p	· · · · .				
	5	Royallies	(ı) Real	(II) Personal				
	6a	Gross rents	113,435					
	b	Less rental expenses	0					
	C	Rental income or (loss)	113,435					
	d	Net rental incor	· · · · · ·		113,435			113,435
	7a	Gross amount	(ı) Securities	(II) Other				
	7 4	from sales of assets other than inventory	937,733					
	ь	Less cost or other basis and	794,976					
		sales expenses	· ·					
	c d	Gain or (loss)	142,757		142,757	142,757		
Other Revenue		Gross income fi events (not incl \$	rom fundraising luding reported on line 1c)					
ther R	ь	See Part IV, lin	e 18 a penses b					
0	С		loss) from fundraising e	vents >				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	ь	Less direct exp	penses b					
	С	Net income or (loss) from gaming activ	ities				
	10a	Gross sales of returns and allo		•				
	b c	Less cost of go Net income or (a pods sold b loss) from sales of inve	ntory ▶				
	-	Miscellaneous	Revenue	Business Code				
	11a b							
	C			+				
	d	All other revenu	ue		18,260		2,500	15,760
	e	Total. Add lines	s 11a-11d	🕨	18,260			
	12	Total revenue.	See Instructions		7,204,182	5,930,547	2,500	129,195
					,,204,102	5,550,547	2,300	127,193

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	237,039	237,039		
2	Grants and other assistance to domestic individuals See Part IV, line 22	237,039	237,039		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15	2,600	2.600		
4	and 16	2,600	2,600		
5	Compensation of current officers, directors, trustees, and key employees	156,083	109,258	46,825	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	200,000		,	
7	Other salaries and wages	3,526,052	2,439,884	1,086,168	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,852	89,598	40,254	
9	Other employee benefits	524,324	364,384	159,940	
10	Payroll taxes	265 027	102.017	02.020	
11	Fore for services (non-employees)	265,937	183,017	82,920	
a	Fees for services (non-employees) Management				
a b	Legal	4,261	2,940	1,321	
c	Accounting	4,201	2,540	1,321	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,341	9,895	4,446	
12	Advertising and promotion	200,046	138,492	61,554	
13	Office expenses	285,808	197,903	87,905	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	31,914	22,094	9,820	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	131,958	100,534	31,424	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	168,490	116,646	51,844	
23 24	Insurance				
а	COST OF PRODUCTION - MA	1,304,179	1,304,179		
b	COST OF PRODUCTION - PR	934,664	934,664		
c	BUILDING OPERATIONS AND	457,292	316,583	140,709	
d	PROJECTS	24,893	24,893		
e	All other expenses	12,606	8,727	3,879	
25	Total functional expenses. Add lines 1 through 24e	8,412,339	6,603,330	1,809,009	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part	ŧΧ	Balance Sheet					
		Check if Schedule O contains a response or note to any line	ın thıs Par	t X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			657,986	1	360,057
	2	Savings and temporary cash investments			339,444	2	678,579
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			234,917	4	331,502
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Cor Schedule L	mplete Part	II of		5	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instruII of Schedule L	:)(3)(B), and ection 501(l c)(9)			
SS	_	Natas and large assemble and				6	
⋖	7	Notes and loans receivable, net			040.004	7	504.040
	8	Inventories for sale or use			616,824	8	564,618
	9	Prepaid expenses and deferred charges			321,517	9	363,806
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,147,535			
	b	Less accumulated depreciation	10b	9,384,286	1,919,328	10 c	1,763,249
	11	Investments—publicly traded securities			9,731,844	11	9,028,358
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11 .	•		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,821,860	16	13,090,169
	17	Accounts payable and accrued expenses			515,554	17	768,664
	18	Grants payable				18	
	19	Deferred revenue			2,829,675	19	2,583,021
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
abilities	22	Loans and other payables to current and former officers, do key employees, highest compensated employees, and disc		istees,			
<u>.</u>		persons Complete Part II of Schedule L				22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third p	arties .			23	
	24	Unsecured notes and loans payable to unrelated third part	ties			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related thu	rd parties,		25	
	26	Total liabilities. Add lines 17 through 25		_	3,345,229	26	3,351,685
ces		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.		l complete			
<u> a</u>	27	Unrestricted net assets			6,925,569	27	5,899,557
සි	28	Temporarily restricted net assets			2,591,501	28	2,879,366
[멸	29	Permanently restricted net assets			959,561	29	959,561
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	eck here 🕨	and			
\$	30	Capital stock or trust principal, or current funds				30	
Sse	31	Paid-in or capital surplus, or land, building or equipment fu	und			31	
ά	32	Retained earnings, endowment, accumulated income, or ot				32	
<u> </u>	33	Total net assets or fund balances			10,476,631	33	9,738,484
۳I	-	Total fiet assets of fulld balances		•			

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

9

10

9,738,484 Check if Schedule O contains a response or note to any line in this Part XII Yes

2a

2b

2c

Yes

Yes

▽

No

Νo

Software ID: Software Version:

EIN: 63-0302185

Name: WOMAN'S MISSIONARY UNION AUXILIARY

TO SOUTHERN BAPTIST CONVENTION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot ecto	not box h an or/tr	office ustee	ess er :)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
WANDA S LEE EXECUTIVE DIRECTOR/TREASUR	39 00 1 00	х		х				156,083	0	9,932
LINDA COOPER PRESIDENT AND DIRECTOR	20 00	×		х				6,000	0	(
JACKIE HARDY RECORDING SECRETARY AND DI	5 00	×		x				0	0	(
ANNA SPEIR VICE PRESIDENT	1 00	x		x				0	0	(
JUDY ZACH VICE PRESIDENT	1 00	x		х				0	0	(
NADINE PETERSON VICE PRESIDENT	1 00	x		х				0	0	(
DIXIE ANDROES VICE PRESIDENT	1 00	×		x				0	0	(
PHYLISS BENNETT VICE PRESIDENT	1 00	×		x				0	0	(
JUNE TATE VICE PRESIDENT	1 00	x		x				0	0	(
GAIL LACY VICE PRESIDENT	1 00	×		х				0	0	(

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					Γru	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore t ss pe	han erso cer	not one n is and trus	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related organizations
ANNA GUY VICE PRESIDENT	1 00	x		×				0	0	0
GAIL HARDY VICE PRESIDENT	1 00	x		x				0	0	C
JILL MCNICOL VICE PRESIDENT	1 00	х		×				0	0	C
LINDA CLARK VICE PRESIDENT	1 00	х		×				0	0	C
KAREN MCGETTRICK VICE PRESIDENT	1 00	х		×				0	0	(
NIKKI RILEY VICE PRESIDENT	1 00	х		×				0	0	C
SUSAN BRYANT	1 00	х		×				0	0	(

1 00

1 00

1 00

Х

Χ

Х

VICE PRESIDENT

CAMERON MULLINS

VICE PRESIDENT

BARBARA MATNEY

VICE PRESIDENT

SHARON GREER VICE PRESIDENT Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					/rus	stee	s, K	(ey Employed	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
·	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
CINDY VANG VICE PRESIDENT	1 00	x	_ 	x				0	0	0
JANET GREEN VICE PRESIDENT	1 00	x		x				0	0	C
CHERRI CRUMP VICE PRESIDENT	1 00	х		x				0	0	C
TAMI PARK VICE PRESIDENT	1 00	х		х				0	0	C
SHARON ELLINGTON VICE PRESIDENT	1 00	х		x				0	0	(
BEVERLY HILTON VICE PRESIDENT	1 00	х		x				0	0	C
JENNIFER HAMILTON	1 00	١.,								

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VICE PRESIDENT

VICE PRESIDENT

KERRI JOHNSON

VICE PRESIDENT

DENISE MOODY VICE PRESIDENT

SHARON MONTGOMERY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	stee	s, K	(ey Employed	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
PAT TILLE VICE PRESIDENT	1 00	x		×				0	0	0
SUE STICKEL VICE PRESIDENT	1 00	х		×				0	0	0
KATHY SHELDON VICE PRESIDENT	1 00	х		х				0	0	C
PAM PLUNKETT VICE PRESIDENT	1 00	х		x				0	0	c
MARTHA PITTS VICE PRESIDENT	1 00	х		×				0	0	C
SHIRLEY MCDONALD VICE PRESIDENT	1 00	х		х				0	0	C
PAT WRIGHT	1 00				\Box		П	_	_	1

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VICE PRESIDENT

FONDRA MAGEE

VICE PRESIDENT

MARIE DAVIDSON

VICE PRESIDENT

AZAREL HERNANDEZ VICE PRESIDENT

SCHEDULE A (Form 990 or 990EZ)

TO SOUTHERN BAPTIST CONVENTION

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Inspection

Open to Public

Treasury Internal Revenue Service Name of the organization

Department of the

Total1

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Employer identification number WOMAN'S MISSIONARY UNION AUXILIARY

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box)
 - A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

 - A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
 - A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the
 - hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II)
 - A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public
 - described in section 170(b)(1)(A)(vi). (Complete Part II)
 - A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

 - An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support
 - from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the
- organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check
- the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the
- supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is
- not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally
- integrated, or Type III non-functionally integrated supporting organization

(iii)

Provide the following information about the supported organization(s) (vi) Name of supported (ii)EIN (iv)

(i) organization Type of Is the organization A mount of Amount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No (A) 0 0 620535346 Yes THE EXECUTIVE COMMITTEE OF THE SOUTH

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(v)

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished						
	in any 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		I
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V,

So	1, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
36	ection A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11 b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		No

Part IV	Supporting	Organizations	(continued)

Section E	3. Type	I Supporting	Organizations

31	scholl B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
	one of the composition of the co		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		No
2	organization(s) or (ii) serving on the governing body of a supported organization?			
	If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?			
	If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		No
	saling F. Tong IVI Forgationally Take maked Companies Opensionalise			
- 50	ection E. Type III Functionally-Integrated Supporting Organizations			

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- a The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

' instructions)

2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	Yes	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		No

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth		ported organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri			
7 Total annual distributions. Add lines 1 through 6			
7 Total allilual distributions. And lines 1 through 6			
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	T	····	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>C</u>			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract			
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	(Form 990 or 990-F7) (2015

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information, (See instructions).

Facts And Circumstances Test

Schedule A (Form 990 or 990-EZ) 2015

Return Reference	Explanation
·	WMU'S RELATIONSHIP WITH THE SOUTHERN BAPTIST CONVENTION IS HISTORIC AND
#1	DATES BACK TO PRIOR TO 1888 IN 1888, THE WMU ORGANIZATION WAS OFFICIALLY
	FORMED FOR THE SOLE PURPOSE OF SUPPORTING THE MISSION EFFORTS OF THE

SOUTHERN BAPTIST CONVENTION THE WOMAN'S MISSIONARY UNION'S PRESIDENT, BY VIRTUE OF HER OFFICE, IS A VOTING MEMBER OF THE EXECUTIVE COMMITTEE OF THE SOUTHERN BAPTIST CONVENTION WMU'S RELATIONSHIP WITH THE SOUTHERN BAPTIST CONVENTION IS HISTORIC AND

FORM 990, PART IV, SECTION D, #2 FORM 990, PART IV, SECTION E,

#2A DATES BACK TO PRIOR TO 1888 IN 1888, THE WMU ORGANIZATION WAS OFFICIALLY FORMED FOR THE SOLE PURPOSE OF SUPPORTING THE MISSION EFFORTS OF THE

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015

DLN: 93493044019387

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization WOMAN'S MISSIONARY UNION AUXILIARY TO SOUTHERN BAPTIST CONVENTION 63-0302185 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

* _____

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

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

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

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	torical	Treas	sures, or O	ther Similar A	ssets
3		the organization's acquisition, acction items (check all that apply)	ession, and other rec	ords,ch	eck any	of the fo	ollowing that a	ire a significant us	e of its
а		Public exhibition		d	┌ Lo	oan or e	xchange prog	rams	
b		Scholarly research		e	Г о	ther			
c					·				
4	•	Preservation for future generations de a description of the organization	's collections and eve	nlain how	, they fur	rthar the	organization	's avamnt nurnose	. in
•	Part X		3 concetions and exp	piain nov	r chey ful	ther the	z organización	3 exempt purpose	
5		g the year, did the organization sol s to be sold to raise funds rather th							s 🗸 No
Par	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 9	990, Pai	rt IV, lı	ine 9, or rep	oorted an amour	nt on Form 990,
1a		organization an agent, trustee, cu ed on Form 990, Part X?	stodian or other inter	mediary	for contr	ributions	s or other ass	ets not Ye	s No
b	If"	Yes," explain the arrangement in P	art XIII and complet	e the foll	lowing ta	ble		Am	ount
c	Beg	Jinning balance	·		-		1 c		
d	Add	ditions during the year					1 d		
e	Dis	tributions during the year					1e		
f		ling balance					1f		
2 a	Did th	e organization include an amount o	on Form 990, Part X, I	line 21, f	for escro	w or cus	stodial accou	nt liability? Ye	s No
b		s," explain the arrangement in Par							
Pa	rt V	Endowment Funds. Comple						•	
1a	Beain	ning of year balance	(a)Current year 1,139,503	(b) Pno	1,211,773	+	vo years back 1,184,838	(d)Three years back 1,092,111	(e) Four years back 977,825
b	_	ibutions						· ·	
c	Net in losse:	vestment earnings, gains, and s	61,044		-18,570		78,935	106,427	114,286
d		s or scholarships	22,310		53,700	1	52,000	13,700	
e	Other	expenditures for facilities rograms							
f	A dmır	nistrative expenses							
g	End o	f year balance	1,178,237		1,139,503		1,211,773	1,184,838	1,092,111
2	Provid	le the estimated percentage of the	current year end bala	ance (lin	e 1g, col	umn (a)) held as		
а	Board	designated or quasi-endowment >	•						
b	Perma	nnent endowment ► 81 000 %							
c		orally restricted endowinent	19 000 %						
3-	•	ercentages on lines 2a, 2b, and 2c	•					1 6 46-	
3a	organı	ere endowment funds not in the po ization by related organizations	ssession of the orgar	nization t	nat are r	neid and	i administered		Yes No
		lated organizations							n(ii) Yes
b		s" on 3a(II), are the related organiz	·						3b Yes
4		ibe in Part XIII the intended uses		endowme	ent funds	5			
Par	rt VI	Land, Buildings, and Equip Complete if the organization		Form 99	90. Part	· IV. lın	e 11a.See F	Form 990. Part >	(. line 10.
		Description of property	anowered res to	Со	(a) st or other (investme	basis ((b) Cost or other bas (other)	Accumulated	(d)Book value
1a	Land				,		503,74	11	503,741
b	Building	gs					7,147,45	56 5,915,04	1,232,407
c	Leaseh	old improvements							
ч	Faunm	ent		1		ı	3 496 33	3 469 2	37 27 101

1,763,249

(1) Financia	See Form 990, Part X, line 12.			
(1)Financia	(a) Description of security or categor (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
	al derivatives			Cost of end of year market valu
(2) Closely (3) Other	-held equity interests			
(3)0 thei				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12)	. •		
Part VIII	Investments—Program Related			
	Complete if the organization answer (a) Description of investment	ed 'Yes' on Form 9	90, Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(b) Book Value	Cost or end-of-year market value
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	·		on Form 990, Part IV, line	
	(a) De	scription		(b) Book value
	40			
	umn (b) must equal Form 990, Part X, col (B) lii Other Liabilities. Complete if the o		red 'Yes' on Form 990,	
	See Form 990, Part X, line 25.			<u> </u>
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
	mn (b) must equal Form 990, Part X, col (B) line 25) for uncertain tax positions In Part XIII, pro	•		

Schedule D (Form 990) 2015

1

7,674,192

1

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a	470,010		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)...........2d			
e	Add lines 2a through 2d		2e	470,010
3	Subtract line 2e from line 1		3	7,204,182
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII) 4b			
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	7,204,182
Part	rt XIII Reconciliation of Expenses per Audited Financial Statem		s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part I	•		
1	Total expenses and losses per audited financial statements		1	8,412,339
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	1		
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	8,412,339
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII) 4b			
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,412,339
Pari	rt XIII Supplemental Information			
	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4			
	rt V , line 4 , Part X , line 2 , Part XI , lines 2d and 4b , and Part XII , lines 2d and 4b A ormation	iso complete this part to	provi	de any additional
PART	THE WOMAN'S MISSIONARY UNION (WMU) H. THAT WERE CONTRIBUTED TO WMU THE CO			
	RATHER THAN FINANCIAL GAIN AND THUS			
	STATEMENT OF FINANCIAL POSITION ALT			
	DISCLOSE THE CUMULATIVE COST OF MAIN ITEMS IN THE COLLECTIONS ARE CATALOG			•
	premating the file collections are caralog	OLD, FRESERVED, ANI	CAR	LUIUK, AND

ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

PERFORMED CONTINUOUSLY

Total revenue, gains, and other support per audited financial statements . . .

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

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

Name of the organization

WOMAN'S MISSIONARY UNION AUXILIARY

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

DLN: 93493044019387

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

TO SOUTHERN BAPTIST CONVENTI	ON					63-0302185	
Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain return the selection criteria used to awa Describe in Part IV the organization 	ard the grants or as	ssistance?				stance, and	√ Yes No
Part II Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
	1	+					
2 Enter total number of section 503 Enter total number of other organ							

Cat No 50055P

Schedule I (Form 990) 2015

recipients	cash grant	non-cash assistance	FMV , appraisal, other)	

Return Reference Explanation

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

SCHEDULE I, PART I, LINE 2 ALL APPLICATIONS FOR GRANTS ARE REVIEWED AND EVALUATED BY STAFF AND THE ENDOWMENT COMMITTEE TO ASSURE THAT THE PURPOSE OF THE GRANT IS WITHIN GUIDELINES OF SECTION 170(C)(2B) OF THE INTERNAL REVENUE CODE BEFORE A CHECK IS WRITTEN, THE GRANT RECIPIENT IS ASKED TO VERIFY THAT THE GRANT WILL BE USED EXCLUSIVELY AND EXPLICITLY FOR CHARITY PURPOSES FOR WHICH THE FUNDS WERE REQUESTED THE GRANT RECIPIENT IS ASKED TO REPORT THE USE OF THE FUNDS ONCE THE

PROJECT IS COMPLETED AND IS ALSO REQUESTED TO RETURN ANY FUNDS NOT USED FOR THIS PURPOSE

Page **2**

Additional Data

Software ID: Software Version:

EIN: 63-0302185

Name: WOMAN'S MISSIONARY UNION AUXILIARY

TO SOUTHERN BAPTIST CONVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (q) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization cash non-cash assistance or assistance grant or government assistance other) 501(C)(3) 6,000 SUPPORT THE GLOBAL GATES 45-5513351 236 WEST 72ND STREET ORGANIZATION'S SCHOLARSHIP NEW YORK, NY 10023 PROGRAM BAYLOR UNIVERSITY 74-1159753 501(C)(3) 8,160 SUPPORT THE SCHOOL OF SOCIAL WORK ORGANIZATION'S ONE BEAR PLACE BOX SCHOLARSHIP 97320 PROGRAM WACO, TX 76798 KANSAS-NEBRASKA WMU 48-0612465 501(C)(3) 5,000 SUPPORT A BENEFICIARY EVENT 5410 SW 7TH HELD BY THE TOPEKA, KS 66606 ORGANIZATION

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

Compensation Information

OMB No 1545-0047

DLN: 93493044019387

2015

Schedule J (Form 990)

Department of the

Treasury

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Νa	me of the organization Employer identification	ion nu	mber	
	MAN'S MISSIONARY UNION AUXILIARY SOUTHERN BAPTIST CONVENTION 63-0302185			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization	n		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6 ? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

8.530

1.402

166,015

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation i		
	Base (ı) compensation	(ii) Bonus & incentive compensation	(ıiı) Other reportable compensation			(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		

1 WANDA S LEE

EXECUTIVE DIRECTOR/TREASUR 156.083

Schedule J (Form 990) 2015

Return Reference	Explanation						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Part IIII Supplemental Inform	nation						
Schedule J (Form 990) 2015	Page 3						

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule L

(Form 990 or 990-EZ)

DLN: 93493044019387

OMB No 1545-0047

2015

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Department of the Treasury Internal Revenue Service		rvice	▶I	nformation .	about Sched		990 or 990-EZ <u>ov /f<i>orm990</i>.</u>) and its instru	ictions	is at			en to Pi Ispecti	
Name of the organization WOMAN'S MISSIONARY UNION AUXILIARY TO SOUTHERN BAPTIST CONVENTION										nploye 3-030		ification	n number	•
Part I								(4), and 501(c)(29)	organı	zations			
			if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, P disqualified person (b) Relationship between disqualified person and (c) Descrip									ected?		
		<u>'</u>	•			organization			`	transaction			Yes No	
									-					
2 Fr	ter the a	mount of ta	v incli	rred by orga	anization ma	inagers or dis	aualified ners	sons during the	vear	under	section	<u> </u>		
	58 .			· · ·				• • • •			▶ \$			
3 Er	iter the a	mount of ta	x,ıfaı	ny, on line 2	, above, reii	mbursed by t	he organizatio	on			> \$			
Part 1	II Lo					Persons.								
						on Form 99 00, Part X, lin		line 38a, or Fo	rm 99	0, Pai	t IV, lir	ne 26, c	ır ıf the	
inter	ame of ested son	' '		Purpose of	or from th	(d) Loan to or from the organization?		(f) Balance due	(g) In default?		(h) Approved by board or		(i)Written agreement?	
					То	From	1		Yes No		committee? Yes No		Yes No	
												1	-	
													+	
							1					1	+	
													1	
													<u> </u>	
Total				▶ \$										
Part I				ance Ben		terested F								
								rt IV, line 27		2+222	. (.)	Durnas		
(a) Name of interested person interested person organization		on and the						istance						
			+											
			+			-								
			+											

(3) LINDA CLARK

(5) SHARON GREER

(4) ANNA GUY

Part V

Nο

Nο

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (e) Sharing (b) Relationship (c) A mount of (d) Description of transaction between interested transaction οf person and the organization's revenues? organization Yes No (1) LINDA COOPER PRESIDENT 6,000 MONTHLY STIPEND FOR Nο TRAVEL AND OFFICE EXPENSE (2) SHARON NORRIS ELLIOT BOARD MEMBER 127 AUTHOR CONTRACT AND/OR Nο ROYALTIES

1,594 AUTHOR CONTRACT AND/OR

120 AUTHOR CONTRACT AND/OR

ROYALTIES

ROYALTIES

75 HONARARIUM

Νo

Supplemental Information

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference **Explanation**

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

► Attach to Form 990.

DLN: 93493044019387

Noncash Contributions

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

2015

OMB No 1545-0047

Open to Public

Νo

Department of the Treasury

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Internal Revenue Service Name of the organization

Employer identification number

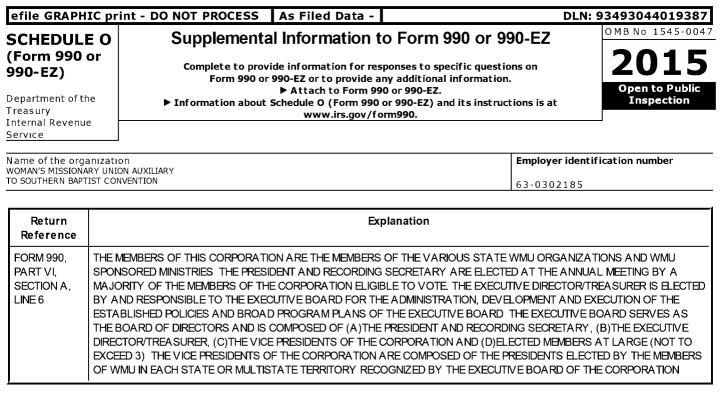
art I Types of Property				63-0302185			_
Types of Froperty	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of o		_	۱t
Art—Works of art	Х	2					
Art—Historical treasures .							
Art—Fractional interests							
Books and publications							
Clothing and household goods							
Cars and other vehicles							_
Boats and planes							_
Intellectual property							-
Securities—Publicly traded .							_
Securities—Closely held stock .							_
Securities—Partnership, LLC, or trust interests							-
Securities—Miscellaneous							
Qualified conservation contribution—Historic structures							
Qualified conservation contribution—Other							
Real estate—Residential .							
Real estate—Commercial							
Real estate—Other							
Collectibles							
Food inventory							
Drugs and medical supplies .							
Taxidermy							
Historical artifacts							
Scientific specimens							
Archeological artifacts							
Other ► ()							
Other ▶ ()							
Other ▶ ()							_
Other►(
Number of Forms 8283 received for which the organization comple				29			
		•	•			Yes	J
During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	s 1 through 28, that			t
it must hold for at least three ye	ears from the	e date of the initial contribu	ition, and which is not requ	ired to be used			l
,							١
for exempt purposes for the enti	re noiding p	period/			30a		J

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



Return Reference	Explanation
FORM 990,	THE MEMBERS OF THIS CORPORATION ARE THE MEMBERS OF THE VARIOUS STATES WMU ORGANIZATIONS AND WMU
PART VI,	SPONSORED MINISTRIES THE PRESIDENT AND RECORDING SECRETARY ARE ELECTED AT THE ANNUAL MEETING BY A
SECTION A,	MAJORITY OF THE MEMBERS OF THE CORPORATION ELIGIBLE TO VOTE THE EXECUTIVE DIRECTOR/TREASURER IS ELECTED
LINE 7A	BY AND RESPONSIBLE TO THE EXECUTIVE BOARD FOR THE ADMINISTRATION, DEVELOPMENT AND EXECUTION OF THE
	ESTABLISHED POLICIES AND BROAD PROGRAM PLANS OF THE EXECUTIVE BOARD THE EXECUTIVE BOARD SERVES AS
	THE BOARD OF DIRECTORS AND IS COMPOSED OF (A)THE PRESIDENT AND RECORDING SECRETARY, (B)THE EXECUTIVE
	DIRECTOR/TREASURER, (C)THE VICE PRESIDENTS OF THE CORPORATION AND (D)ELECTED MEMBERS AT LARGE (NOT TO
	EXCEED 3) THE VICE PRESIDENTS OF THE CORPORATION ARE COMPOSED OF THE PRESIDENTS ELECTED BY THE MEMBERS
	OF WMU IN EACH STATE OR MULTISTATE TERRITORY RECOGNIZED BY THE EXECUTIVE BOARD OF THE CORPORATION

Return Reference	Explanation
FORM 990, PART	UPON COMPLETION OF THE ORGANIZATION'S FORM 990, THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF THE
VI, SECTION B,	FINANCE COMMITTEE AS APPOINTED BY THE EXECUTIVE BOARD FOR REVIEW DURING THIS TIME, MEMBERS OF THE
LINE 11	FINANCE COMMITTEE ARE ENCOURAGED TO ASK QUESTIONS OR ENGAGE IN DISCUSSION REGARDING ANY TOPIC
	COVERED IN THE RETURN ADDITIONALLY, THE EXECUTIVE DIRECTOR/TREASURER AND THE CONTROLLER EXTENSIVELY
	REVIEW THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND EXECUTIVE BOARD MEMBERS SHALL NOT ENGAGE IN ANY ACTIVITIES THAT WILL BENEFIT THE INDIVIDUAL AT THE DISADVANTAGE OF THE WMU ALL DECISION MAKING IN THE ROLE OF AN OFFICER OR EXECUTIVE BOARD MEMBER MUST BE BASED ON THE BEST OUTCOME FOR THE WMU AND NOT ANOTHER COMPETING ORGANIZATION OR SOURCE PROVIDER ANY POTENTIAL CONFLICT OF INTEREST MUST BE REPORTED TO EXECUTIVE DIRECTOR/TREASURER AND/OR PRESIDENT UPON IDENTIFICATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR/TREASURER REPORTS TO THE PRESIDENT OF THE WMU EXECUTIVE BOARD AS PART OF HER SUPERVISORY DUTIES, THE PRESIDENT ALONG WITH THE PERSONNEL COMMITTEE OF THE EXECUTIVE BOARD CONDUCTS AN ANNUAL PERFORMANCE EVALUATION WITH THE EXECUTIVE DIRECTOR/TREASURER IN JANUARY DURING THAT MEETING, THE EXECUTIVE DIRECTOR/TREASURER IS ADVISED WHETHER A MERIT SALARY INCREASE WILL BE IMPLEMENTED ON HER MARCH ANNIVERSARY DATE. FOLLOWING THAT MEETING, THE PRESIDENT DOCUMENTS THE DECISION IN WRITING TO BOTH THE EXECUTIVE DIRECTOR/TREASURER AND THE HUMAN RESOURCES STAFF LIAISON TO THE PERSONNEL COMMITTEE HUMAN RESOURCES WILL IN TURN IMPLEMENT THE INCREASE EFFECTIVE AT THE FIRST OF THE PAY PERIOD IN WHICH HER ANNIVERSARY FALLS ALL EMPLOYEES IN THE HIERARCHY OF JOBS AT WMU BENEATH THE EXECUTIVE DIRECTOR/TREASURER PARTICIPATE IN AN ANNUAL PERFORMANCE EVALUATION ON THE ANNIVERSARY OF THEIR HIRE DATE. THE PERFORMANCE EVALUATION FORM IS A STANDARD TOOL THAT IS UPDATED EACH FISCAL YEAR AND IS USED ACROSS THE BOARD BY ALL POSITIONS THE PERCENTAGES (I E , 0-3%) FOR POTENTIAL MERIT INCREASES ARE APPROVED BY THE WMU EXECUTIVE BOARD EACH JUNE BEFORE THE FISCAL YEAR BEGINS IN OCTOBER. DEPENDING UPON THEIR PERFORMANCE, OTHER OFFICERS (I E , CENTER DIRECTORS, TEAM LEADERS) AND KEY EMPLOYEES ARE ELIGIBLE FOR AN INCREASE IN ACCORDANCE WITH THE RATINGS CALCULATED WHILE COMPLETING THE EVALUATION FORM COMPLETED PERFORMANCE EVALUATIONS ARE FORWARDED TO HUMAN RESOURCES BY THE DESIGNATED DATE AND MERIT INCREASES IMPLEMENTED EFFECTIVE AT THE FIRST OF THE PAY PERIOD IN WHICH THEIR ANNIVERSARY FALLS

Return Reference	Explanation
FORM 990, PART VI, SECTION C,	THE ORGANIZATION MAKES AVAILABLE ITS FINANCIAL STATEMENTS AND OTHER GOVERNING
LINE 19	DOCUMENTS UPON REQUEST

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS FROM THE PRIOR YEAR.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493044019387 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

WOMAN'S MISSIONARY UNION AUXILIARY

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

TO SOUTHERN BAPTIST CONVENTION				63-03021	85			
Part I Identification of Disregarded Entities Comple	te if the organization	n answered "Yes" o	n Form 990, Pa					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dir	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the		the organization ar	iswered "Yes" c	on Form 990, Pa	rt IV, lir	ne 34 because it i	nad one	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charity s (if section 501((f) Direct controlling entity	Section (13) co	g) 512(b) ontrolled
(1)WOMAN'S MISSIONARY UNION FOUNDATION 100 MISSIONARY RIDGE BIRMINGHAM, AL 35242 63-1138772	TO FACILITATE THE MAKING OF GIFTS AND DONATIONS	AL	501(C)(3)	RELIGIOUS SOCI	ETY		Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Form 990	<u>.</u>	Cat No 501	.35Y	<u> </u>	I	Schedule R (Forn	1 990) 2	015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No	
											<u> </u>	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

1 During the tax year, did the orgranization engage in any of the following transactions with	h one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			3	No
f b Gift, grant, or capital contribution to related organization(s)		11	b Yes	
f c Gıft, grant, or capital contribution from related organization(s)		14	c Yes	
$oldsymbol{d}$ Loans or loan guarantees to or for related organization(s)		10	1	No
$oldsymbol{e}$ Loans or loan guarantees by related organization(s)			3	No
f Dividends from related organization(s)		1	F	No
g Sale of assets to related organization(s)		19	j l	No
f h Purchase of assets from related organization(s)		. 1	וו	No
i Exchange of assets with related organization(s)		, 1	i	No
j Lease of facilities, equipment, or other assets to related organization(s)			i	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)		11	к	No
l Performance of services or membership or fundraising solicitations for related organi	zation(s)	1		No
m Performance of services or membership or fundraising solicitations by related organi	ration(s)	1	m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organizatio	n(s)		n	No
$oldsymbol{o}$ Sharing of paid employees with related organization(s))	No
p Reimbursement paid to related organization(s) for expenses		1	p	No
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses		10	q Yes	
r Other transfer of cash or property to related organization(s)		1	r	No
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)			š	No
2 If the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationships an	d transaction thresholds		
(a) Name of related organization	(b) (c) Transaction Amount involved type (a-s)	(d) Method of determining amour	t involve	d
(1)WOMAN'S MISSIONARY UNION FOUNDATION	B 89,586			
(2)WOMAN'S MISSIONARY UNION FOUNDATION	C 616,956			
(3)WOMAN'S MISSIONARY UNION FOUNDATION	Q 111,896			

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

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
													<u></u>
				l		L				l .	l		

