Form **990**

Department of the Treasury

For the 2008 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

benefit trust or private foundation)

and ending

OMB No 1545-0047

Open to Public Inspection

B Check if appli		Please use IRS	C Name of organization	tion WORL	D MISSION SOC	IETY CHURCH OF	F GOD		D Employer	identifica	ation number	
Address cha	_	label or	Doing Business A	s					36-4367423			
Name chang	ge	рплt or type.	Number and stree	t (or PO box if m	ail is not delivered	to street address)	Ro	om/suite	E Telephone	number		
X Initial return	ı	See	177 S. BLOOMIN	IGDALE RD					630-973-05	35		
Termination	1	Specific Instruc-	City or town, state	or country, and Z	IP + 4							
Amended re	eturn	tions.	BLOOMINGDALI	E		L601	108		G Gross rece	ipts \$		<u>794,209</u>
Application	pending	F N	ame and address of	f principal office	r			H(a) is ti	his a group retui	rn for affil	ıates?	Yes X No
	l,	HOONJ.	AE LEE 177 S B	LOOMINGDA	LE RD, BLOO	MINGDALE, IL	6010	H(b) Are	all affiliates inc	luded?		Yes No
I Tax-exemp		X 50		(insert no)	4947(a)(1)				If "No," attach a		instructions)	_
J Website:		<u> </u>	-(0) (0) ((<u> </u>		H(c) Gro	oup exemption n	umber I	•	
K Type of orga		Y Co.	rporation Trust	Association	n Other ▶	T		of format			ate of legal dom	nicilo II
			rporation rrust	ASSOCIATION	n Other •		L rear	OFIDITIA	tion 2000	INI SIG	ale of legal doll	nicite L
Part I		nmary	the examination's		ant cianuficant	a atu utu a a						
,	-		the organization's		_		0 000	VICES	MISSIONA	DV MII	NICTDATIO	
			MISSION OF CHR	ISTIANITY IF	IKOUGH EAP	WIND MOKOUII	POER	MICES	, MISSIUNA	VLC I INIII	MOIKALIO	'N
B	BIBLE EI	DOCVII	<u>ION</u>									
	· · · · · · · · · · · · · · · · · · ·	io boy	▶ ☐ if the orga	nization diago	ntinuad ita an	rotione or dien		of moro	thon 25% o	f .to .co		
λ 3 N			g members of the				osea	oi more	: triaii 25% 0	3	5612	3
E 4 N			pendent voting me		• •	•	1h)			4		0
			employees (Part)			y (Fait VI, line				5		0
6 T			volunteers (estim							6		7
7a T			lated business rev		• /					7a		0
			isiness taxable in						•	7b		0
<u>er </u>		utou bu	on our taxable in			<u> </u>			Prior Year		Current	
8 0	ontribut	tions an	d grants (Part VIII	l, line 1h)						0	·	0
			revenue (Part VII						522	2,093		793,086
কু			me (Part VIII, colu							0	_	1,123
ੜੂ ^ਲ 11 ∵C	ther rev	enue (F	Part VIII, column (A), lines 5, 6d	l, 8c, 9c, 10c, a	and 11e)				0		0
11 C	otal rev	enue-a	dd lines 8 through	n 11 (must equ	ual Part VIII, co	olumn (A), line	12)		522	2,093		794,209
	Frants a	nd simil	ar amounts paid (Part IX, colun	nn (A), lines 1-	-3)				0		0
ற் 14 B	enefits	paid to	or for members (F	Part IX, columi	n (A), line 4)		. (0		0
ളൂ 15 S	Salaries,	other co	ompensation, em	ployee benefit	ts (Part IX, col	umn (A), lines 5	5–10)			0		0
			draising fees (Par							0		0
ўёў Ь,Т			expenses (Part I				0		· · · · - · · · ·			
, , ,	ther exp	penses	(Rart IX, column ((A), lines 11a-	-11d, 11f–24f)		ļ			3,520		<u>543,783</u>
18	otal exp	enses.	Add lines 13-17	(must equal P	art IX, column	(A), line 25).				,520		543,783
19 R	Revenue	less ex	penses. Subtract	line 18 from l	ine 12					3,573		250,426
s or	8 8	AR 3	1 2009					Be	ginning of Year		End of	
Sager 20	otalass	ets (Pai	rt X, line 16			•			1,265			1,540,172
Not Assets Fund Balanc 10 11 12 13 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	otal llab		art X, line 26)							,554		666,355
			nd balances Subt	ract line 21 fre	om line 20	•			5/0),5 <u>5</u> 9		873,817
₂Part II		nenalties	of perjury, I declare that	at I have examiner	this return includ	ing accompanying s	chedule	es and sta	tements and to	the hest	of my knowled	
			rue, correct, and compl									,,,
			1							,	_	
Cian '			zand bi	<u></u>					جي ا	<u>-26-</u>	- 2009	
Sign	7 8	Signature o	of officer						Date			
Here	N _	<u>JACOB</u>	LEE			[DIREC	CTOR				
		···	int name and title									
	Prepar					Date	Ch	eck if		Prepare (see instr	r's identifying ni uctions)	ımber
Paid	signati	uie /	\geq	5/0/		3/26/2009	- 1	nployed	▶X	P0082		
Preparer's	Firm's	name (or	yours SING!	HYUN, CP	Δ				EIN •			
Use Only		employed)	J. 2			S, MORTON GF	20VE		<u> </u>	847-66	3-1060	
Maria de 100		ss, and ZIF					VOVE	, 12 004				
			turn with the prep		<u>`</u>		· · ·	•	· · · ·	· · ·	Yes	
For Privacy A	Act and F	aperwo	ork Reduction Act N	Notice, see the	separate instru	ictions.					Form	.9.90 (2008).

1 60

If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 490,724 including grants of \$ 0) (Revenue \$ 793,086) WORSHIP & MISSIONARY		Statement of Program Service Accomplishments (see instructions)
PRESERVING AND PASSING ON THE PRINCIPAL OF THE EARLY CHUNCHES BASED ON THE FAITH OF THE EARLY. CHRUCHES AS TAUCHT BY JESUS CHIRST TO EVENTUALLY TO SAVE THE WORLD THROUGH WORSHIOP SERVICES, MINISTRY, EDUCATION, RELIEF AND VOLUNTARY SERVICE Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E27. If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services services? If "Yes," describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services by expenses services? If "Yes," describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services by expenses services? If "Yes," describe these changes on Schedule O. Discribe the exempt purpose achievements for each of the organization's three largest program services by expenses services of the exempt purpose achievements for each of the organization's three largest program services by expenses services to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 490,724 including grants of \$ 0) (Revenue \$ 793,086) WORSHIP & MISSIONARY 4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	1	Briefly describe the organization's mission.
CHRUCHES AS TAUGHT BY JESUS CHRIST. TO EVENTUALLY TO SAVE THE WORLD THROUGH WORSHIOP SERVICES, MINISTRY, EDUCATION, RELIEF AND VOLUNTARY SERVICE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 930-E27. If "Yes," describe these new services on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Did the organization services? If "Yes," describe these changes on Schedule O. Did the organization services. (Ic()(3) and 501((4)) quanizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Did the organization case services. (Code:) (Expenses \$ 430,724 including grants of \$ 0) (Revenue \$ 793,086) WORSHIP & MISSIONARY (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Gode: Older program services. (Describe in Schedule O.) (Code:) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0.)		
MINISTRY, EDUCATION, RELIEF AND VOLUNTARY SERVICE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes" describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes" describe these changes on Schedule O. Doscribe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c(3) and 501(c(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Did the organization can be serviced by expenses Section 501(c(3) and 501(c(4) organizations and 300 and 3		
the proor Form 990 or 990-E27.		MINISTRY, EDUCATION, RELIEF AND VOLUNTARY SERVICE.
the proor Form 990 or 990-E27.		
the proor Form 990 or 990-E27.	2	Did the organization undertake any significant program services during the year which were not listed on
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services. If "Yes," describe these changes on Schedule O. 4 Describe the exempl purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:) (Expenses \$ 490,724 including grants of \$ 0) (Revenue \$ 793,086) WORSHIP & MISSIONARY 4 (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4 (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4 (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4 (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4 (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
services?		
# TYes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(p)(3) and 501(p)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$.490,724 including grants of \$.0) (Revenue \$.793,096) WQRSHIP & MISSIONARY	3	
# TYes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(p)(3) and 501(p)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$.490,724 including grants of \$.0) (Revenue \$.793,096) WQRSHIP & MISSIONARY		services?
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:		If "Yes " describe these changes on Schedule O
section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$.490,724 including grants of \$.0) (Revenue \$.793,086) WORSHIP & MISSIONARY Code:) (Expenses \$.0 including grants of \$.0) (Revenue \$.0) Code:) (Expenses \$.0 including grants of \$.0) (Revenue \$.0) Code:) (Expenses \$.0 including grants of \$.0) (Revenue \$.0) Code:) (Expenses \$.0 including grants of \$.0) (Revenue \$.0)	4	
allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$.490,724 including grants of \$.0) (Revenue \$.793,086) WORSHIP & MISSIONARY	4	
4a (Code:) (Expenses \$.490,724 including grants of \$.0) (Revenue \$.793,086) WQRSHIP & MISSIONARY		
### WORSHIP & MISSIONARY		allocations to others, the total expenses, and revenue, if any, for each program service reported.
### WORSHIP & MISSIONARY		
### WORSHIP & MISSIONARY		(Code:) (Expenses \$ 490.724 including grants of \$ 0.) (Revenue \$ 793.086.)
4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	74	
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0) 4c (Code) (Expenses \$0 including grants of \$0) (Revenue \$0) 4d Other program services. (Describe in Schedule O.) (Expenses \$0 including grants of \$0) (Revenue \$0)		WORSHIF & MISSICHART
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0) 4c (Code) (Expenses \$0 including grants of \$0) (Revenue \$0) 4d Other program services. (Describe in Schedule O.) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0) 4c (Code) (Expenses \$0 including grants of \$0) (Revenue \$0) 4d Other program services. (Describe in Schedule O.) (Expenses \$0 including grants of \$0) (Revenue \$0)		•
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)		".
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		•
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4b (Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		,
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	4b	
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		<i>'</i>
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4c (Code) (Expenses \$0 including grants of \$0) (Revenue \$0) 4d Other program services. (Describe in Schedule O.) (Expenses \$0 including grants of \$0) (Revenue \$0)		
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4c (Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		***************************************
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	4-	(Code) (Figure 200 ft) (Figure 200 ft) (Code)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	40	(Code) (Expenses \$
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
	4d	Other program services. (Describe in Schedule O.)
	4d	

Par	t IV Checklist of Required Schodules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Ì
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	-	^
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9]	х
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return	 		 ^
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	L	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			V
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		×
47	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
,17 40	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	$\overline{}$		X
18	Did the organization report more than \$15,000 total of Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
19	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20		21		$\frac{\hat{x}}{x}$
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization report more than \$5,000 on Part IX, column (A), line 27 ii Tes, complete schedule i, Parts Fand III	1		<u> </u>
23	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		Х
· b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		Х
¹ d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
1	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
,	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	$\lceil \rceil$		
1	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27	i I	Х

Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х 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

Form **990** (2008)

37

Form 9	90 (2008) WORLD MISSION SOCIETY CHURCH OF GOD 36-4	1367423	P	age 5
-Pai	tV Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
		잌		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	익		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ļ <u>-</u> -		
_	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, med for the sciential year entirely with a year several by the return.	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
2-	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	i	Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	75		
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?.	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	"		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	<u></u>		
_	\$75?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		~
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	120		Х
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

Part VI Governance, Management, and Disciosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Seci	tion A. Governing body and Management		Γ	
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?		ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			l
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	<u>7a</u>		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		l ,	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		_X_
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
<u>Sect</u>	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a		X
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		- ^- -
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	45-		├
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		
46-	Déscribe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	150		X
8_	· · · · · · · · · · · · · · · · · · ·	16a		 ^
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		16b		i
C4	the organization's exempt status with respect to such arrangements?	โดก		
3eci 17	List the states with which a copy of this Form 990 is required to be filed IL			
1 <i>7</i> 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nlv\		
10		1 (1 y /		
		•		
	available for public inspection. Indicate how you make these available. Check all that apply.	•		
10	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website X Upon request			
19	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest.			
19	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interepolicy, and financial statements available to the public.	est		
19 20	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interespolicy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the	est		
	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interepolicy, and financial statements available to the public.	est		

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

compensated employees; and former such persons Check this box if the organization did not compensate any officer, director, trustee, or key employee. (F) (A) (B) (C) (D) (E) Position (check all that apply) Average Reportable Estimated Name and Title Reportable osisiolxigali compensation hours per compensation amount of

	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	0							0	0	0
-	0							0	0	0
	0							0	0	0
	0							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0					·		0	0	0
	0							0	0	0
	0							0	0	0
<u> </u>	0.		-					0	0	0
	0.		-					0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0		

hours per veek veek veek veek veek veek veek ve	Part VII Section A. Officers, Directors, Tre	ustees, Key Er	mploy	/ees	, and	d Hig	ihest	Co	mpensated Em	ployees (contin	uėd)	
tour per veek veek veek veek veek veek veek ve	(A)	(B)			•	•			(D)	(E)	(F)	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. Name and title	hours per							compensation from the organization	compensation from related organizations	compensation from the organization and related	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			8	ıstee			ensated				organizations	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·	С).						0	0		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0).		-				0	0	-	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0							0	0		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0							0	0		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u></u>	0							0	0		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		О	<u>).</u>						0	0		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	,						0	0		
0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0								0	0	
0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0							0	0	··	
1b Total	2	o).						0	0		
1b Total	<u> </u>	0							0	0	ı	
1b Total	<u></u>	0							0	0	, ,	
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes		0							0	0		
organization ▶ 0 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 . 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Compensation Compensation								>	0	-		
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. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Describer B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) (C) (Compensation		ın 1a) who rec	eived	mor	e tha	an \$1	00,0	11 00	n reportable com	npensation from	the	
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 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation	- organization - 0	· · ·									Yes No	
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 individual												
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											<u>' </u>	
Did'any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	- the organization and related organizations g									uch		
services rendered to the organization? If "Yes," complete Schedule J for such person									· · · · ·		X	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation	· ·	•							-		5 X	
compensation from the organization. (A) (B) (C) Description of services Compensation												
Name and business address Description of services Compensation		npensated inde	epend	lent o	contr	acto	rs tha	at re	ceived more tha	n \$100,000 of		
2 Total number of independent contractors (including those in 1) who received more than \$100.000 in		ddress								rices		
2 Total number of independent contractors (including those in 1) who received more than \$100.000 in												
2 Total number of independent contractors (including those in 1) who received more than \$100.000 in												
2 Total number of independent contractors (including those in 1) who received more than \$100.000 in												
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	-							-				
	2 Total number of independent contractors (in	cluding those i	n 1) v	vho r	ecei	ved r	nore	thar	1 \$100.000 in		<u> </u>	

Par	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ts	1a	Federated campaigns 1a		0				
E Ž	Ь	Membership dues 1b		0				
g,g	C	Fundraising events 1c		0				
jifts ar a	l d.	Related organizations		0				
s, g	e	Government grants (contributions) 1e	-	0				į
on Si	, f	All other contributions, gifts, grants, and						
her	'	similar amounts not included above 1f		0				
	_ ر	Noncash contributions included in lines 1a-1f: \$						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f			0			
		Total: Add Into Ta-11	<u> </u>	Business Code		······		
ž	2a	CONTRIBUTION FROM MEMBERS		813000	766,432			
Şe ç	b	FUND RECEIVED FROM PARENTAL CHURCH	•••	813000	26,654			
. 9	C			013000	20,034			
چَ	ď				0	·		
ت. کرک	ľ							
ī	,	All other program continues			0			
े Program Service Revenue		All other program service revenue		•	702.000			
-	<u>g</u>	Total. Add lines 2a–2f			793,086			
Grents	3	Investment income (including dividends, interes						
1		other similar amounts)			1,123			
	4	Income from investment of tax-exempt bond pro	ceed	ds ▶	0			
C.1!.	5	Royalties		· •	0			
. ·	, ,	(i) Real		(II) Personal				
Hit suffrage,	6a	Gross Rents		-				
1,41.5	b	Less rental expenses			İ			
<u>.</u>	C	Rental income or (loss)						
*	ď	Net rental income or (loss)	<u> </u>	. ▶	0			
	7a	Gross amount from sales of (i) Securities	$\overline{}$	(II) Other				
	_	assets other than inventory .	0	0				
	b	Less: cost or other basis						
		and sales expenses	0	0				
	C	Gain or (loss)	0	0				
	d		г	<u></u>	0			
e l	ва	Gross income from fundraising						
Other Revenue		events (not including \$ 0	- 1					
ě		of contributions reported on line 1c)						
, <u>r</u>	L ,	See Part IV, line 18		<u> </u>	ŀ			
- t		Less direct expenses						
,0	C	Net income or (loss) from fundraising events Gross income from gaming activities.	· r		0			
		See Part IV, line 19	_					
	h	Less: direct expenses		0				
_		Net income or (loss) from gaming activities .	. Մ		0			
-		Gross sales of inventory, less	٠. ر		<u>U</u>			
	IVA	returns and allowances	اء	o			İ	
•	h	Less cost of goods sold	-	0				
		Net income or (loss) from sales of inventory			0			
ŀ		Miscellaneous Revenue	i	Business Code		-		
ļ	11a			200000 0000	0			
ľ	b		· ·		0			
	c		። ተ		0		-	
	d	All other revenue	·		0	 :		
		Total. Add lines 11a–11d			0			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d	, 8c.	Ī				·
.		9c, 10c, and 11e			794,209	o	ol	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	ol			
2	Grants and other assistance to individuals in				· · · · · · · · · · · · · · · · · · ·
	the U.S. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ļ	
	U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
r	persons described in section 4958(c)(3)(B)	0			
<u>,</u> 7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
· 9	Other employee benefits	0			
10	Payroll taxes	0			·
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	60		60	
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0		0.000	
13	Office expenses	6,936		6,936	
14 15	Information technology	0			
16	Royalties	23,000	23,000		
17	Occupancy	4,099	4,099		
18	Payments of travel or entertainment expenses	4,099	4,099		
10	for any federal, state, or local public officials	o			
.19	Conferences, conventions, and meetings	7,766	7,766		
20	Interest	45,290	45,290		-
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	28,336	28,336	0	0
23	Insurance	0		-	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below.)				
а	MISSIONARY	328,843	328,843		
b	UTILITIES	39,670	39,670		
С	INSURANCE	8,787	8,787		
d	REPAIRS & MAINTENANCE	43,835		43,235	
е	SUPPLIES	4,933	4,933		
f	All other expenses LICENSES, BANK CHARGE	2,228		2,228	
25	Total functional expenses. Add lines 1 through 24f	543,783	490,724	52,459	0
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization			į	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

	art X	Balance Sheet		<u></u>				
			(A) Beginning of year				B) of year	
	1	Cash-non-interest-bearing	. 136,883	1			16	64,848
	2	Savings and temporary cash investments		2				22,599
	3	Pledges and grants receivable, net						, 55 6
	4	Accounts receivable, net	0	_				
	5	Receivables from current and former officers, directors, trustees, key						
	3			_				_
	١ ـ	employees, or other related parties Complete Part II of Schedule L .		5	 			
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			 			
		Part II of Schedule L	. 0		ļ			
ets	7	Notes and loans receivable, net	0					
Assets	8	Inventories for sale or use		8				
٩	9	Prepaid expenses and deferred charges	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	9				
	10a	Land, buildings, and equipment. cost basis 10a 1,410),397	*	-			
	b	=		> 3;				
		Part VI of Schedule D	3,918 1,126,876	10c			1,15	51,479
ė	11	Investments-publicly traded securities	. 0	11				C
	12	Investments-other securities. See Part IV, line 11	. 0	12				0
·	13	Investments-program-related See Part IV, line 11		13				
	14	Intangible assets	1,354					1,246
	15	Other assets. See Part IV, line 11						- <u>,</u> 0
	16	Total assets. Add lines 1 through 15 (must equal line 34)					1 54	10,172
	17	Accounts payable and accrued expenses	. 1,203,113	17	 		1,5-	10,112
	18			18				
		Grants payable		19	 			
	19	Deferred revenue			 		-	
	20	Tax-exempt bond liabilities	0		 			0
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D .	•	21	. 35		248 3566 4	. 131 101 4
ij	22	Payables to current and former officers, directors, trustees, key	* ž;		, a	. 'a'	.013.00	
iak		employees, highest compensated employees, and disqualified		·				
_		persons Complete Part II of Schedule L		22				0
	23	Secured mortgages and notes payable to unrelated third parties .	. 694,554	23			66	6,355
	24	Unsecured notes and loans payable	0	24				0
	25	Other liabilities. Complete Part X of Schedule D	0	25				0
	26	Total liabilities. Add lines 17 through 25	. 694,554	26			66	6,355
S		Organizations that follow SFAS 117, check here ► X and		,				
Ö	-	complete lines 27 through 29, and lines 33 and 34.	*					
an	27	Unrestricted net assets	. 136,883	27			38	37,448
Bal	28	Temporarily restricted net assets	. 433,676	28			48	36,369
<u> </u>	29	Permanently restricted net assets	,	29	_			
5		·	`					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.						
S		-						
se	30	Capital stock or trust principal, or current funds	·	30				
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
et	32	Retained earnings, endowment, accumulated income, or other funds		32				
z	33	Total net assets or fund balances	. 570,559	$\overline{}$				<u> 3,817</u>
•	34	Total liabilities and net assets/fund balances	1,265,113	34	L		1,54	10,172
:Pa	rt XI	Financial Statements and Reporting						
					1	·	Yes	No
1			Accrual Other			<u> </u>		
28		ere the organization's financial statements compiled or reviewed by an				2a		X
. I		ere the organization's financial statements audited by an independent				<u>2</u> b	Х	<u> </u>
("Yes" to lines 2a or 2b, does the organization have a committee that as						
		idit, review, or compilation of its financial statements and selection of a				2c	Χ	
3		s a result of a federal award, was the organization required to undergo				l		
		e Single Audit Act and OMB Circular A-133?				3a_	L	Х
Ŀ		"Yes," did the organization undergo the required audit or audits?				3b		

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2008

Employer identification number

WORLD MISSION SOCIETY CHURCH OF GOD 36-4367423 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses—Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for 15 (b) Date acquired (a) Description of property (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 1a 0 0 0 n 0 **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b _**ʻ**2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 ₹3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back 5 Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year (f) Gain or (loss) (e) Cost or other basis (b) Date acquired (a) Description of property (c) Date sold for the entire year (d) Sales price (see page 4 of the (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 6a 0 0 O 0 **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. 6b 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 8 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions . . . 9 10 Gain from Form 4797, Part I 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, -12 column (3) on the back .

Sched	dule D (Form 1041) 2008 WORLD MISSION SOCIETY CHURC	CH OF	GOD		36-43674	23	Page :
Par			(1) Beneficia	īēš'	(2) Estate'		(3) Total
	Caution: Read the instructions before completing this		(see page	5)	or trust's		(5) Total
13	Net short-term gain or (loss)	13	-				0
14	Net long-term gain or (loss):	١ ا					
a	· • · · · · · · · · · · · · · · · · · ·	14a					0
D	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b					0
15	28% rate gain	14c	<u> </u>		0		0
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4		<u>_</u>	20.40)		E colu	
	ains, go to Part V, and do not complete Part IV If line 15, column (3), i						
_	(sheet, as necessary	3 4 7701	ioda, compicto i c		na the Capital Lo	55 Ou,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ृ Par							
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I. I	ine 4c. if a trust).	the sm	aller of		
_	The loss on line 15, column (3) or b \$3,000					16	Ι (
	: If the loss on line 15, column (3), is more than \$3,000, or if Form 104				·T. line 34). is a los		nolete the Capital
	Carryover Worksheet on page 7 of the instructions to figure your cap				.,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·Par	t V Tax Computation Using Maximum Capital Gains	s Rate	S				
	 .						
	1041 filers. Complete this part only if both lines 14a and 15 in column	(2) are	gains, or an amo	ınt ıs e	ntered in Part I or	Part II	and there is an entry
on Fo	orm 1041, line 2b(2), and Form 1041, line 22, is more than zero						
	ion: Skip this part and complete the worksheet on page 8 of the instruct	ions if					
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
	990-T trusts. Complete this part only if both lines 14a and 15 are gair						
	Form 990-T, line 34, is more than zero Skip this part and complete the v col. (2) is more than zero	vorksne	et on page 8 of th	e instri	actions if either line	e 14b,	col (2) or line
•						\$	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T,	line 34	1) 17			2	
18	Enter the smaller of line 14a or 15 in column					, i .	
, ,,,	(2) but not less than zero						
19	Enter the estate's or trust's qualified dividends from					l l	
•	Form 1041, line 2b(2) (or enter the qualified dividends						
	included in income in Part I of Form 990-T)						
20	Add lines 18 and 19		<u> </u>				
21	If the estate or trust is filing Form 4952, enter						
ب است 	the amount from line 4g; otherwise, enter -0-		0		_		
22	Subtract line 21 from line 20. If zero or less, enter -0-		22		0		
23	Subtract line 22 from line 17. If zero or less, enter -0-		. 23		0		
24	Enter the smaller of the amount on line 17 or \$2,200.		—— -				
25	Is the amount on line 23 equal to or more than the amount on		?				
t	Yes. Skip lines 25 and 26; go to line 27 and check the "No	" box.					
ف	No. Enter the amount from line 23				0		
26	Subtract line 25 from line 24		26		0		
27	Are the amounts on lines 22 and 26 the same?						
` -{	X Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line	ne 17 or I	ine 22 27				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28		0		
29	Subtract line 28 from line 27		. 29		0		
30	Multiply line 29 by 15% (.15)					30	0
31	Figure the tax on the amount on line 23. Use the 2008 Tax Rat	e Sche	dule for Estates	and	Trusts (see		
4	the Schedule G instructions)				[31	
<u></u>					[
32	Add lines 30 and 31					32	0
33	Figure the tax on the amount on line 17 Use the 2008 Tax Rat						
	the Schedule G instructions)				` [33	
34	Tax on all taxable income. Enter the smaller of line 32 or line	33 he	re and on line 1	a of	ſ		
-	Schedule G, Form 1041 (or line 36 of Form 990-T)			_		34	ol

Schedule D (Form 1041) 2008

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Name	of the	organization								r identıfica	tion numb	er	
	RLD MISSION SOCIETY CHURCH OF GOD 36-4367423 T Reason for Public Charity Status (All organizations must complete this part.) (see instructions)												
Par									rt.) (see	instruction	ons)		
ine o	orgar X		•	ation because it is (P rches, or association of		•	_		(h)(1)(A)(i	i)			
2	屵	•		on 170(b)(1)(A)(ii). (A			ed ili sec			.,.			
3	Ħ			nospital service organi			section	170(b)(1)	(A)(iii). (A	Attach Sc	hedule I	H.)	
4	Ħ	•	•	ation operated in conju									
•	_		me, city, and st										
5		_	•	r the benefit of a colleg (Complete Part II.)	ge or univ	ersity owi	ned or op	erated by	a govern	mental u	nit desci	ribed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit c	described	ın sectioi	n 170(b)(ʻ	1)(A)(v).				
7		_		y receives a substanti (1)(A)(vi). (Complete	•	ıts suppo	rt from a g	governme	ntal unit o	or from th	e gener	al publ	ic
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete I	Part II)						
9				ly receives: (1) more ti									
				ed to its exempt function									•
				ent income and unrela n after June 30, 1975						tax) trom	busines	ses	
10	П	•	•	nd operated exclusive		-		-		4). (see i	nstructio	ns)	
11	Ħ	-	_	nd operated exclusive	-		=						
				blicly supported organ									on
				at describes the type o				-	te lines 1	1e throug	jh 11h		
	_	a Type		Type II c		e III–Fund	-	-		_	Type III-		
е		•		y that the organization			-	•	•		-		
		509(a)(1) or	section 509(a)(2	•			•		_			n sectio	on
f		_	zation received a , check this box	a written determination	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
g				the organization acce	pted any	gift or cor	tribution t	from any	of the				
		following per										····	
				or indirectly controls, verning body of the su						in (ii)	440(i)	Yes	No X
				person described in (i)				11g(i) 11g(ii)		$\frac{\hat{x}}{x}$
		•	•	y of a person describe	•		? .				11g(iii)		X
<u>h</u>		Provide the t	following informa	ation about the organi									
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your	, , ,	ou notify		is the tion in col		Amount support	or
	orga	anization		above or IRC section (see instructions))	governing	document?		of your oort?	,,, -	zed in the S ?			
				(see manucuons))	Yes	No	Yes	No	Yes	No	1		
					<u> </u>					<u> </u>	 		0
													0
		-											
										ļ — —	<u> </u>		0
											_		0
_											ļ		0
Total													0

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked t	he box on line	5 7 or 8 of	Part I)	-,(, -,(, =	(.) (.) (.)	,
Sec	ion A. Public Support	are box on min	30, 7, 01 0 01	<u>raitr</u>			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and			\-\ \ -\ \			
•	membership fees received (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
2	benefit and either paid to or expended on						
	its behalf	o	o	o			0
2	The value of services or facilities						
3	1						
	furnished by a governmental unit to the organization without charge	o	o	o			0
4	Total Add lines 1-3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit	1				ĺ	
	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.						0
	ion B. Total Support		ı	I			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
					• •		
7	Amounts from line 4.	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans,					1	
	rents, royalties and income from similar					ŀ	
	sources	o	o	o			0
9	Net income from unrelated business						
3	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets		į			İ	
	(Explain in Part IV)	ol	o	o			0
11	Total support. Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (se	ee instructions.	.)			12	
13	First five years. If the Form 990 is for the or			d. fourth. or fift	h tax vear as a	a section 501(c))(3)
. •	organization, check this box and stop here.						```▶□
200	ion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, c		ad by line 11.	olumn (fl)		14	0 00%
15	Public support percentage from 2007 Schedi	` '	•			15	0 00%
	33 1/3% support test-2008. If the organizat				· · · ·		
l6a							
	and stop here. The organization qualifies as		-				
b	33 1/3% support test–2007. If the organizat						, cneck this
_	box and stop here. The organization qualifie						. ▶ 🔲
17a	10%-facts-and-circumstances-test–2008.	•					
	or more, and if the organization meets the "fa				•		
	the organization meets the "facts-and-circum		_	•			
b	10%-facts-and-circumstances test–2007. I	_					
	or more, and if the organization meets the "fa				•	•	
	the organization meets the "facts-and-circum	istances" test.	i ne organizati	on qualities as	a publicly sup	poπea organiza	ation P
8	Private foundation. If the organization did not che	eck a box on line	13, 16a, 16b, 17	a ,or 17b, check	this box and se	e instructions	▶ ∐

Page 3

Part III

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

C	(Complete only if you checked tr	ie box on line	9 of Part I)				
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(b) 2005_	(6) 2006	(a) 2007	(e) 2008	(i) Total
ı	membership fees received. (Do not						
		137,723	361,347	282,094	522,093	793,086	2,096,343
	include any "unusual grants.")	137,723	301,347	202,094	522,093	793,000	2,090,343
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0			0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	1			1		
	ıts behalf	0	0	0			0
5	The value of services or facilities			į			
	furnished by a governmental unit to the						_
	organization without charge	0	0	0			0
6	Total. Add lines 1-5	137,723	361,347	282,094	522,093	793,086	2,096,343
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						0.000.040
	line 6)				. <u> </u>		2,096,343
	tion B. Total Support	T	" 1 2225	() 0000		() 0000	
Cale	endar year (or fiscal year beginning in) 🕨 📙	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	137,723	361,347	282,094	522,093	793,086	2,096,343
10a	Gross income from interest, dividends,						
	payments received on securities loans,				1		
	rents, royalties and income from similar				İ		
	sources					1,123	1,123
b							
	section 511 taxes) from businesses						•
	acquired after June 30, 1975					4 400	0
	Add lines 10a and 10b	0	0	0	0	1,123	1,123
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						0
40	carried on		-				
12	Other income. Do not include gain or loss from the sale of capital assets		-				
	· · · · · · · · · · · · · · · · · · ·	o	o	o			0
13	(Explain in Part IV)		<u>_</u>	<u>_</u>			
13					· · · · · · · · · · · · · · · · · · ·		2,097,466
	and 12) First five years. If the Form 990 is for the org	aninationla firat	l seesed third	l fourth or fifth	. tov voor oo o		
14						section 50 r(c)(°)
	organization, check this box and stop here	<u> </u>	<u> </u>		· · · · · · ·	<u> </u>	
<u>Sec</u>	tion C. Computation of Public Support					. ,	
15	Public support percentage for 2008 (line 8, co	ılumn (f) dıvide	d by line 13, co	olumn (f)) . .	[15	0.00%
16	Public support percentage from 2007 Schedu			<u> </u>	<u> </u>	16	0 00%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2008 (line	10c, column (f)	divided by line	e 13, column (f)) [17	0 00%
18	Investment income percentage from 2007 Scl	hedule A, Part l	IV-A, line 27h.		[18	0.00%
19a	33 1/3% support tests-2008. If the organizat	ion did not che	ck the box on	line 14, and lin	e 15 is more th	ian 33 1/3% an	d line 17 is
	not more than 33 1/3%, check this box and st						
ь	33 1/3% support tests-2007. If the organization di						
-	line 18 is not more than 33 1/3%, check this box ar						▶ 🔲
20	Private foundation. If the organization did no						▶ 🗂

Schedule A (Fo	rm 990 or 990-EZ) 2008	WORLD MISSI	ON SOCIETY CH	URCH OF GOD		36-4367423	Page 4
Part IV					xplanation require	d by Part II, line 10	
						(see instructions)	
						· ·	
				• • • • • • • • • • • • • • • • • • • •			
							•
				• • • • • • • • • • • • • • • • • • • •			
				• • • • • • • • • • • • • • • • • • • •			
						•	
				• • • • • • • • • • • • • • • • • • • •			
				• • • • • • • • • • • • • • • • • • • •			

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

, ————————————————————————————————————				
	28,336	28,336	0	j oj
	(A)	(B)	(C)	(D)
	Total	Program	Management	Fundraising
Description		services	and general	L
1 BUILDINGS	19,619			
2 BUILDING IMPROVEMENT	6,027	6,027		
3 EQUIPMENT, FURNITURE & FIXTURE	2,582	2,582		
4 AMORTIZATION OF LAON FEE	108	108		
5	O			
6	0			
7	0			
8	0			
9	0			
10	0			
11	O			
12	0			
13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	ol			

WORLD MISSION SOCIETY CHURCH OF GOD

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

1,151,479		Ending	lance	405,000	228,386	10,300	17,174	1,657	432,372	21,831	32,135	2,624	0	0	0	0	Ó	0	0	0	0	0	C
	 _] 			6	 -	4	0	4	0	0	0	0	ō	0	0	0		0	-
1,179,706		Beginning	Balance	405,000	235,82	11,09	18,400	3,489	444,551	23,544	34,430	3,374					_						
0		Disposals/	Adjustments																				
258,918	Ending	Accumulated	Depreciation		61,667	1,585	1,226	143,029	42,628	3,864	2,295	2,624											
230,691		_		0	54,228	792	0	141,197	30,449	2,151	0	1,874	ō	0	0	0	0	0	ō	0	0	0	0
1,410,397		Cost/Other	Basis	405,000	290,053	11,885	18,400	144,686	475,000	25,695	34,430	5,248	0	0	0	0	0	0	0	0	0	0	0
	Check If	Asset	Disposed																				
	Check If	Investment	Asset																				
			Other					×				×											
			Equipment																				
	Leasehold	Improve-	ments			×	×			×	×												
			Buildings		×				×														
			Land	×																			
•			Category or Item	1 LAND OF ILLINOIS CHURCH	2 BUILDING OF ILLINOIS CHURCH	8 BUILDING IMPROVE OF ILLINOIS CHURCH	4 BUILDING IMPROVE OF ILLINOIS CHURCH	5 FURNITURE OF ILLINOIS CHURCH	8 BUILDING OF TEXAS CHURCH	7 BUILDING IMPROVE OF TEXAS CHURCH	8 BUILDING IMPROVE OF TEXAS CHURCH	9 FURNITURE OF TEXAS CHURCH	10	11	12	13	14	15	16	11	18	19	20

and the second of the second

000 40	١
7	۱
ř	í
볏	7
_	,
I	-
C)
Ω	_
	5
ŗ	-
C)
>	-
۲	-
	5
Č	Ś
ũ	j
-	
7	5
\succeq	_
Ų	?
2	2
2	Ξ
2	`
Ξ	1
^	7
č	j
ž	,
-	•

	,	unty date	30/2029	8/31/2034																		
			_		T		_		_									 _ 		_		
		Date of note	5/11/2000	9/6/2005																		
666,355	Balance due	bug (369,023																			
694,554	Balance due beginning E	of year	393,896	300,658																		
1,170,053	Original	amount	695,053	475,000																		
cured Notes Payable		Security provided	REAL ESTATE	REAL ESTATE																		
and Unse	Check If	Unsecured																				
Secured	Check if lender is	a business	×	×																		
Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable		Lender's name	WEST SUBURBAN BANK	AMEGY BANK																		
Part			-	7	3	4	2	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20

Code to

GOD
P
JRCF
된
Ϋ́ΞΤ
1800
SION
MIS
ORLD
š

•											
Lender's Title	MORTGAE DEED	300,000 MORTGAGE DED									
FMV of consideration	000'059	300,000									
Description of consideration	CASH	CASH									
Purpose of Ioan		9 0000% PURCHASE CHURCH BUILDING									
Interest	2 0000%	%0000 6									
Repayment terms	NA	NA									